

Northamptonshire COVID-19 ADULT SOCIAL CARE WINTER PLAN OCTOBER 2020

Northamptonshire Adult Social Services has been working together with local groups to develop the winter plan and ensure that we support those requiring social care support and those that provide social care support during the COVID 19 pandemic.

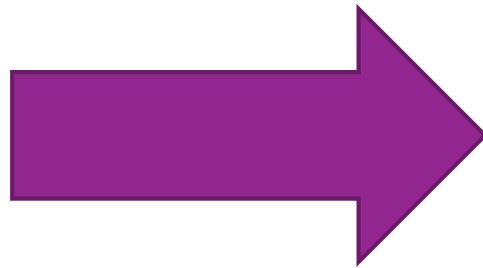
The plan reflects the requirements of the National guidance in relation to COVID-19 and will be delivered with supporting individual's independence and safety at the centre of it.



Care Homes

We have:

- ✓ A governance process in place for oversight at Care Home Cell and Board for Learning.
- ✓ Attendance at Infection Prevention and Control cell and Board.
- ✓ Weekly Multi-disciplinary team meetings to discuss issues and agree actions.
- ✓ Agreed funding for pilot of supporting care homes with training and observations.
- ✓ Developed an approach for managing and determining visiting guidance for care homes and the communication of these.



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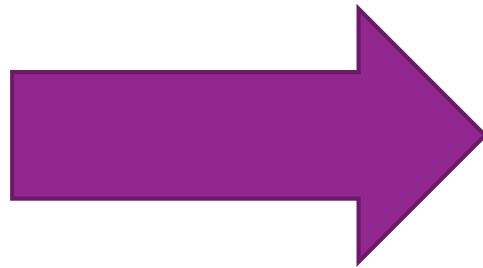
- ❑ Continue to implement guidance as it evolves.
- ❑ Circulate guidance to Adult Social Care providers and visitors.
- ❑ Continue to fund, support and expand the IPC community team providing infection, prevention and control advice for all social care providers .



Discharge from hospital

We have:

- ✓ Been working with the Clinical Commissioning Group (CCG) & Arden Gem to embed new working practices for Continuing Healthcare (CHC) Assessments.
- ✓ Been using the Trusted Assessor model to facilitate safe and speedy discharge.
- ✓ Commissioned discharge to assess beds to meet the current demand.
- ✓ A plan in place with the CCG to ensure that all outstanding CHC assessments are completed.
- ✓ Increased reablement capacity to ensure that everyone that can go home upon discharge does.



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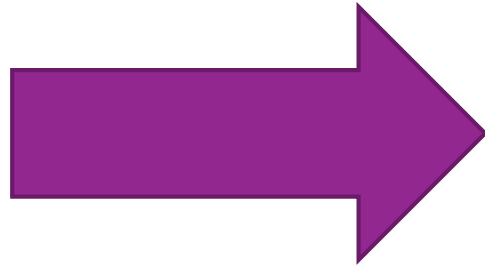
- ❑ Continue to regularly review the Trusted Assessor model to ensure efficiency.
- ❑ Continue to be review discharge to assess beds, alongside statutory partners, as the winter progresses.
- ❑ Continue to work with third sector providers who are supporting people recently discharged from hospital.



Testing in Adult Social Care

We are:

- ✓ Supporting providers to ensure staff tests are done on a weekly basis.
- ✓ Undertaking resident testing with providers on a monthly basis.
- ✓ Developing training and support for providers with testing.



We Will:

- ❑ Continue to provide instant access to tests, via our additional facility within one of the acute trusts, in the event there are any issues with the national approach.
- ❑ Offer weekly communication and support to ensure providers fill out the capacity tracker so we can proactively manage issues.
- ❑ Support the adult social care sector with any changes with testing protocols or schemes over the winter.



Personal Protective Equipment (PPE)

We have:

- ✓ Actively encouraged eligible providers to ensure they are registered on the national PPE Portal.
- ✓ Set up an effective PPE cell that makes it simple for providers to access PPE supplies.
- ✓ A Robust plan in place linked with LRF activity to ensure adequate supplies of PPE for all Social Care requirements.



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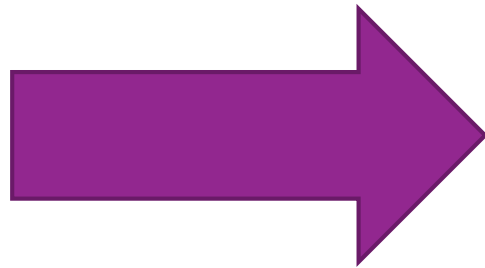
- ❑ Further increase the activity of our PPE Cell if demand increases.
- ❑ Continue to review capacity on a daily basis to identify any shortages.



Flu Vaccinations

We have:

- ✓ Communicated to staff about eligibility for free flu vaccinations.
- ✓ Communicated to all providers and PA's instructing them on access to Flu vaccines.
- ✓ Been tracking uptake in care homes and reporting to the Flu steering group chaired by Public Health.



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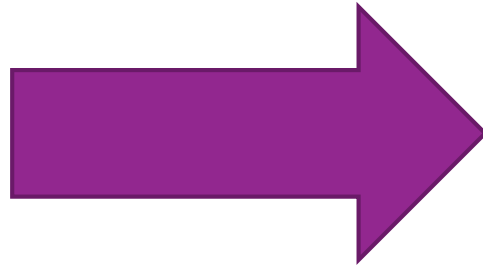
- ❑ Continue to track the uptake of Flu Vaccinations in all relevant social care groups.
- ❑ Continue to work with Community Health to ensure effective delivery of Flu vaccines in care homes.
- ❑ Continue to work with NHS partners to encourage uptake.
- ❑ Support the system with any additional requirements around vaccinations.



Social Care Workforce

We are:

- ✓ Offering extensive support services for staff across health and social care.
- ✓ Monitoring and flexing staff resources where required to meet demand.
- ✓ Putting Northamptonshire Adult Social Services staff training in place to deliver support in emergency situations; along with ability to flex and use the in house provider resource to support providers when required.



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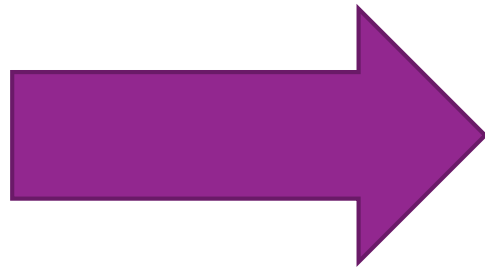
- ❑ Continue to work with system partners to develop a wellbeing hub for staff across Northamptonshire so that occupational support will be available for the next 2 years.
- ❑ Continue to promote national initiatives. For example, training and development support.
- ❑ Continue to work closely with local community groups via community adult social care teams.
- ❑ Continue to develop mutual aid schemes with the providers in Northamptonshire.



Managing Staff Movement within Social Care

We have:

- ✓ Given out guidance to Providers and agencies around staff movement and advice on how to mitigate this.
- ✓ Made funding available through the Infection Control Grant along with guidelines for use stressing the importance of supporting staff to reduce movement.



We Will:

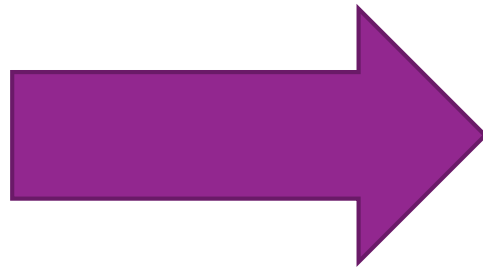
- ❑ Provide further webinars to maintain engagement and communication.
- ❑ Continue to review Care Tracker on a daily basis to identify potential risks of staff shortages.
- ❑ Develop workforce strategy to support the provider market.
- ❑ Develop a dashboard to review trends and identify areas for support from care tracker.



Social Work & Other professional Leadership

We have:

- ✓ Provided all staff with strengths based training.
- ✓ Made online training available regarding The Care Act, Mental Capacity Act, and Safeguarding Processes.
- ✓ Systems in place within the new ways of working to support high quality social work practice. These include team huddles, Ideal Outcome Meetings, new Supervision policy and On Track Chats.



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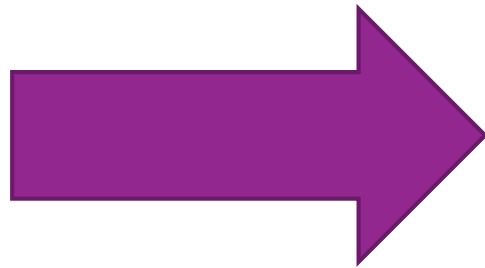
- Continue to audit the online training to ensure all staff are compliant.
- Continue to work with partners to address mental health inequalities through the mental health collaborative.
- Continue embedding progression and strengths based working to ensure people achieve the outcomes they want.
- Ensure that advocacy services are available and accessible.
- Ensure that guidance is accessible for all people and promote their use.



Homecare, Direct Payments (DP)

We have:

- ✓ Agreed a wide variety of flexible and creative support options, alongside providers, to ensure ongoing support delivery.
- ✓ Facilitated DP users to adjust provision independently and alongside Local Authority teams to introduce new support options.
- ✓ Made Statutory sick pay (SSP) available from day 1 for Personal Assistants that contract COVID-19.
- ✓ Contingency plans in place, within internal teams, to ensure that DP funding and DP support services remain in place robustly throughout.



We Will:

- ❑ Continue to work alongside providers to deliver support in different ways if COVID restrictions do not allow continuity of normal support options.
- ❑ Continue to direct recipients of DP to support options available.



Funding and Finances

We have:

- ✓ Made funding available through the Infection Control Fund (ICF) grant alongside guidelines for use.
- ✓ Committed to funding payments to self-isolating/shielding workers to minimise risk to Direct Payment employers.



We Will:

- ❑ Continue to issue ICF funds as per the government guidance and will complete all associated returns.
- ❑ Continue to maintain the information we publish on our website about financial support on offer.
- ❑ Provide regular returns to the Department of Health and Social Care on the spending of the extended infection control fund.



Respite & Unpaid carer support

We have:

- ✓ Commissioned Northamptonshire Carers to provide Carers Assessments.
- ✓ Worked with Northamptonshire Carers to commission additional support over the winter months to further support carers.
- ✓ Been supporting the Living and Learning providers with regular communications, weekly calls, regular provider forums, and mentoring groups.
- ✓ Worked collaboratively with local carer organisations to ensure that the findings of the Equality impact assessment are reflected in additional support from the local authority.



We Will:

- ❑ Deliver further advice to Direct Payment employers around flexing leave arrangements.
- ❑ Continue to work with the providers to look at alternative delivery models of support.
- ❑ Work with individuals and other services including the 3rd sector to ensure that people's support needs are met where providers are unable to reopen.



Promoting Independence

We have:

- ✓ Allowed Direct Payment (DP) employers to employ family members where other options are not available.
- ✓ Included DP recipients within resilience support from local authority, voluntary, and community groups.
- ✓ Introduced the 3 Conversation model to support strengths based working and further promoting more independent outcomes for people requiring social care support.



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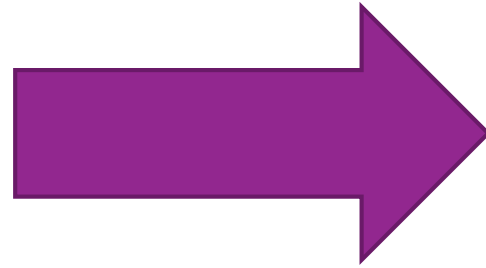
- ❑ Further advise DP employers around other opportunities for arranging additional support - employing previous Personal Assistants, Pooling Personal Assistant support where possible, employing family members and others to deliver temporary support.
- ❑ Reinforce advice around switching to support from other providers.
- ❑ Adjust monitoring procedures to allow flexibility.



Market oversight

We have:

- ✓ System Champion meetings and Provider webinars to support understanding and development of Capacity Tracker.
- ✓ Been working with local care providers on business continuity plans.
- ✓ Weekly oversight of the Infection Control Fund tracker at Care Home Cell with actions to mitigate and contact made with Providers.



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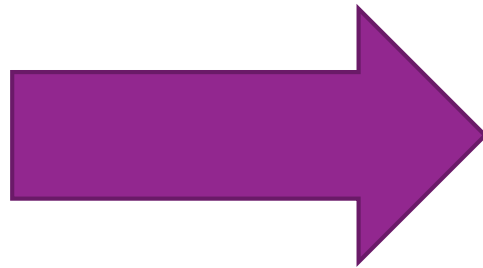
- ❑ Continue with our oversight processes including delivery of care home support plans.
- ❑ Establish a weekly joint communication to providers from Director of Public Health and the Direct of Adult Social Services.
- ❑ Continue to closely monitor the viability of care providers and explore additional measures where needed.



Quality Assurance

We have:

- ✓ Provided all staff with strengths based training.
- ✓ Made additional online training available regarding the Care Act, Mental Capacity Act and Safeguarding Processes.
- ✓ Developed a joint quality assurance arrangement with CQC, CCG and safeguarding
- ✓ Allocated officers and a lead officer for Quality Assurance.
- ✓ Engaged with partners and providers around Discharge To Assess pathways, designated settings.



We Will:

- ❑ Audit the on line training to ensure staff compliance.
- ❑ Review, where applicable, the current market status in relation to Discharge to Assess Pathways.



Technology & Digital Support

We have:

- ✓ A fully embedded assistive technology team across all social care pathways.
- ✓ Used video technology to carry out social care reviews and assessments.



Safeguarding

We are:

- ✓ Working with system partners to ensure understanding of what constitutes a safeguarding concern.
- ✓ Developing new Assurance Hubs which will increase our ability to identify, and respond to, safeguarding concerns.
- ✓ Continuing to ensure that we deliver all statutory safeguarding functions, and support system partners as the lead authority.



Care Act Easements

We will:

- Follow the ethical framework for Adult Social Care where any changes to services are proposed.
- Continue to work closely with NHS Continuing Healthcare teams to ensure future planning of discharges take place at the earliest opportunity and at a time to meet that need.
- Notify Department of Health and Social Care in the event that easements are triggered.
- Ensure staffing levels and demand for services are reviewed throughout the winter period.



Tackling Loneliness

We will:

- Continue to communicate to adult social care users and carers where they can get support with social isolation & loneliness.
- Continue to support the community resilience cell with ensuring that people who require support due to isolation and loneliness receive it.
- Carry out work to address digital exclusion, recognising that this can contribute to social isolation.
- Continue to work with the voluntary and community sector to decrease the risk of carers becoming disconnected and lonely.



Shielding

If shielding is reintroduced, for clinically vulnerable people, we will work with the community resilience cell and community partners to ensure that people receive the social support they require.

We will continue to promote the precautions that clinically vulnerable people should take and will inform people of what should happen if national guidance changes.

