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		Preventing and controlling the spread of infections in homes																	
	1		PPE	Promote use of the PPE portal for CQC-registered care providers	Care and care home providers	Encourage providers to continue to use the PPE portal through regular comms and welfare calls encouraging providers to complete their PPE status on the national capacity tracker. Escalate any actions or concerns with PPE supplies.	Deborah Webster												
	2			Maintain a system for provision of free PPE to non CQC-registered providers, either directly or through the LRF	Supply of PPE	To continue to provide PPE portal for providers, DP recipents and unpaid carers to have access to emergency PPE should their usual supply chains and the NHS weekly supply be unavailable	Michelle Davies												
	3			Report any shortages of local authority and LRF PPE supplies to DHSC	Supply of PPE	To take regular stock takes of PPE available and ensure plenty of supplies are in stock. To order any additonal PPE stocks well in advacne working wth procurements colleages and neighbouring local authorities and colleagues in Health. To provide and make use of mutual aid as required	Michelle Davies												
	1		Covid-19 and flu testing	Make sure providers, as far as possible, carry out COVID-19 testing in line with guidance for COVID-19 testing for adult social care	Care and care home providers	Residential and nursing homes in Shropshire are conducting both PCR & LFT tests in accordance with government guidance. The requirement is, weekly PCR tests and twice weekly LFT's for staff and 28 days for residents unless the home in outbreak testing or have had a single case. With Public Health colleagues we continue to support homes reporting any issues or concerns with testing. Sharing the most recent guidance through regular comms and calls from the welfare team. Escalating an issues or concerns with testing to the HPC or 119 support line.	Deborah Webster												
	2			Provide local support for testing if needed, working with local NHS organisations as required	Covid-19 testing arrangements	Pathways remain in place to faciliatate local testing as required as part of SOP	Health Protection Cell												
	3			Monitor their local COVID-19 testing data to identify and act on emerging concerns as advised by public health authorities, including following up with care settings that are not undertaking regular testing	Covid-19 testing arrangements	Through close working with IPC and PH teams and contracts, regular meetings and communications are held to dicuss homes of concerns and through discussions with the provider appropriate actions taken.	Deborah Webster												
	4			Pass on the Infection Control and Testing Fund (ICTF) to care homes and parts of the wider adult social care sector, and report regularly on how this funding is being spent by providers	Care and care home providers	Ensure providers who are entitled to the grant receive it. Providers must have signed their agreement and returned within the deadline. We ensure providers continue to complete what is required to enable payment, returns and reporting are completed on time. Chase providers as required to ensure the above.	Deborah Webster												
	5			Support providers in managing multi-virus testing (including for influenza) where need is identified by the HPT	Covid-19 testing arrangements	Winter preparedeness exercise taken place. Pathways identified and agreed.	Health Protection Cell												
	1		Covid-19 and seasonal flu vaccines	Support communications campaigns encouraging eligible social care workers, unpaid carers and people who receive care to receive a free COVID-19 vaccine, and flu vaccine, as appropriate	Winter Wellness campaign Communications	Communications created and cascaded through teams. Support from Occupational Health in place. Flu jab vouchers circulated.	ASC SMT												
	2			Work with local NHS partners to facilitate and encourage the delivery of COVID-19 vaccines (and flu vaccines where appropriate), in line with the UKHSA HPT standard operating procedures, to social care workers, unpaid carers and residents in care homes	Supporting the wellbeing of the workforce	Partnership structure with health colleagues in place to enable a joint approach. Communications created and circulated along with information about how people can get their vaccination.	Health Protection Cell												
	3			Provide consolidated information on vaccination uptake via the national Capacity Tracker	Support for domiciliary care and care homes	Daily monitoring of infomation pulled into the report. Homes and providers of concerns are contacted to check for risk and mitigations. Fortnighly report/update produced for DMT.	Deborah Webster												

	4			Ensure all care homes in their area are able to meet the new requirement to make vaccination a condition of deployment. They should work with care homes to support them to review and strengthen their contingency plans, as well as reviewing their own contingency plans; clarify the potential impact on services locally; and be able to respond, escalating risks where necessary via LRFs and NHS regional teams	Support for domiciliary care and care homes	Through targetted calls to providers the care support team have spoken with providers to check on compliance in staff. Issues and concerns have been escalated and Risk Assesments carried out where required to ensure business and quality of care continuity. In partnership with the CCG, we have been supporting a comprehensive vaccination programme for people living in care and nursing homes, staff supporting them and staff providing domiciliary care. This has resulted in high rates of vaccination uptake, with 98% of care home residents and 96% of staff having revied both doses. Despite the legislation not being mandatory in the domiciliary care sector nearly 80%* of staff delivering care to people at home have received both doses .	Deborah Webster
	5			Ensure any NHS and local authority staff who are visiting a care home for work purposes are fully vaccinated – from 11 November 2021, it will be a requirement for NHS and local authority staff to be fully vaccinated in order to work inside a care home, unless they are exempt	Social Care Practice	Action plan, processes and communications to ensure compliance by Shropshire Council staff in place and completed by 11 November.	ASC SMT
	1		Infection prevention and outbreak management	Work with all relevant partners, including UKHSA and local health protection boards, to control local outbreaks.	Shropshire Covid Outbreak Management Plan	SOP's updated as required. Continued support through Health Protection Cell when cases of Covid-19 identified.	Health Protection Cell
	1		Visiting in care homes	Directors of public health (DPHs) and directors of adult social services (DASSs) have an important role to play in supporting visiting, and in supporting the care home to deliver safe visits into care homes. This may be through a dedicated care home outbreak management team or group, often in partnership with local social care commissioners. The DPH should work with the local DASS in developing and communicating their advice to care homes.	Shropshire Covid Outbreak Management Plan Care and care home providers	Communication of current government guidance. SOP's updated as required Guidance provided to care homes to undertake individual risk assessments when in an outbreak situation. Outbreak testing in care homes as required.	Health Protection Cell/Deborah Webster
	2			Local authorities should support visiting, recognising its importance for resident welfare – any decision to take a more restrictive approach should be proportionate, targeted and time limited.	Care and care home providers	Communication of current government guidance. SOP's updated as required Guidance provided tocare homes to undertake individual risk assessments when in an outbreak situation.	Deborah Webster/Health Protection Cell
	3			In all cases, exemptions to any local restrictions should be made for visits to residents at the end of their lives	Shropshire Covid Outbreak Management Plan	Care Homes offered guidance on individual risk assessments to facilitate visiting to mitigate risk.	Deborah Webster/Health Protection Cell
	4			Local restrictions should also respect the role of essential caregivers, including allowing them to visit in most circumstances.	Shropshire Covid Outbreak Management Plan	Care Homes offered guidance on individual risk assessments to facilitate visiting to mitigate risk.	Deborah Webster/Health Protection Cell
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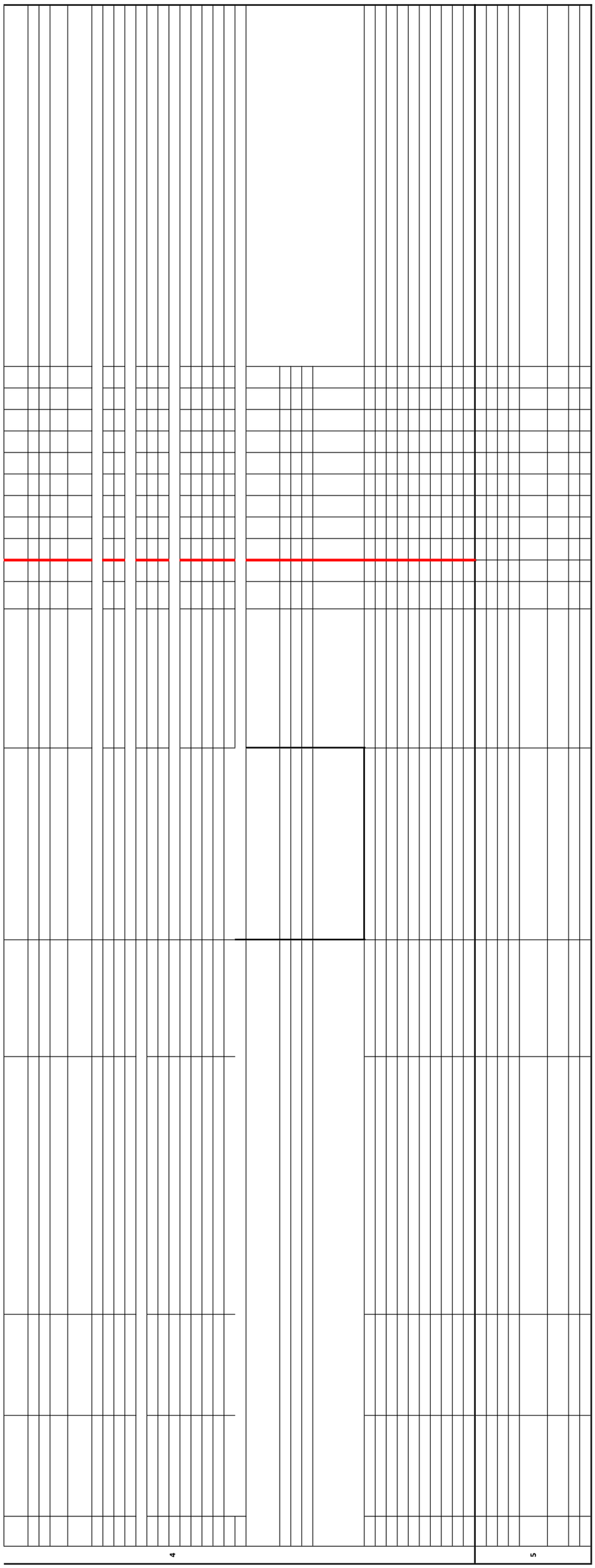
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		Collaboration across health and care services																
	1		**Preventing avoidable admissions**	DHCS actions relate to NHS organisations and care providers	Winter Support Service	Create effective and open communication channels with providers of the service to ensure delivery is responsive and agile. Informal daily communications, weekly catch up sessions, monthly monitoring meetings	Kate Garner/Lisa Jones											
	2				Winter Support Service	Work in partnership with health teams, e.g. at hospital discharge to ensure that they are maximising opportunities to refer to the service. Be clear about points of contact in each team, nominate a single point of contact in our team for colleagues to speak to, promote the service within the PCNs, connect with Local Care Programme.	Kate Garner/Lisa Jones											
	3				Let's Talk Local	Ensure that we maintain robust systems within phase 1 'facilitating self help' of the ASC operating model and ensure precision at FPOC and beyond in order to ensure that residents are channelled to the most appropriate form/s of support. This will help to manage demand coming through to LTL and ensure that the fronline workforce are knowledge and working in an 'up-stream' asset focussed way. Promoting preventative and community based support at a local level and accross the health and social care workforce.	Kate Garner/Lisa Jones											
					Let's Talk Local	SCP's supporting residents in a person-centred and strengths based way - using social prescriptions / community assets to support and compliment support plans. Ensuring that SCP's have a broad undersanding of the various internal and external teams and organisations and are well versed in how to make timley referrals that will help to keep their case-load moving and ensure the most appropiorate support for residents.	Kate Garner/Lisa Jones											
					Voluntary & Community Sector activity	There is a good shared understanding between the council and the VCS of the issues being experienced over the winter and a focus on finding solutions for these. Continue weekly update and feedback sessions with lead VCS providers with actions taken forward responsively.	Kate Garner/Lisa Jones											
					Voluntary & Community Sector activity	Opportunities to pass to VCS orgs funding that will deliver activity that supports people to stay well, independent and at home over winter. Work with VCS lead orgs to design grant programmes delivered by them that meet our priorities.	Kate Garner/Lisa Jones											
	1		**CQCs regulatory model**	Local authorities should continue to share information about registered services with CQC and promote best practice.	Support for domiciliary care and care homes	CQC are contacted with provider issues as they arise. CQC are a part of our information sharing meeting process which includes the CCG and Healthwatch - quarterly meetings and they also come to our fortnightly care market group	Deborah Webster											
	1		**Safe discharge from NHS settings**	Local authorities should continue to make decisions about the provisions of designated settings so that no local authority area is without a designated setting facility. Therefore, where current arrangements are working well to meet local demand for designated settings, local areas are encouraged to continue to deliver designated settings as they have been	Winter beds to facilitate and support hospital discharges	16 Winter Pressure beds have been commissioned with all due to be live and active by 13.12.2021. This will support with patient flow from hospital in line with the Discharge to Assess Model outlined in the recently udpated Hospital Discharge and Community Support Policy and Operating Model. Updated on 19.10.2021	Deborah Webster/ Patricia Blackstock											
	2			Local NHS organisations and local authorities should work together to support discharge from mental health settings, such as to step down beds or longer-term supported housing, or with enhanced social care support in people's homes (such as help with daily living activities like cooking and shopping or support with tenancies and other home adaptations).	Winter beds to facilitate and support hospital discharges	Mental health teams working closely together and commissioned providers in place.	Beverley Holden											
	3			Health and social care staff should always involve family and carers in discharge planning, and provide information and advice on who to contact if the individual's condition changes, how their needs will be assessed and the follow-up support they will receive.		Hospital Discharge and Community Support: Policy and Operating Model 19.10.2021 outlines a Discharge to Assess model with ICS Hospital and Reablement Service being the single point of contact for hospital discharges in Shropshire. This operating model outlines how health and social care should engage with the patient, family and carers to ensure they are provided with the correct information at every point of the discharge process within 48hrs of discharge.	Patricia Blackstock											
	4			Upon admission to hospital, all people who are homeless or at risk should be identified and referred to local authority homelessness services as per the government's hospital discharge and community support policy		ICS staff are aware of route to refer someone through to homeless team. This route highlights those being discharged from hospital as priority 1 and duty officer will call back urgently.	Laura Fisher											
	1		**Social Prescribing**	Work closely with SPLWs and VCSE organisations to co-ordinate support for people identified by health and care professionals as most needing support, especially those impacted by health inequalities, autistic people, people with learning disabilities, carers and those with dementia	Social Prescribing	work with SPLWs to ensure that they work in a MDT approach through Primary Care, Social Care and VCSE	Penny Bason											
	2			Ensure SPLWs have the support and equipment to work remotely and access GP or social care IT systems as needed	Social Prescribing	Service Manager to ensure staff have what they need	Penny Bason											
	3			Ensure SPLWs have access to high-quality supervision and support	Social Prescribing	Embed in Service Level Agreement with PCNs, work with GP practices	Penny Bason/ Mike Parry											

			Promote and undertake personalisation training across socical prescribing, let's talk local, social care, acute, voluntary and community sector and primary care workforces	Social Prescribing, with links to all workforce	Work with the primary care training hub, develop comms plan, deliver	Nicola Siekierski and Claire Sweeney												
			Contract with the VCSE to deliver the the community development element of social prescribing; ensure that mapping and information about available support is accessible by all (community care coordinators, let's talk, customer services, winter well, social care, vcse etc)	Social Prescribing and all workstreams	Contract specification and letting, contract monitoring, joint working with provider													
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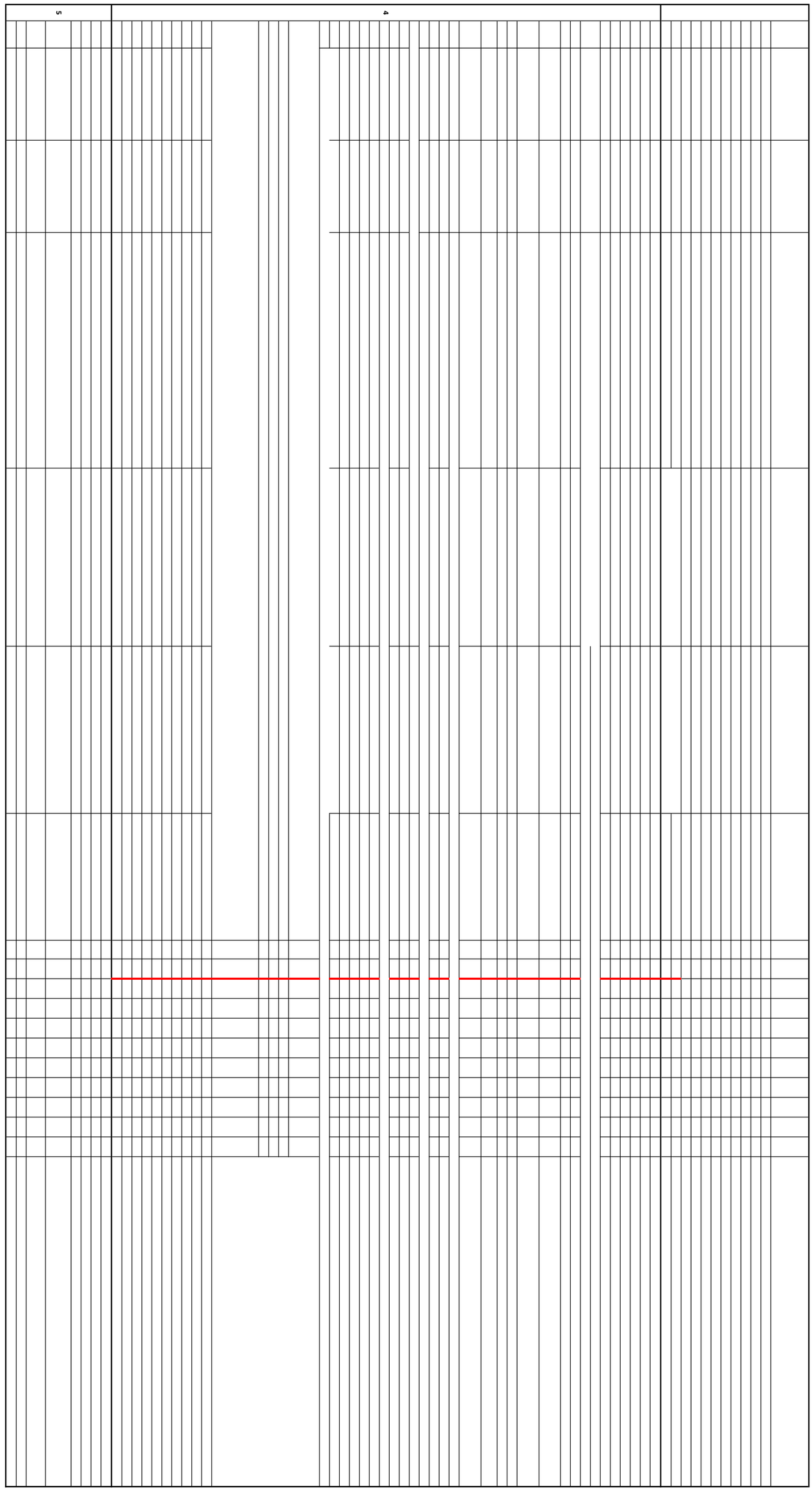
		Supporting the people who provide care																
	1		**Unpaid carers and respite care**	Make sure carers, and those who organise their own care, know what support is available to them and who to contact if they need help. Local authorities have a duty under the Care Act 2014 to provide or arrange services that meet the social care needs of the local population	Support for family and unpaid carers	Work with health, voluntary and community partners to ensure they have the information to refer to Shropshire Carers Support team and signpost carers to the Carer Register. CSP to maintain contact with C&CC's and use all opportunities to promote services. Promote service within PCN's; community groups and carer networks.	Kate Garner/Margarete Davies											
					Support for family and unpaid carers	Preparing for winter guide for carers - information in one guide that links carers to support and practical tips. Launch Carer Rights day, press release; send through Carer Register and out to all contacts in health; voluntary and community sector. Regular facebook messages and tweets.	Kate Garner/Margarete Davies											
	2			Ensure that carers' assessments are reviewed and updated to reflect any additional needs of both carers and those in need of social care	Support for family and unpaid carers	When there is a carer supporting an assessed individual assessment of their needs offered and supported. Signposting for additional support to Carers network provided.	Carole Croxford/ Gary Heap/ Beverley Hull											
	3			Continue to follow the direct payments guidance, ensuring that they take a flexible approach so that those receiving all forms of direct payments continue to have flexibility in how they receive their care and support	Social Care Practice	Launch of direct payments website. Continued focus on provision of support to enable direct payments to become the first choice when funded support is required.	Carole Croxford/ Gary Heap/ Beverley Hull											
				Continue to work with day and respite service providers to ensure the safe re-opening and extended opening of their services, where appropriate, and continue to support those who require services to ensure identified needs are met in the interim of some services re-opening	Day Opportunities	Ensure that all day services carry out Covid-19 testing in line with the guidance on Covid 19 testing strategy for ASC.Support communication campaigns, encouraging staff and people who receive our services to receive a free Covid 19 vaccine and flu vaccine, as appropriate.Work with all the relevant partners to control local outbreaks in our day services.Ensure all staff have ongoing training on infection prevention and control, and the appropriate use of PPE.	Kate Garner/ Mihaela Richardson											
	1		**Workforce wellbeing**	Maintain, where possible, the additional staff support services that they put in place during the first wave of the pandemic	Supporting the wellbeing of the workforce	Continue to raise awareness and promote the mental and emotional health support activity available within the council, e.g. Cari and Togetherall	ASC SMT											
	2			Review current occupational health provision with providers in their area and highlight good practice	Support for domiciliary care and care homes	Focus on staff wellbeing in the sector, Regular comms to focus on services available. Promotion of TRiM through the providers and work with SPiC to highlight the service and offer vailable to both management and staff.	Deborah Webster											
	3			Promote wellbeing offers to their staff and allow staff time to access support, as well as promoting to providers in their area	Supporting the wellbeing of the workforce	Winter Well Campaign and Communications - we are creating Winter Well communications focused on prevention and wellbeing and early intervention – the top 5 things to keep well over winter.	ASC SMT											



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		Workforce capacity																	
	1		**Workforce capacity**	Use the workforce recruitment and retention funding to support local authorities and providers to recruit and retain sufficient staff over winter, and support growth in workforce capacity of the existing workforce. This will be subject to conditions that will be published shortly	Support for domiciliary care and care homes	Work with local colleges and schools and teams to promote opportunities and paid work expereince in the care sector. Explore a site such as job box where all providers can promote their vacancies and training for Managers/staff to promote their vacancies and business through Social Media.	Deborah Webster											
	2			Continue to work with local providers, partners and the NHS to take a whole-system approach to promoting careers in adult social care, and support retention of the existing workforce. This could include, for example, running local recruitment campaigns or administering shared wellbeing and occupational health schemes. Skills for Care provide resources to help local authorities improve workforce capacity and resilience	Support for domiciliary care and care homes	Work with comms teams, local providers and START to actively promote the care sector through videos. Ensure that following the recruitment focussed provider forum in September recruitment and retention stays as a agenda item on future provider forums. Focus on employee and Manager wellbeing with TRiM, through the forum and promotion with SPiC.	ASC SMT											
	3			Work with local providers and partners, including the NHS, to ensure they have robust contingency arrangements in place to help manage any staffing shortages through the winter. Contingency plans should set out how workforce capacity pressures will be monitored, what the contingency measures are and what their triggers will be, and which organisations are responsible for implementing them. Plans should describe the point at which the relevant LRF is notified of workforce capacity pressures, and where intervention from other partners may be required. DHSC's regional assurance team will work with local and national partners to understand the current and potential risks to adult social care delivery and planned mitigations	Support for domiciliary care and care homes	Close montioring of providers through welfare calls and data from the national capacity tracker. Targetted calls will be made to providers who express concerns or diffculties with staffing and absence to check on their contigency. A risk assesment completed as required and shared to allow for action/escalation if required. Ensure the provider agency contact list is upto date and can be shared with providers if required.	Deborah Webster											
	4			follow the guidance on deploying staff and managing their movement, and support providers in their area to access other initiatives using best practice examples and case studies of local authority workforce capacity measures, such as the Bringing Back Staff programme	Support for domiciliary care and care homes	Ensure that providers are working to and are familiar with the current guidance and best practice. Use case studies from the IPC funding reports to look at best practice examples of minimising staff movement and how that has been acheived. Montior providers capacity to reduce staff movement through the national capacity tracker.	Deborah Webster											
	5			support providers in their area to update their adult social care workforce data set (ASC-WDS) records, to help ensure effective local capacity monitoring and planning, and manage data requests to local providers to avoid duplication with the information already being provided through the Capacity Tracker and ASC-WDS	Support for domiciliary care and care homes	Active promotion of provider requirements through the sharing of information, in care sector comms, SPiC and through welfare calls. Promotion and awareness of information available to operational teams to reduce the ammount of calls and contact with providers.	Deborah Webster											
	6			where appropriate, consider logistical support to care providers – such as help with cleaning, transport and maintenance – to free up frontline care staff	Support for domiciliary care and care homes	Consider a joint approach with health colleagues for a "standby" LA/system team that could be deployed to care providers in need.	Deborah Webster											

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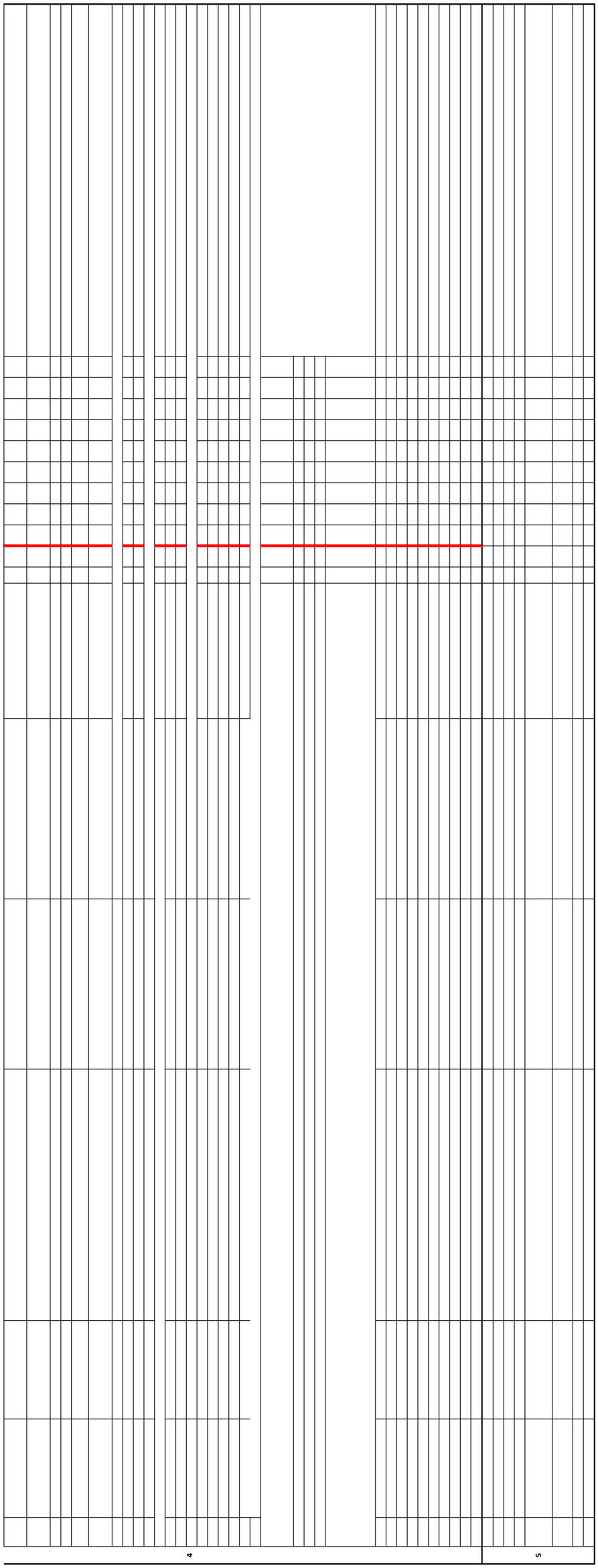
		Social work and other professional leadership																	
	1		**Social work and other professional leadership**	Ensure that social work teams are applying legislative and strengths-based frameworks, and support partner organisations such as the NHS to do the same.	Social Care Practice	The Council is underaking some research with the University of Birmingham on strengths based practice with the aim of identifying areas which we are doing well and areas for improvement. Strengths based practice is a key value which informs all of our work. We run some training sessions on it, especially for newly qualified social workers and students. It also informs our assessments and support planning. We are currently reviewing paperwork to ensure that strengths based practice is evident. Adult Social Care workers can access training on legislation; in particular the Care Act and the Mental Capacity Act. We have a lead officer for the Mental Capacity Act and we also have a Mental Health Act lead. All Approved Mental Health Professionals and Best Interests Assessors access annual training on their role. We run thematic audits every two months and do audit legislative and strength based frameworks	Tamsin Waterhouse											
	2			Continue to ensure social work practice is fully cognisant and acts on the issues of inequality and deprivation, and the impact this has on communities and people's access to health and social care services	Social Care Practice	We have a strong expectation that social workers and social care practitioners will practice in an anti-oppressive manner. Anti-oppressive practice is a key part of social work practice and sits within the regulartory framework. We expect our workers to identify, challange and address discrimination and inequality. We have an active Black, Asian and Minority Ethnic forum within the council which focuses on racial inequality. We offer training on this to staff. We also celebrate diversity and recognise the benefits of diversity to the organisation. We are currently part of a research project with the University of Birmingham looking at the experience of lesbian and gay people recieveing social care services.	Tamsin Waterhouse											
	3			Understand and address health inequalities across the sector, and develop actions with partners, where required, considering the implications of the: higher prevalence of COVID-19 in Black, Asian and minority ethnic communities and inequalities experienced by people with learning disabilities, autistic adults, people with mental health difficulties and people who provide unpaid care	Social Care Practice Community Wellbeing Team	Social work teams connected into the work of the Community Wellbeing Team to understand the intelligence being gathered from minority ethnic communities.	Tamsin Waterhouse											
	4			Consider a review of their current quality assurance frameworks and governance oversight arrangements to ensure that winter and COVID-19 pressures do not reduce the ability to deliver high-quality practice	Social Care Practice	Ongoing review of pressures on team workloads and regular review of risk registers to ensure that practice remains high quality. Governance arrangements adapting as required.	Lorraine Goude/ Tamsin Waterhouse											
	5			Develop and maintain links with professionals across the health and care system to ensure joined-up services	Our Partnerships	Shropshire council has a strong partnership with health. Both will continue to develop work at both strategic and operational levels to ensure pathways and resources are all aligned to support the residents across the county.	Laura Tyler/ Lorraine Goude											**Action being implemented with all partners working collaboratively together to target and focus resources to suppor the system.**
	6			Lead local application of the ethical framework for adult social care, ensuring that NHS partners fully understand their responsibilities to apply the ethical principles and values as part of discharge delivery	Social Care Practice	Ethical framework embedded in social work practice, including in the work of ICS.	Tamsin Waterhouse											

7			Ensure that the application of new models and pathways is offering the best possible outcome for individuals, their families and loved ones, advocating for them, and advising commissioners where these pathways cause a conflict	Social Care Practice	The family first model and approach employed by all practitioners ensures that the individual and their families are fully involved in all assessments, with the individual's and carers needs maintained as the central focus for all. The individual/carer is listened to and their views are heard, so all plans and assessments are co-produced.	Carole Croxford/ Gary Heap/ Beverley Hull											
8			Review any systemic safeguarding concerns that have arisen during the pandemic period, and ensure actions are in place to respond to them, enabling readiness for any increased pressures over the winter period	Social Care Practice	The operational sevice has worked on the referral system to enable more effective time responses. We are creating a service operational policy to support conituitiy of the service.	Beverley Hull											
9			Support and lead social workers and safeguarding teams to apply statutory safeguarding guidance with a focus on person-led and outcome-focused practice	Social Care Practice	Safeguarding is everyone's business, and all practitioners enable any individual where possible risk is identified to be supported and to feel safe in order to share their concerns, anxieties and fears. The aim at all times is to prevent potential situations of concern or risk. All individuals are provided with the correct level of support to enable them to be part of any investigation that is required and that they will be listened to.	Carole Croxford/ Gary Heap/ Beverley Hull											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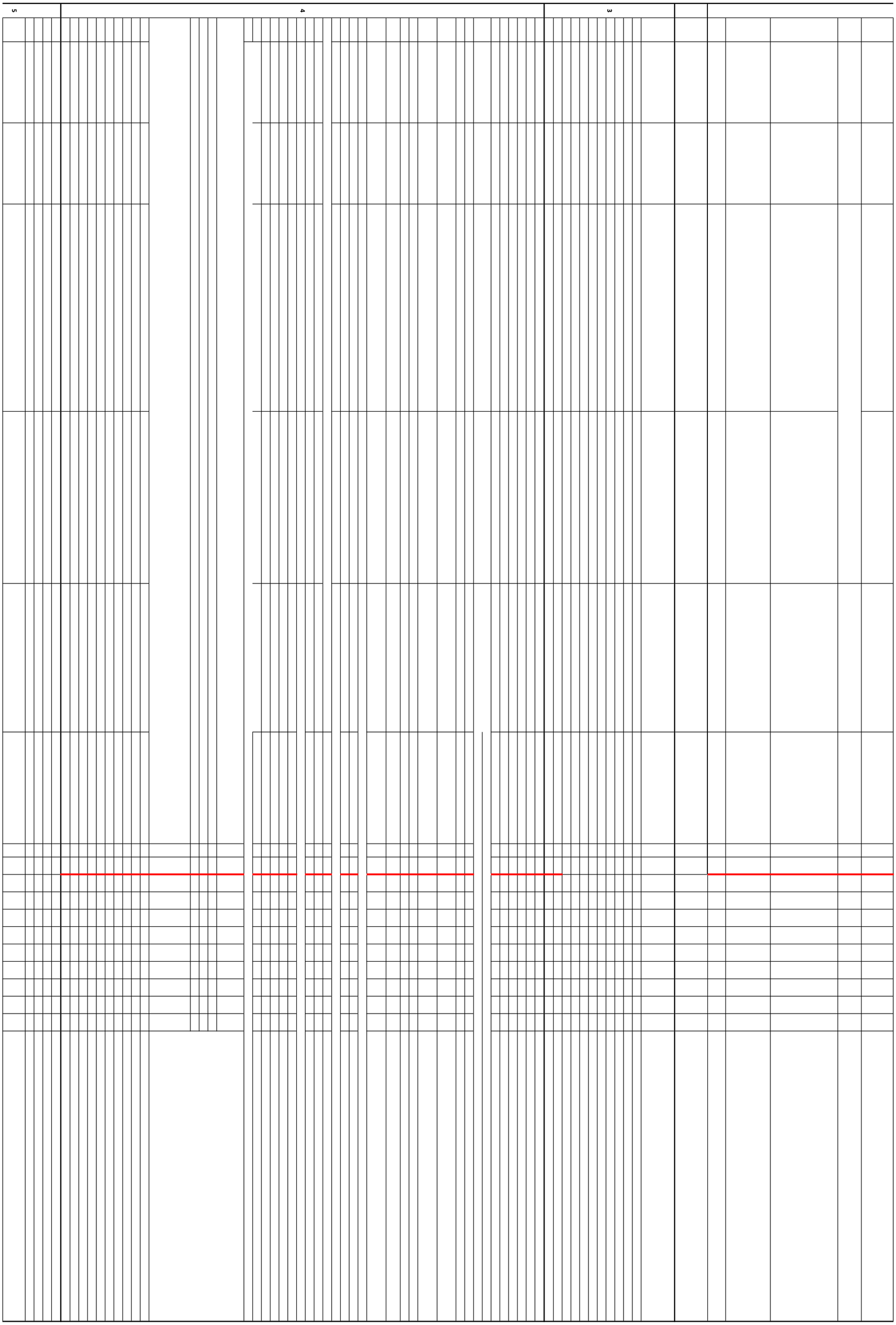
		Supporting the system																
	1		**Supporting the system**	Local authorities should continue to meet the conditions of the extended ICTF, including ensuring providers in receipt of funding continue to complete the Capacity Tracker, provide timely reports to DHSC on spending of the grant, and repay any unspent amounts by the deadline set out	Support for domiciliary care and care homes	Enagagement with providers from Commissioning officers to ensure providers are aware of deadlines and completion of reports. Support from the care market support team to encourage providers to complete the capacity tracker as required and make targetted calls to providers who are not compliant.	Deborah Webster											



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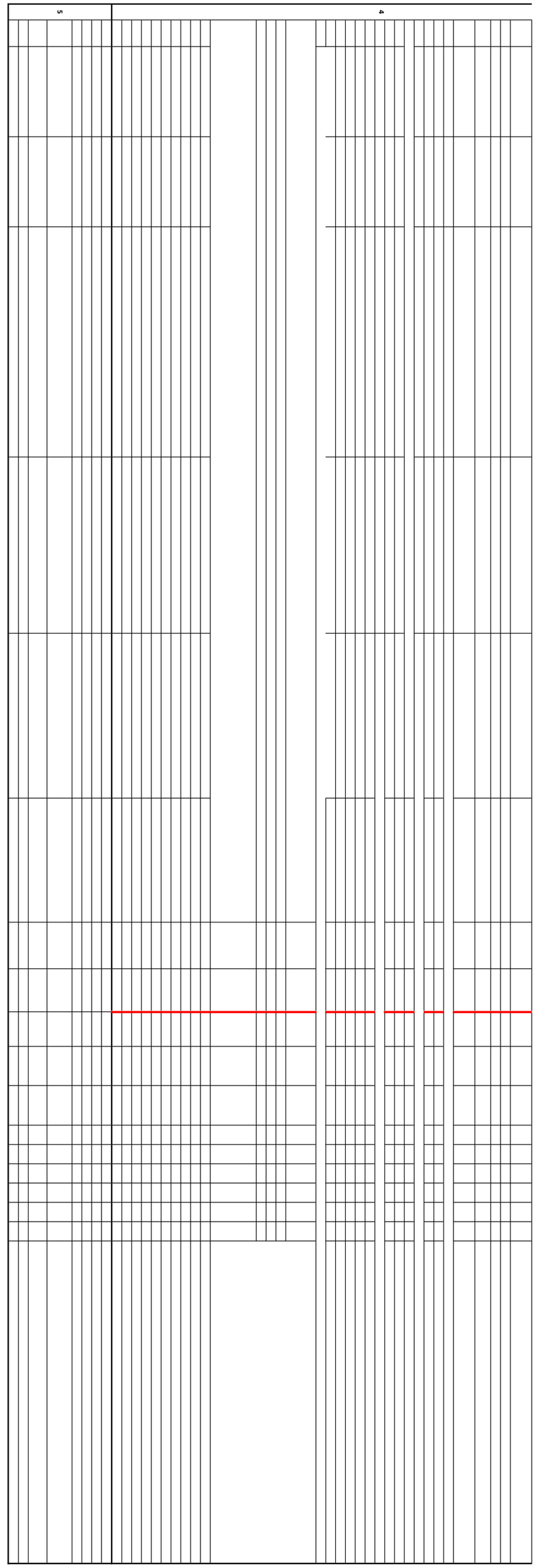
		Market and provider sustainability											
	1		Market and provider sustainability	Continue to work to understand their local care market; and to support and develop the market accordingly including promoting financial support available	Support for domiciliary care and care homes	Working closely with care provider market, holding quarterly provider update and more regular meetings specifically with providers who are struggling. Keeping an up to date risk register. Working Closely with Shropshire Partners in care to share informaiton with the market. Providing additional support to providers around recruitment and retention	Deb Webster/Michelle Davies/Kate Garner						
	2			Continue to work to understand consumer demand and need, and where there are potential stresses in the market	Support for domiciliary care and care homes	Continuous data collection and analysis, regularly updating market position statement and communicating with providers through various channels	Deb Webster/Michelle Davies/Kate Garner						
	3			Make full use of tools developed by the CHIP to identify, understand and assess risks in their local markets, and draw on CHIP support as needed	Support for domiciliary care and care homes	Take part in regional CHIP workshops to understand the tools available and how to utilise them as required	Deb Webster/Michelle Davies/Kate Garner						
	4			Continue to review and update contingency plans for managing service interruptions, including those that arise if a provider is unable to carry on because of business failure	Support for domiciliary care and care homes	Strategic and operational risk registers reviewed and updated with mitigating actions in place	Deb Webster/Michelle Davies/Kate Garner						
	5			Try to identify and communicate key issues affecting the industry and the market in their local area, and draw any concerns to the attention of regional and national DHSC representatives	Support for domiciliary care and care homes	Regular provider forums, regular meetings with SPiC, care home support	Deb Webster/Michelle Davies/Kate Garner						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This plan will be reviewed and refreshed on a monthly basis

		DHSC Winter Plan workstream	Element within workstream	DHSC Covid-19 Winter Plan action	Shropshire Winter Plan element	Shropshire action	Responsible Officer / Lead	Delivery time line										Progress Update Green - on track to complete Amber - progress, some issues Red - delivery risks identified n/a - timescale not yet applicable Blue - action completed
								Nov-21	Dec-21	Jan-22	Feb-22	Mar-22						
		Local, regional and national oversight and support																
	1		**Local, regional and national oversight and support**	Continue to engage with DHSC regional assurance teams and NHS partners, where appropriate, on contingency planning	Support for domiciliary care and care homes	Work with system partners to support on contingency planning and escalation levels to co-ordinate resources as required.	Lorraine Goude/ Laura Tyler											**Stucture in place through system escalation with resources agreed and target actions proposed and implemented.**
	2			Continue current oversight processes, including delivery of care home support plans and engagement with regional feedback loops	Support for domiciliary care and care homes	Engage with regional groups across both NHSE and ADASS to escalate areas of concern and share best practice	Lorraine Goude/ Laura Tyler											**System and structures in place with representation attending regional groups to escalate and share good practice.**
	3			Continue to champion the Capacity Tracker and promote its importance as a source of data to local providers and commissioners	Support for domiciliary care and care homes	Promotion of the functions of the NCT through routine calls to providers. Encourgament of useage through forums and SPiC. Encourage CQC to make completion a requirment of registration to ensure compliance??	Deborah Webster											
	4			Establish a weekly joint communication from local DASSs and DPHs to go to all local providers of adult social care, as a matter of course, through the winter months	Support for domiciliary care and care homes Communications	Increase frequency of care sector comms from fortnightly with a section for DASS' and DPH' to add pertinant issues/information/requests?	Deborah Webster											
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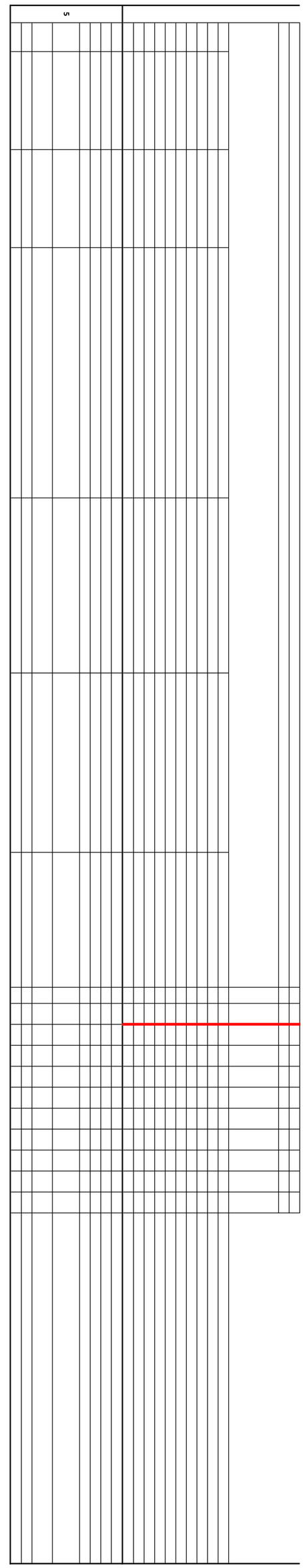
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