

City of Wolverhampton Winter Plan

1.0 Introduction

1.1 The 2020-21 Winter Plan was published by the Government on 25 September 2020 with three key principles:

- 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; and
- 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

1.2 The 2020-21 Winter Plan sets out 15 key actions for Local Authorities and NHS organisation with a further 10 expectations set out for providers.

1.3 In addition to the 2020-21 Winter Plan, ADASS (Association of Directors of Adult Social Services) have proposed further operation expectations:

- No-one should leave hospital without a test result;
- One designated premise per council (which is what was initially proposed) won't work – there will need to be an assessment of what is needed;
- People should have full information and advice;
- Designated places must be confident in testing, PPE, infection control, medical, DN, physio etc cover, staff isolation/restriction arrangements, etc.;
- More likely to be standalone than part of another unit;
- Providers must be willing and competent.

2.0 Wolverhampton Methodology

2.1 It was proposed and agreed by the **Wolverhampton COVID-19 Strategic Co-ordination Group**¹ that CWC, The Royal Wolverhampton NHS Trust (RWT), Wolverhampton CCG (WCCG) would work in partnership to complete the 2020-21 Winter Plan due to be submitted by the Local Authority no later than 31 October 2020

2.2 Each partner has contributed to the key actions for Local Authorities and NHS organisations via the Wolverhampton Provider Support Group.

2.3 Key Actions for providers have been completed using survey results received from Wolverhampton Care Providers.

¹ Wolverhampton COVID-19 Strategic Co-ordination Group chaired by CWC DPH partnered with RWT, WCCG. WM Police, BCPFT,

2.4 The Wolverhampton Winter Plan 2020-21 will be considered by the Health and Wellbeing Board, Health Scrutiny, Wolverhampton Covid-19 Strategic Coordination Group, Partners and Senior Leaders prior to submission

DRAFT

The Wolverhampton 2020-21 Winter Plan Summary

3.0 Key Actions for Local Authorities and NHS

	Action	Wolverhampton Plan
1	Local authorities and NHS organisations should continue to put co-production at the heart of decision-making, involving people who receive health and care services, their families, and carers	<p>Our 3 Conversation's model of social work remains and huddles provide support and challenge to social workers and social care workers regarding decision-making, strengths-based practice and professional challenge - these involve managers and Heads of Service.</p> <p>CWC Principal Social Worker (PSW) has led discussions with CCG and CHC leads to ensure there is local knowledge of an application of the ethical framework. They will be incorporating the framework into admission / discharge between care homes and acute sector policies (Black Country).</p> <p>Planned joint regular communications will continue to be sent on behalf of CWC, WCCG and RWT throughout Winter 20/21</p> <p>CWC has sought assurance during Covid that partner agencies can cope with and have considered how to mitigate any potential surge in demand</p> <p>Joint working through the Wolverhampton Covid-19 Strategic Coordination Group, Provider Support meetings and Flow & Capacity (D2A guidance) meetings will continue</p>
2	Local authorities and NHS organisations should continue to recognise the importance of including care provider representatives in local decision-	<p>CWC and NHS organisations in Wolverhampton are aligned with Care Providers</p> <p>Provider forums have been held on;</p>

	making fora, ensuring they are involved throughout	<p>XXX include dates</p> <p>Engagement takes place on a weekly basis</p>
3	Local authorities must put in place their own winter plans, building on existing planning, including local outbreak plans, in the context of planning for the end of the transition period, and write to DHSC to confirm they have done this by 31 October 2020. These winter plans should incorporate the recommendations set out in this document. NHS and voluntary and community sector organisations should be involved in the development of the plans where possible	<p>The Wolverhampton Methodology is outlined in section 2 of this plan on page 1</p> <p>Progress and update of the Wolverhampton will be monitored at the twice weekly Provider Support meetings and blockages escalated to the Wolverhampton Covid-19 Strategic Coordination Group</p>
4	Local authorities and NHS organisations should continue to address inequalities locally, involving people with lived experience wherever possible, and consider these issues throughout the implementation of this winter plan	CWC and NHS organisations complete equality impact assessments for each decision made and revised local authority equalities plans are underway.
6	Local authorities must distribute funding made available through the extension of the Infection Control Fund to the sector as quickly as possible, and report on how funding is being used, in line with the grant conditions	<p>The first round of the Infection Control Fund was distributed within national grant conditions with the £3.2m allocation fully spent</p> <p>The second round of the Infection Control Fund £3m was received 02 October 2020, City of Wolverhampton Strategic Executive Board agreed the distribution of the ICF on 09 October 2020 – the first payment of the second ICF will be distributed ahead of the 31 October 2020, the final payment will be made inline with Government requirements (awaiting final details)</p>
7	Local authorities must continue to implement relevant guidance and promote guidance to all	Local Public Health colleagues have advised all partners on relevant social care guidance.

	social care providers, making clear what it means for them	Guidance is regularly checked and communicated to providers via the bulletin and external website. Where information is more detailed, localised flowcharts are designed to convey key messages succinctly.
8	local systems should continue to take appropriate actions to treat and investigate cases of COVID-19, including those set out in the contain framework and COVID-19 testing strategy. This includes hospitals continuing to test people on discharge to a care home and Public Health England local health protection teams continuing to arrange for testing of whole care homes with outbreaks of the virus	<p>The city-wide outbreak plan is available publicly online which outlines the city's and DPHs approach to outbreak control. The plan sets out the approach to settings such as care homes, educational establishment and takes a thematic approach to testing, supporting vulnerable people, data integration and local governance.</p> <p>Commence the enhanced outbreak management provision with RWT in November 2020</p> <p>Provide regular IPC training to providers, learning and sharing programme scheduled in by WCCG for November 2020</p> <p>Ensure PPE supplies and access is unhindered</p> <p>Facilitate access to national care home portal for regular testing of staff and residents</p>
9	Local authorities should provide free PPE to care providers ineligible for the PPE portal, when required (including for personal assistants), either through their LRF (if it is continuing to distribute PPE) or directly until March 2021	Daily stock monitoring. Govt supplies have now started to be received at our Wolverhampton warehouse. CWC will lead on monitoring the regularity of these and quantities delivered to ensure provision is available for all portal ineligible care providers. The PPE dashboard refreshes daily – an example can be seen in Appendix 1
10	Local authorities and NHS organisations should work together, along with care providers and voluntary and community sector organisations, to encourage those who are eligible for a free flu vaccine to access one	<p>Joint comms sent to all homes outlining options to get a flu vac</p> <p>CWC are working with partners including CCG to offer the most accessible method for flu vac ie. vaccination on site for staff as well as residents</p>

11	<p>Local authorities should work with social care services to re-open safely day services or respite services. Where people who use those services can no longer access them in a way that meets their needs, local authorities should work with them to identify alternative arrangements</p>	<p>CWC have been working closely with day care providers and public health colleagues to open safely where possible, CWC have financially supported day care providers throughout the pandemic to ensure there is adequate provision to open when it is safe to do so</p> <p>Doorstep visits and phone calls have taken place for all people who have not been able to attend their usual day care provision, and this will continue until everyone who has a day care or respite service can return.</p> <p>Online keep in touch sessions have been delivered</p>
12	<p>Local authorities should ensure, as far as possible, that care providers carry out testing as set out in the testing strategy and, together with NHS organisations, provide local support for testing in adult social care if needed</p>	<p>CWC Public Health continue to monitor the registration of providers on the national portal and actively contact those not registered, including reminding providers the need for re-registration every 21 days</p> <p>Where there are issues or delays with Pillar 2 local Public Health and Infection Prevention are accessing Pillar 1 to support staff testing</p> <p>All Home Care Providers have been included in testing offer</p> <p>Work is underway to establish a testing route for regular visiting professionals to care settings</p>
13	<p>Local authorities and NHS organisations should continue to work with providers to provide appropriate primary and community care at home and in care homes, to prevent avoidable admissions, support safe and timely discharge from hospitals, and to resume Continuing Healthcare (CHC) assessments at speed</p>	<p>This is part of our local Care Act easement procedure. Social work staff have been briefed on framework alongside NHS partners and CHC lead, who are including it in their discharge procedures and pathways for admissions / discharge between care homes and the acute sector. Human Rights checklist will be included in Care Act easement procedure.</p>

		<p>This will be encompassed by the Home First Government Guidance where all hospital discharges and avoidance will go through our reablement first funded by CCG and then we will discuss long term needs and funding streams in partnership.</p> <p>Social work teams will complete timely CHC checklists and make timely referrals for Decision Support Tool completion involving relevant health colleagues and CHC workers in the council at an early stage.</p> <p>Social Workers will involve health professionals in decision making, planning care and support and agreements for CHC or joint funding. Reviewing care and support will be undertaken jointly.</p>
14	<p>NHS organisations should continue to provide high-quality clinical and technical support to care providers through the Enhanced Health in Care Homes framework and other local agreements</p>	<p>The Wolverhampton Enhanced Health in Care Homes Framework is in place and supporting care providers well.</p> <p>The plan includes how care homes can access clinical expertise from a range of health and care professionals during COVID 19 for an interim period and what enhanced support is available to enable residents to be cared for safely</p> <p>Additional support is available via the virtual MDT</p> <ul style="list-style-type: none"> • Social Prescribing • Voluntary Sector family contact support • NHS Swab testing of all patients prior to discharge to care homes <p>Care Home testing of residents and staff via the national programme</p>
15	<p>local authority directors of public health should give a regular assessment of whether visiting</p>	<p>Continue with weekly care home visiting checkpoints Use current local data to help steer decision</p>

<p>care homes is likely to be appropriate within their local authority, or within local wards, taking into account the wider risk environment and immediately move to stop visiting if an area becomes an 'area of intervention', except in exceptional circumstances such as end of life</p>	<p>Communicate each week with care providers on decision and rationale</p> <p>Definition on essential visiting is in place, regular comms around this to remind care providers of who can enter the home</p>
---	--

4.0 Key Actions for Providers

	Action	Provider response	Wolverhampton Plan
1	Providers must keep the needs and safety of the people they support and their staff at the forefront of all activities	Provider response available from 13/10/20	<p>Re circulate Care Home App & BPG.</p> <p>Hold learning and sharing events for Care Home managers and deputies.</p> <p>Providers to be included in Co-production of documentation and pathways and research programme</p> <p>Roll out FREED training and pathway</p> <p>Introduce new PU escalation process</p>
2	Providers should review and update their business continuity plans for the autumn and winter, of which workforce resilience should be a key component		Providers to confirm/share business continue plans have been updated
3	providers should continue to ensure that all relevant guidance is implemented and		

	followed, using the new guidance portal for providers, overview of adult social care guidance on coronavirus (COVID-19)		Re- introduce monthly quality assurance questionnaire to include IPC audits
4	Providers should utilise additional funding available to implement infection prevention and control measures, in accordance with the conditions of the Infection Control Fund and those given by local authorities, and should provide all information requested on use of the funding to local authorities		CWC, WCCG and RWT are providing advice and guidance to providers on use of IPF
5	Providers must provide data through the Capacity Tracker or other relevant data collection or escalation routes in line with government guidance and the conditions of the Infection Control Fund		Monitor compliance on SITREP reporting and Quality Report (AQP homes)
6	Providers should ensure that both symptomatic staff and symptomatic recipients of care are able to access COVID-19 testing, as soon as possible. Care homes should adhere to guidance on regular testing for all staff and care home residents		Re-circulate guidance of testing and continuous Comms on a weekly basis
7	All eligible care providers can register for and use the new PPE portal. All providers should report any PPE shortages through the Capacity Tracker, LRFs where applicable, or any other relevant escalation or data collection route		Monitor Provider SITREP returns and National Capacity Tracker to identify early any issues to accessing PPE early. Continue

8	Providers ineligible to register for the portal (such as personal assistants) should contact their LRF (if it is continuing to distribute PPE) or their local authority to obtain free PPE for COVID-19 needs		Safe and Well checks in line with making every contact count.
9	Providers should proactively encourage and enable people who receive care and social care staff to receive free flu vaccinations and report uptake		Circulate Flu guidance/training resources to Providers
10	Care home providers should develop a policy for limited visits (if appropriate), in line with up-to-date guidance from their relevant Director of Public Health and based on dynamic risk assessments which consider the vulnerability of residents. This should include both whether their residents' needs make them particularly clinically vulnerable to COVID-19 and whether their residents' needs make visits particularly important		<p>Circulate Flu guidance/training resources to Providers</p> <p>Care Home visiting protocol published</p> <p>Visiting Professional SOP developed and shared with all providers</p>

5.0 ADASS Expectations

	Expectation	Wolverhampton Plan
1	No-one should leave hospital without a test result;	Each discharge is tested 48 hours prior to estimated date of discharge
2	One designated premise per council (which is what was initially proposed) won't work – there will need to be an assessment of what is needed;	D2A Pathway 3 has additional funds per week for PPE – different staff are used for new admissions and 14 isolation beds in all homes for new admissions, with different floors available in some settings. Having one dedicated premise would lead to unnecessary moves from care homes. Increasing Home First will ensure commissioned provision should be sufficient; possibly residential settings may need a little more support and also perhaps dedicated provision.
3	People should have full information and advice;	As per Winter Plan above all partners are working together to provide advice and guidance to all care providers in Wolverhampton
4	Designated places must be confident in testing, PPE, infection control, medical, District Nurse, physio etc cover, staff isolation/restriction arrangements,	We will notify the of the homes we are using and detail the IPC training that is in place. Pro-active monitoring is in place with regular contact with providers
5	Providers must be willing and competent.	

6.0 Infection Prevention Fund

Round 1 – 01 June 2020 – 30 September 2020

6.1 On the 23.05.2020 Government set out details and conditions attached to the Adult Social Care Infection Prevention Ring Fenced Grant (2020). The grant £3.4m was paid in 2 equal instalments

6.2 The Fund was aimed at supporting six main strands:

- Ensuring that staff who are isolating in line with government guidance receive their normal wages while doing so. At the time of issuing this grant determination this included staff with suspected symptoms of Covid 19 awaiting a test, or any staff member for a period following a positive test.

- Ensuring, so far as possible, that members of staff work in only one care home. This includes staff who work for one provider across several homes or staff that work on a part time basis for multiple employers and includes agency staff (the principle being that the fewer locations that members of staff work the better;
- Limiting or cohorting staff to individual groups of residents or floors/wings, including segregation of COVID-19 positive residents;
- To support active recruitment of additional staff if they are needed to enable staff to work in only one care home or to work only with an assigned group of residents or only in specified areas of a care home, including by using and paying for staff who have chosen to temporarily return to practice, including those returning through the NHS returners programme. These staff can provide vital additional support to homes and underpin effective infection control while permanent staff are isolating or recovering from Covid-19.
- Steps to limit the use of public transport by members of staff. Where they do not have their own private vehicles, this could include encouraging walking and cycling to and from work and supporting this with the provision of changing facilities and rooms and secure bike storage or use of local taxi firms.
- Providing accommodation for staff who proactively choose to stay separately from their families in order to limit social interaction outside work. This may be provision on site or in partnership with local hotels.

6.3 The full amount Round 1 Infection Prevention Fund was allocated and spent, a summary of the spend can be found in **Appendix 2**

Round 2 – 01 October – 31 March 2021

6.4 A further £3.0 million has been allocated to Wolverhampton. This funding will be paid as a Section 31 grant ring fenced exclusively for actions which support CQC registered care homes and community care providers mainly to tackle the risk of Covid19 infections. 80% of the ring-fenced grant must transfer directly to CQC registered Care Homes and Providers in the city (2403 beds in total and 2281 in receipt of community care) and 20% spent by the local authority in line with grant conditions

6.5 Allocation of Round 2 is already underway

END

Appendix 1 – PPE Monitoring

Personal Protective Equipment Dashboard

Insight & Performance Team

06/10/2020 08:14:00
Last Refreshed

155
Delivery Days



2398528
Total Stock Dispatched

New Stock

● Stock Ordered ● Stock Arrived ● Stock Awaiting

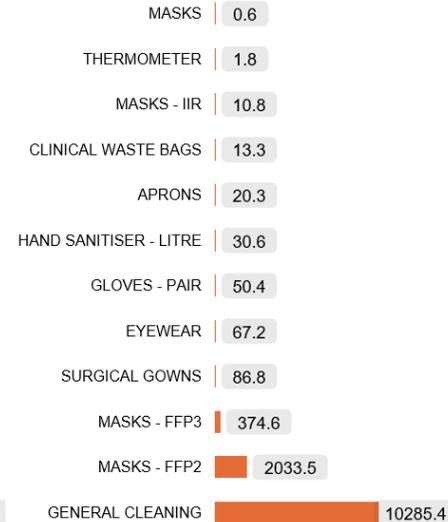


Items are shown in the following quantities - Masks (Per Piece) : Hand Sanitiser (Per Litre) : Eyewear (Per Piece) : Aprons/Gowns (Per Piece) : Gloves (Per Pair)

Current Stock



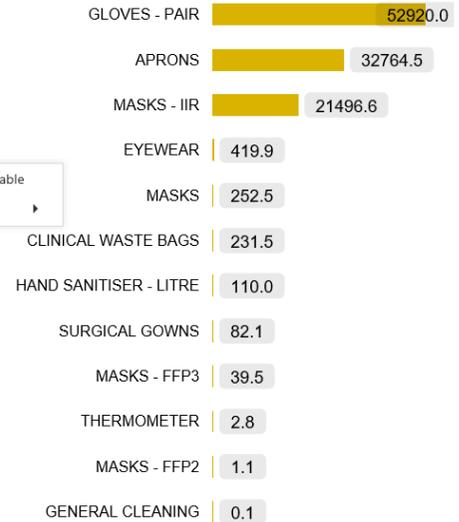
Weeks Expected to Last



Dispatched Stock



Weekly Usage



Show as a table
Analyze

Appendix 2 – Round 1 Infection Prevention Grant Spending

Local Authority (please select)			Allocation of Infection Control Fund received in £ as of 23rd Sept 2020	Allocation of Infection Control Fund dispensed in £ as of 23rd Sept 2020	How much of your allocation of the Infection Control Fund in £ will be unspent at 30th Sept 2020	Please confirm whether your LA allocated 75% funding straight to Care Homes within the Local Authority's geographical area		
Wolverhampton			£3,254,961.00	£3,254,961.00	£0.00	Yes		
Care Homes	Domiciliary Care	Others	Measures to isolate residents within their own Care homes	Actions to restrict staff movement within Care Homes	Paying staff full wages while isolating following a positive test	Other (Methods of infection control)	Please list other infection control measures your allocation of the Infection Control Fund has been used for. You might find it useful to refer to the measures outlined in the Care home support package	
65	41	45	50	50	28	187	Recruitment Public Transport Staff Accommodation Equipment to reduce infection spread such as infection prevention mattresses and replacing carpet floors with hard floors	
Measures to isolate residents within their own Care homes	Actions to restrict staff movement within Care Homes	Paying staff full wages while isolating following a positive test	Other (Methods of infection control)	Please list other infection control measures your allocation of the Infection Control Fund has been used for. You might find it useful to refer to the measures outlined in the Care home support package			Data Validation	
17%	17%	7%	59%	Support for infection prevention in domicillary market, extra care and supported living			100%	