

## **Adult Social Care Winter Plan**

**2020 – 2021**

**Gap analysis on current state and implementation**

**Actions and requirements**

**v1**

## **THEME A: OVERARCHING WORK**

<b>1. OVERARCHING ACTIONS FOR LOCAL AUTHORITIES AND NHS ORGANISATIONS</b>						
<b>Ref.</b>	<b>REQUIREMENT</b>	<b>CURRENT STATUS</b>	<b>FULLY MET? (Y/N)</b>	<b>HOW TO CLOSE THE GAP</b>	<b>WHO'S THE LEAD?</b>	<b>BY WHEN?</b>
<b>1.1</b>	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	Co-production forms an integral part of the Adult Social Care approach, led by the designated Co-production Team who are supporting the delivery of the approach.	Y		Director of Adult Social Care	
<b>1.2</b>	Local authorities and NHS organisations should continue to recognise the importance of including care provider representatives in local decision-making fora, ensuring they are involved throughout	Oxfordshire has two care provider associations. Weekly meetings are in place to link with these associations, and representation is included in specific workstreams, including the weekly Care Home Cell, the Learning Disability Provider Forum, and the Day Services Provider Group. Alongside this we have meeting with Home Care providers to consider Winter Plan measures that are also attended by both care providers and care association representatives.  All actions to continue	Y		Deputy Director, Commissioning	

1.3	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	The Adult Social Care winter plan and winter actions are in place.	N	Plan to be finalised and agreed in order for assurance to be provided to DHSC.  NHS and third sector involvement to be provided.	Director of Adult Social Care	31 <sup>st</sup> October
1.4	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	Addressing inequalities is a key priority for the council on a corporate level as well as for Adult Social Care.  Co-production is at the heart of Adult Social Care in Oxfordshire. The Co-production Team-up board seeks to work with a diverse group of people to ensure their voice is heard when developing new services and in response to changes made due to Covid.  We work closely with the Oxfordshire Family Support	Y		Director of Adult Social Care	Ongoing

		<p>Network to support families of people with learning disabilities through independent information, advice and training, and to ensure that their voices are heard by those who provide services.</p> <p>Addressing inequality will continue to be a key priority.</p>				
1.5	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 Infection Control Funding has been allocated. Confirmation regarding the second-round criteria is imminently expected.</p>	N	<p>Communication issued to providers with first round of funding.</p> <p>Second round of funding being issued to providers.</p>	Director of Adult Social Care	<p>29<sup>th</sup> October</p> <p>December 2020</p>
1.6	Local authorities must continue to implement relevant guidance and promote guidance to all social care providers, making clear what it means for them	<p>All communication is issued to providers on a regular basis via the Council's Provider Hub and dedicated email address.</p> <p>The dedicated Coronavirus support for providers webpage is updated on an ongoing basis.</p> <p>All communication is shared with provider associations.</p>	N	<p>Revised and updated guidance to be communicated with providers on an ongoing basis.</p>	Deputy Director, Commissioning	Ongoing
1.7	Local systems should continue to take appropriate actions to treat and investigate cases of COVID-	All cases within care homes are reported. Local lists of outbreaks are maintained with same day clinical follow up	Y		Director for Adult Social Care	

	<p>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>	<p>regarding infection control and outbreak management.</p> <p>All hospital discharges to care homes are tested. Care homes are advised to report any non-compliance with this via OUHFT, OCC and the capacity tracker. There have been no instances of this since the testing requirement was introduced.</p> <p>Pillar 2 testing is in place, some delays are reported in test results being received.</p>				
1.8	<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>All staff and care home residents are offered tests as per the national testing strategy.</p> <p>All hospital discharges to care homes are tested. Care homes are advised to report any non-compliance with this via OUHFT, OCC and the capacity tracker. There have been no instances of this since the testing requirement was introduced.</p> <p>Pillar 2 testing is in place, some delays are reported in test results being received which is beyond the control of local system.</p>	Y		Director for Adult Social Care	

1.9	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	<p>The Thames Valley LRF has 'stood down' for the time being so Oxfordshire County Council is maintaining its existing contact points, stock control and distribution systems to other relevant services e.g.</p> <ul style="list-style-type: none"> <li>• Local authorities (including children and adult social care workers)</li> <li>• Mental health community care</li> <li>• Personal assistants (LA, CCG commissioned, personal health budgets)</li> <li>• Domestic violence refuges</li> <li>• Rough sleeping services</li> <li>• All education (and childcare) services (full details tbc by DoE as it is undertaking some demand modelling)</li> </ul> <p>Dedicated provider hub email address and team, for PPE requests to be submitted. OCC infrastructure enabling local supply of PPE.</p>	N	Continued mapping of Personal Assistants and promotion of service to ensure that all are aware of PPE availability.	Director for Adult Social Care	Ongoing
1.10	Local authorities and NHS organisations should work together, along with care providers and voluntary and community sector organisations, to encourage	Oxfordshire's flu plan has been designed by all system partners, including the communication strategy which is underway.	N	Local monitoring of uptake is in development, prior to national monitoring via the capacity tracker.	Director for Adult Social Care	31 <sup>st</sup> October

	those who are eligible for a free flu vaccine to access one			Remedial action to be taken to support providers where uptake is low.		
1.11	Local authorities should work with social care services to re-open safely, in particular, day services or respite services. Where people who use those services can no longer access them in a way that meets their needs, local authorities should work with them to identify alternative arrangements	Adult Services has established a fortnightly Day Services meeting to work with the care sector and provide mutual support to help reopening. Care providers are offering alternative to building based services such as outreach when appropriate and safe to do so. Any issues arising from this in terms of operational and service user safety are escalated to the Council as appropriate.  These actions to continue.	Y		Deputy Director, Commissioning	
1.12	Local authority directors of public health should give a regular assessment of whether visiting care homes is likely to be appropriate within their local authority, or within local wards, taking into account the wider risk environment and immediately move to stop visiting if an area becomes an 'area of intervention', except in exceptional circumstances such as end of life	Infection levels are monitored on an ongoing basis, including weekly review of care home outbreaks.  Guidance for care homes regarding visiting arrangements has been drafted and is ready for circulation.	N	This item is a standing item for discussion at the weekly care home cell, allowing for weekly and ongoing review of the local position.	Director for Public Health.	Ongoing

## **THEME B: PREVENTING & CONTROLLING THE SPREAD OF INFECTION IN CARE SETTINGS**

3. PREVENTING AND CONTROLLING THE SPREAD OF INFECTION IN CARE SETTINGS (LOCAL AUTHORITIES & NHS)						
REF	REQUIREMENT	CURRENT STATUS	FULLY MET? (Y/N)	HOW TO CLOSE THE GAP	WHO'S THE LEAD?	BY WHEN?
3.1	Continue to implement relevant guidance and circulate and promote guidance to adult social care providers in their area, including for visitors	<p>All communication is issued to providers on a regular basis via the Council's Provider Hub and dedicated email address.</p> <p>The dedicated Coronavirus support for providers webpage is updated on an ongoing basis.</p> <p>All communication is shared with provider associations.</p>	N	Revised and updated guidance to be communicated with providers on an ongoing basis	Deputy Director, Commissioning	Ongoing
3.2	Directors of public health should work with relevant partners including Public Health England and local health protection boards to control local outbreaks and should refer to the <a href="#">contain framework</a>	<p>The Director of Public Health works closely with all relevant partners through the Covid-19 Health Protection Board which he personally chairs. The Board is responsible for strategic oversight of Covid-19 in Oxfordshire, including prevention, surveillance, planning and response.</p> <p>The Board is also supported by a Multi-agency Operational Cell (MOAC) with various workstreams specific to COVID outbreak prevention and control. In addition the board works in collaboration with Oxfordshire system wide</p>	Y		Director of Public Health	



		recovery coordination group (Gold), linked to the Thames Valley Local Resilience Forum and the Oxfordshire System Leadership Group to ensure political oversight and public accountability.  Public Health England are key partners in all these processes.				
3.3	Support care homes, working with local partners to carry out learning reviews after each outbreak to identify and share any lessons learned at local, regional and national levels.	All local outbreaks are reviewed by the Care Home Support Service.	N	Learning from outbreaks to be compiled in overarching document.  Regional and national learning to take place via ADASS and BCF links.	Deputy Director, Commissioning	31 <sup>st</sup> October  30 <sup>th</sup> November

<b>5. MANAGING STAFF MOVEMENT (LOCAL AUTHORITIES AND NHS)</b>						
REF	REQUIREMENT	CURRENT STATUS	FULLY MET? (Y/N)	HOW TO CLOSE THE GAP	WHO'S THE LEAD?	BY WHEN?
5.1	Distribute money from the Infection Control Fund, and submit returns on how the funding has been used in line with the grant conditions	The first round of Infection Control Funding has been allocated. Confirmation regarding the second round criteria is imminently expected.	N	Communication issued to providers with first round of funding.  Second round of funding issued to providers.	Director for Adult Social Care	29 <sup>th</sup> October  December 2020
5.2	Consult the <u>guidance available on redeploying staff and managing their movement</u> , and support	Guidance is available to care providers on this issue. The weekly call involving the Care Association has been	N	Regular communication and discussion with individual providers to continue.	Deputy Director, Commissioning	Guidance is available to care providers on this issue.

	<p>providers in their area to access other initiatives – for example Bringing Back Staff</p>	<p>supported since its inception by a representative from Public Health. There are opportunities to discuss and advise and consider solutions as a wider group. The initiative is also supported through requirements and conditions laid down as part of the Infection Control Fund (Round 2) Regular reviews of Capacity Tracker to identify and support care providers experiencing workforce challenges.</p>			<p>The weekly call involving the Care Association has been supported since its inception by a representative from Public Health. There are opportunities to discuss and advise and consider solutions as a wider group. The initiative is also supported through requirements and conditions laid down as part of the Infection Control Fund (Round 2) Regular reviews of Capacity Tracker to identify and</p>
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						support care providers experiencing workforce challenges.
5.3	Continue to review contingency arrangements to help manage staffing shortages, within social care provision, through the winter, with the aim of reducing the need for staff movement	Contingency arrangements remain in place. These include: <ul style="list-style-type: none"> <li>- Local agencies</li> <li>- Mutual aid with neighbouring authorities</li> <li>- Local system partners</li> </ul>	N	To be reviewed in line with the system workforce resilience plan.	Deputy Director, Commissioning	29 <sup>th</sup> October
5.4	Provide clear communication to social care providers regarding the importance of implementing workforce measures to limit COVID-19 infection, signpost relevant guidance, and encourage providers to make use of additional funding where appropriate,	All communication is issued to providers on a regular basis via the Council's Provider Hub and dedicated email address.  The dedicated Coronavirus support for providers webpage is updated on an ongoing basis.  All communication is shared with provider associations	N	Revised and updated guidance to be communicated with providers on an ongoing basis.	Deputy Director, Commissioning	Ongoing
5.5	Actively monitor Capacity Tracker data to identify and act on emerging concerns regarding staff movement between care settings, including following up with care providers who are not limiting staff movement	Weekly review with direct follow up with providers who are reporting issues.	Y		Director of Adult Social Care	

7. PPE (LOCAL AUTHORITIES)						
REF	REQUIREMENT	CURRENT STATUS	FULLY MET? (Y/N)	ACTIONS TO CLOSE THE GAPS	WHO'S THE LEAD?	BY WHEN?
7.1	Provide PPE for COVID-19 needs (as recommended by COVID-19 PPE guidance) when required, either through the LRF (if in an area where they are continuing PPE distribution), or directly to providers (if in an area where the LRF has ceased distribution)	<p>The Thames Valley LRF has 'stood down' for the time being so Oxfordshire County Council is maintaining its existing contact points, stock control and distribution systems to other relevant services e.g.</p> <ul style="list-style-type: none"> <li>• Local authorities (including children and adult social care workers)</li> <li>• Mental health community care</li> <li>• Personal assistants (LA, CCG commissioned, personal health budgets)</li> <li>• Domestic violence refuges</li> <li>• Rough sleeping services</li> <li>• All education (and childcare) services (full details tbc by DoE as it is undertaking some demand modelling)</li> </ul> <p>Dedicated provider hub email address and team, for PPE requests to be submitted. OCC</p>	N	Continued mapping of Personal Assistants and promotion of service to ensure that all are aware of PPE availability.	Deputy Director, Commissioning	Ongoing

		infrastructure enabling local supply of PPE.				
7.2	Report shortages to the LRF or to DHSC	There are established lines of communication to do this. Any shortages are identified through feedback from providers, and from assessing the demand that is coming through in terms of requests for additional PPE support. Weekly circulars requesting orders are sent out to care providers and any responses are scrutinised for themes.  Arrangements to continue	Y		Deputy Director, Commissioning	

<b>9. COVID-19 TESTING (LOCAL AUTHORITIES, NHS &amp; PH)</b>						
<b>REF</b>	<b>REQUIREMENT</b>	<b>CURRENT STATUS</b>	<b>FULLY MET? (Y/N)</b>	<b>ACTIONS TO CLOSE THE GAPS</b>	<b>WHO'S THE LEAD?</b>	<b>BY WHEN?</b>
9.1	Ensure positive cases are identified promptly, make sure care providers, as far as possible, carry out testing as per the testing strategy and together with NHS organisations, provide local support for testing in adult social care, if needed	As far as possible we carry out testing as per the testing strategy.  Cases of COVID-19 in care settings are notified to the Public Health team and the to the Adult Social Care Commissioning team on a daily basis. Care homes with	Y		Director for Public Health	

		<p>cases of COVID receive appropriate advice and support from our local health protection team. The ASC commissioning team follow up on all outbreaks by contacting the care home and monitor the situation through the system tracker. Local lists of outbreaks are maintained with same day clinical follow up regarding infection control and outbreak management.</p> <p>We are in the process of appointing an infection control specialist to provide additional infection control support to care homes during the winter period and possibly beyond.</p>				
9.2	Actively monitor their local testing data to identify and act on emerging concerns, including following up with care homes that are not undertaking regular testing, as per the guidance	<p>The Public Health team is actively monitoring:</p> <ul style="list-style-type: none"> <li>• Daily notification by PHE of outbreaks of COVID-19 in care settings and dissemination of information to ASC commissioning team for further follow-up and support</li> <li>• Local lists of outbreaks are maintained with same day clinical follow up regarding infection control</li> </ul>	Y		Director for Public Health	

		<p>and outbreak management.</p> <p>We monitor the following data on a regular basis:</p> <ul style="list-style-type: none"> <li>• P1 and P2 testing data and positivity rates on a regular basis.</li> <li>• Number and rates by upper and lower level LAs and cluster of cases by LSOA.</li> <li>• Breakdown of cases by age group</li> <li>• PHE notifications of coincidence or high risk settings</li> <li>• daily exceedance reports from PHE that show if an area is potentially higher than expected based on the model</li> <li>• NHS containment dashboard</li> </ul>				
9.3	<p>PHE Health Protection Teams (HPTs) should:</p> <ul style="list-style-type: none"> <li>• continue to deliver their testing responsibilities, as outlined in the testing strategy. This includes continuing to arrange testing for</li> </ul>	<p>All staff and care home residents are offered tests as per national testing strategy.</p> <p>All hospital discharges to care homes are tested. Care homes are advised to report any non-compliance with this via OUHFT, OCC and the capacity tracker. There have been no</p>	Y		Director for Public Health	

	outbreaks in care homes and other adult social care settings, as appropriate	instances of this since the testing requirement was introduced.  Pillar 2 testing is in place, some delays are reported in test results being received which is beyond the control of local system				
9.4	<p>PHE Health Protection Teams (HPTs) should:</p> <ul style="list-style-type: none"> <li>advise care homes on outbreak testing and infection prevention and control measures</li> </ul>	<p>The local health protection team works closely with the Oxfordshire Health Protection Board, the Multi-agency Operational Cell and the various subgroups including the Social Care Bronze Cell and appropriate advice and support is provided on a regular basis.</p> <p>In addition, webinars for providers are organised with input from the Health Protection team.</p>	Y		Director for Public Health	

## 11. SEASONAL FLU (LOCAL AUTHORITIES)

REF	REQUIREMENT	CURRENT STATUS	FULLY MET? (Y/N)	ACTIONS TO CLOSE THE GAPS	WHO'S THE LEAD?	BY WHEN?
11.1	Support communications campaigns encouraging eligible staff and people who	System flu plan has been developed with all system partners, including communication strategy.	Y		Director for Adult Social Care	



	receive care to receive a free flu vaccine					
11.2	Direct providers to local vaccination venues	Providers have received all appropriate information and guidance with regard to flu vaccinations and we will continue to monitor of the Capacity Tracker to ensure compliance	Y		Director of Adult Social Care	
11.3	Work with local NHS partners to facilitate and encourage the delivery of flu vaccines to social care staff and residents in care homes	The delivery of flu vaccine in care homes is prioritised by the Oxfordshire System. All care home residents and staff have been encouraged to have the vaccination and we will continue to do this. Care homes are also required to update the Capacity Tracker weekly with numbers of staff and residents who have been vaccinated.  We will continue to monitor of the Capacity Tracker to ensure compliance	Y		Director of Adult Social Care	
11.4	GPs and pharmacists will coordinate and deliver vaccinations to recipients of care and staff, alongside care providers' existing occupational health programmes (below), and should consider how best to ensure maximum uptake,	All care home residents will receive their flu vaccination through their contracted GP. Care Home staff are eligible for vaccinations, but pharmacists have not been contracted by NHS-E to deliver this in care homes.	N	Nurses within Care Homes have been enabled to deliver vaccinations to staff members. This is being supported by the Care Home Support Service and Oxford Health who are creating bespoke solutions for staff.	Director of Adult Social Care	Ongoing

including through delivering the vaccines in care homes.					
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### **THEME C: COLLABORATION ACROSS HEALTH & CARE SERVICES**

## **13. SAFE DISCHARGE FROM NHS SETTINGS AND PREVENTING AVOIDABLE ADMISSIONS (LOCAL AUTHORITIES & NHS)**

<b>REF</b>	<b>REQUIREMENT</b>	<b>CURRENT STATUS</b>	<b>FULLY MET? (Y/N)</b>	<b>ACTIONS TO CLOSE THE GAPS</b>	<b>WHO'S THE LEAD?</b>	<b>BY WHEN?</b>
13.1	Local authorities and Clinical Commissioning Groups (CCGs) should work together to: jointly commission care packages for those discharged (including commissioning of care home beds). The local authority should be the lead commissioner unless otherwise agreed between the CCG and the local authority	This approach already exists in Oxfordshire and processes are consistently reviewed and improved to ensure effective pathways, system working and joint commissioning	Y		Director for Adult Social Care	
13.2	Local authorities and Clinical Commissioning Groups (CCGs) should work together to: establish an Executive Lead for the leadership and delivery of the discharge to assess model;	Oxfordshire's Homefirst approach – following the principles of discharge to assess – is led by the Director of Adult Social Care.	Y		Director of Adult Social Care	

13.3	Local authorities and Clinical Commissioning Groups (CCGs) should work together to: establish efficient processes to manage CHC assessments in line with the guidance on the <a href="#">reintroduction of NHS continuing healthcare</a> (as well as the <a href="#">discharge guidance</a> ), which includes extending the use of the Trusted Assessor Model and digital assessments	CHC and Social care are actively sharing the list of people who are in need of assessment. Care Act Assessments will run alongside the DST to enable swift transfer to correct funding stream. Digital assessments have been widely employed with the vast majority of assessments being completed via Microsoft Teams which has proven effective and able to involve the person fully in their assessment. Bottlenecks have been removed e.g. the blanket referrals previously sent for FNC payments are now managed via referral at point of admission to care home.	Y		Director of Adult Social Care	
13.4	Local authorities and Clinical Commissioning Groups (CCGs) should work together to: secure sufficient staff to rapidly complete deferred assessments, drawing on discharge funding but without negatively impacting on care home support	Temporary teams have been agreed to address those who are waiting for a CHC assessment in their ordinary nursing home as well as those who are waiting following a discharge from hospital during the emergency period.  3 additional Band 6's and a Band 7 nurse are being sourced 3 additional locum	N	The plan will fully meet the need however recruitment has been slower than anticipated with only 1 30-hour SW due to start on 19 <sup>th</sup> . Interviews continue this week. In the meantime locality staff from adult social care or the hospital social care teams support with the continuation of DST's.	Director of Adult Social Care	December 2020

		Social Workers to support the DST's and accompanying CAA		The additional nursing team are now in place and are working with SW community teams to support the workload at present		
13.5	Local authorities and Clinical Commissioning Groups (CCGs) should work together to: work with partners to coordinate activity, with local and national voluntary sector organisations, to provide services and support to people requiring support around discharge from hospital and subsequent recovery	Third sector support is an integral part of the Homefirst hospital discharge approach. Funding from the system winter allocation is provided to support this.	Y		Director for Adult Social Care	
13.6	Hospital clinical and leadership teams should additionally ensure COVID-19 testing of all people being discharged from hospital to a care home. COVID-19 test results should always be communicated to the care home before the individual leaves the hospital (unless otherwise agreed with the care home) and be included in documentation that accompanies the person on discharge. Care homes have a right to refuse admission to residents and	All hospital discharges to care homes are tested. Care homes are advised to report any non-compliance with this via OUHFT, OCC and the capacity tracker. There have been no instances of this since the testing requirement was introduced.	Y		Director for Adult Social Care	

	should not accept admissions if they cannot safely cohort or isolate them. Where possible hospitals should plan 48 hours in advance of discharge to ensure test results are available and care homes have a chance to plan for a timely discharge.					
13.7	Local authorities additionally: are required to provide appropriate accommodation for people who have been discharged from hospital, if their care home cannot provide appropriate isolation or cohorting facilities, as set out in the <u>Adult Social Care Action Plan</u> . Every local authority should work with their respective CCG, to ensure that they have safe accommodation for people who have been discharged from hospital with a positive or inconclusive COVID-19 test result. Discharge funding has been made available via the NHS to cover the costs of providing alternative accommodation	<p>A designated home has been identified, with sufficient nursing, care and therapy to enable safe transition from hospital back into the community.</p> <p>Additional sites have been identified to manage additional demand.</p> <p>A continual review of demand will allow for fast contracting of additional care home spaces.</p>	Y		Director of Adult Social Care	

13.8	Local authorities additionally: should consider adopting the cohorting and zoning <u>recommendations published by ADASS</u> , working with providers. This should include ensuring early partnership discussions with providers, about the safety and feasibility of implementing these arrangements within their care homes	<p>Care homes are enabled through the infection control fund to create cohorting and zoning within their homes. The council has worked with care homes to ensure these measure are able to be put in place within each home.</p> <p>Each care home is supported by the Care Home Support Service and has received training in Infection Prevention Control, donning and doffing of PPE and in barrier care.</p> <p>We will continue to monitor care homes through daily contact calls, through the capacity tracker and monthly audit of the infection control returns.</p>	Y		Director of Adult Social Care	
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## 21. SOCIAL PRESCRIBING (LOCAL AUTHORITIES AND NHS)

REF	REQUIREMENT	CURRENT /STATUS	FULLY MET? (Y/N)	ACTIONS TO CLOSE THE GAPS	WHO'S THE LEAD?	BY WHEN?
21.1	Work closely with SPLWs to co-ordinate support for people identified by health and care professionals as most needing it, especially those impacted by health inequalities and autistic	The SPLWs network in Oxfordshire is broad and already embedded into a number of system meetings. During COVID-19 phase 1, the CCG lead commissioner for SPLWs sat on the joint	N	Ensure that a rep of SPLW network Oxon is present in decision making system meetings that discuss health prevention and health inequalities	Director of Adult Social Care	Ongoing

	people and people with learning disabilities.	districts community hub working group, and members of the Joint community Resilience cell attended SPLW covid meetings.				
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**THEME D: SUPPORTING PEOPLE WHO RECEIVE SOCIAL CARE, THE WORKFORCE AND CARERS**

<b>23. SUPPORTING INDEPENDENCE AND QUALITY OF LIFE-VISITING (PUBLIC HEALTH)</b>						
<b>REF</b>	<b>REQUIREMENT</b>	<b>CURRENT STATUS</b>	<b>FULLY MET? (Y/N)</b>	<b>ACTIONS TO CLOSE THE GAPS</b>	<b>WHO'S THE LEAD?</b>	<b>BY WHEN?</b>
<b>23.1</b>	Give a regular assessment of whether visiting care homes is likely to be appropriate, within their local authority, or within local wards, taking into account the wider risk environment	<ul style="list-style-type: none"> <li>The PH team is using a robust horizon scanning and surveillance process to regularly assess the situation and the need for change in visiting policy. Our process includes:</li> <li>Actively monitoring of daily notifications of COVID cases in care homes.</li> <li>Maintaining a list of outbreaks with same day clinical follow up regarding infection control and outbreak management.</li> <li>Regular monitoring of P1 and P2 test data and positivity rate.</li> <li>Weekly number and rates of COVID by upper and</li> </ul>	Y		Director for Public Health	

		<p>lower level LAs and cluster of cases by LSOA.</p> <ul style="list-style-type: none"> <li>• Breakdown of cases in staff and residents by day of notification.</li> <li>• Monitoring trends and patterns</li> <li>• PHE notifications of coincidence or high-risk settings</li> <li>• Daily exceedance reports from PHE that show if an area is potentially higher than expected based on the model</li> <li>• The R Number</li> <li>• NHS containment dashboard</li> <li>• NHS containment dashboard - potential Coronavirus symptoms reported through 111</li> </ul>				
<b>23.2</b>	If necessary, impose visiting restrictions if local incidence rates are rising, and immediately if an area is listed as 'an area of intervention'.	<p>Guidance for care homes regarding visiting arrangements has been drafted and is ready for circulation.</p> <p>This guidance will be issued with engagement from local provider associations.</p>	N	Position to be kept under review, restrictions will be issued when necessary.	Director for Public Health	Ongoing
<b>23.3</b>	In all cases exemptions should be made for visits to	End of life requirements may not be clear enough.	N	End of life visiting requirements to be made specifically clear.	Director for Public Health	Ongoing



residents at the end of their lives.						
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## 25. DIRECT PAYMENTS (LOCAL AUTHORITIES AND CCG)

REF	REQUIREMENT	CURRENT STATUS	FULLY MET? (Y/N)	ACTIONS TO CLOSE THE GAPS	WHO'S THE LEAD?	BY WHEN?
25.1	Local authorities and CCG commissioners should: consult the new guidance for the actions that they should undertake to ensure that people receiving direct payments, their families and carers are able to meet their care and support needs this winter	New guidance is being complied with and we will continue to ensure people receiving direct payments, their families and carers are able to meet their care and support needs	Y		Director of Adult Social Care	
25.2	Local authorities and CCG commissioners should: give people with direct payments the level of flexibility and control as envisaged in the Care Act and NHS Direct Payment regulations and accompanying guidance, allowing them to stay well, and get the care and support they need	The strategy and model for Direct payments is currently being reviewed in Oxfordshire to maximise choice and control for Direct payment recipients and their carers. Flexible arrangements are in place supporting people through the Covid pandemic with providing additional support where required to ensure people's needs continue to be met whilst some services have been	N	Current policy will be reviewed against new requirements and any changes adopted	Director of Adult Social Care	December 2020

		closed or people have been unable to access support due to concerns around the risk presented by Covid.			
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## 27. SUPPORT FOR UNPAID CARERS (LOCAL AUTHORITIES)

REF	REQUIREMENT	CURRENT STATUS	FULLY MET? (Y/N)	ACTIONS TO CLOSE THE GAPS	WHO'S THE LEAD?	BY WHEN?
27.1	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	Our carer support service has set up a new phonenumber for carers. The council's public website and Live Well Oxfordshire online directory have been updated to include information on support available to people during the pandemic, and both the council and carer support service also use social media to communicate key messages regarding support	Y		Director of Adult Social Care	
27.2	Follow the direct payments guidance and be flexible to maximise independence	Guidance is being followed in Oxfordshire and processes are consistently reviewed to ensure independence is maximised for our residents	Y		Director of Adult Social Care	
27.3	Ensure that assessments are updated to reflect any additional needs created by	Assessments and support plans reflect a person's needs and are updated when	Y		Director of Adult Social Care	Ongoing

	COVID-19 of both carers and those in need of social care	additional needs become apparent, whatever the reason for those needs. Also, our Carer Support Service is working with carers to develop contingency plans to be used if either the carer or cared for person becomes ill e.g. with COVID-19.				
27.4	Work with services that may have closed, over the pandemic, to consider how they can reopen safely or be reconfigured to work in a COVID-19 secure way and consider using the Infection Control Fund to put in place infection prevention and control measures to support the resumption of services	The Council has scoped the key service areas that have closed during the COVID19 period and they are generally in the area of buildings-based Day Services. The council has established a Day Services Cell to work with such providers, alongside the local Care Association to improve understanding and support safe opening of the same. Alongside this it has utilised funding for greater infection control measures to be put in place to allow recovery and reopening.  A dedicated contact point is available to providers. A Service Sustainability Fund is also available for all services to apply to, to help support sustainability and reopening.	Y		Director of Adult Social Care	

27.5	Where people who use social care services can no longer access the day care or respite services that they used before the pandemic, work with them to identify alternative arrangements that meet their identified needs	<p>Our internal day services have continued supporting people throughout the pandemic although not necessarily in the usual way. Everyone is continuing to be supported and many people have now returned to the service. For some this may include more community support to ensure their needs continue to be met.</p> <p>An Oxfordshire Association of Care Providers group has been meeting regularly to look at supporting external day services to reopen.</p> <p>Where services have remained suspended, each person who receives support is being reviewed weekly to ensure their needs continue to be met.</p>	Y		Director of Adult Social Care	
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### 29. END-OF-LIFE CARE (LOCAL AUTHORITY & NHS)

REF	REQUIREMENT	CURRENT STATUS	FULLY MET? (Y/N)	ACTIONS TO CLOSE THE GAPS	WHO'S THE LEAD?	BY WHEN?
29.1	Ensure that discussions and decisions on advanced care planning, including end of life, should take place		Y		Director of Adult Social Care	

	between the individual (and those people who are important to them where appropriate) and the multi-professional care team supporting them. Where a person lacks the capacity to make treatment decisions, a care plan should be developed following where applicable the best interest check-list under the Mental Capacity Act					
	Implement relevant guidance and circulate, promote and summarise guidance to the relevant providers. This should draw on the wide range of resources that have been made available to the social care sector by key health and care system partners and organisations including those on the <a href="#">NHS website</a> and those published by the <a href="#">Royal Colleges of GPs</a>	All communication is issued to providers on a regular basis via the Council's Provider Hub and dedicated email address.  The dedicated Coronavirus support for providers webpage is updated on an ongoing basis.  All communication is shared with provider associations.	N	Revised and updated guidance to be communicated with providers on an ongoing basis.	Deputy Director, Commissioning	Ongoing
29.2	All organisations should put in place resources and support to ensure that wherever practicable and safe loved ones should be afforded the opportunity to	ASC works closely with the Acute and Community Trusts to ensure that visitation rules when a person is end of life are well understood.	Y		Director of Adult Social Care	

	be with a dying person, particularly in the last hours of life.	We will continue to work with providers to ensure that they have the necessary procedures and PPE to ensure that people can safely visit, particularly in the final hours of life				
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### 31. CARE ACT EASEMENTS (LOCAL AUTHORITIES)

REF	REQUIREMENT	CURRENT STATUS	FULLY MET? (Y/N)	ACTIONS TO CLOSE THE GAPS	WHO'S THE LEAD?	BY WHEN?
31.1	Only apply the Care Act easements when absolutely necessary	Not required at this time	Y		Director of Adult Social Care	
31.2	Notify DHSC of any decisions to apply the Care Act easements	Not required	Y		Director of Adult Social Care	
31.3	Communicate the decision to operate under easements to all providers, people who need care and support, carers and local MPs in an accessible format	Not required	Y		Director of Adult Social Care	
31.4	Meet the needs of all people where failure to do so would breach an individual's human rights under the European Convention on Human Rights	There has been no change to meeting statutory Care Act duties.	Y		Director of Adult Social Care	

31.5	Follow the <a href="#">Ethical Framework for Adult Social Care</a> when making decisions regarding care provision, alongside relevant equalities-related and human rights frameworks	The five principles out lined in the Ethical Framework: <ul style="list-style-type: none"> <li>• Respect</li> <li>• Reasonableness</li> <li>• Minimising harm</li> <li>• Inclusiveness</li> <li>• Accountability</li> </ul> Are adhered to and audited through BAU as part of the core Care Act requirements.	Y		Director of Adult Social Care	
31.6	Work closely with local NHS CHC teams, to ensure appropriate discussions and planning concerning a person's long-term care options take place, as early as possible after discharge	Adult Social Care are currently working alongside CHC to deliver assessments that have been allocated to a waiting room whilst CHC was suspended during Covid pandemic. Those who are discharged from hospital into hub beds and identified as needing CHC assessment have a SW allocated alongside who will progress the care. Monthly stakeholders group is in situ.	N	Dedicated locum support as above is also being sourced to support CHC assessments waiting.	Director of Adult Social Care	December 2020

### 33. STAFF TRAINING (LOCAL AUTHORITIES)

REF	REQUIREMENT	CURRENT STATUS	FULLY MET? (Y/N)	ACTIONS TO CLOSE THE GAPS	WHO'S THE LEAD?	BY WHEN?
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<b>33.1</b>	Ensure providers are aware of the free induction training offer and encourage them to make use of it	Providers are aware of free PPE training Webinars being put on to improve and end enhance Infection Control measures. It also links across to Oxfordshire Association of Care Providers to promote the training that it also puts on, working together on beneficial matters of interest.	N	Continue to promote training opportunities with OACP	Deputy Director, Commissioning	
<b>33.2</b>	Promote and summarise relevant guidance to care providers	Relevant Information and Guidance is circulated to care providers via the Council's webpage or through direct email to suppliers. Links to OACP for inclusion its Weekly Bulletin	Y		Deputy Director, Commissioning	

### 35. SUPPORTING THE WELLBEING OF THE WORKFORCE (LOCAL AUTHORITIES)

REF	REQUIREMENT	CURRENT STATUS	FULLY MET? (Y/N)	ACTIONS TO CLOSE THE GAPS	WHO'S THE LEAD?	BY WHEN?
<b>35.1</b>	Maintain, where possible, the additional staff support services which they put in place during the first wave of the pandemic	Additional staff support services that were put in place are maintained and under further development across the H&SC system	N	Further communication with Registered Managers through networks and social media groups to ensure they are aware of additional support and how to identify staff in need	Deputy Director, Commissioning	Ongoing
<b>35.2</b>	Review current occupational health provision with	Occupational Health provision varies across providers, largely linked to size of organisation.	N	Close involvement in development of local Resilience Hubs to support provision of OH services	Deputy Director, Commissioning	Ongoing



	providers in their area and highlight good practice	Additional staff support services that are available to social care providers are promoted.		across the system. Seek out and promote examples of good practice.		
35.3	Promote wellbeing offers to their staff and allow staff time to access support, as well as promoting to providers in their area	Wellbeing offers promoted to staff and provider workforce regularly	N	Continue to promote wellbeing offers	Deputy Director, Commissioning	Ongoing

### 37. WORKFORCE CAPACITY (LOCAL AUTHORITIES)

REF	REQUIREMENT	CURRENT STATUS	FULLY MET? (Y/N)	ACTIONS TO CLOSE THE GAPS	WHO'S THE LEAD?	BY WHEN?
37.1	Continue to review contingency arrangements to help manage staffing shortages within social care provision through the winter	Contingency arrangements remain in place. These include: <ul style="list-style-type: none"> <li>- Local agencies</li> <li>- Mutual aid with neighbouring authorities</li> <li>- Local system partners</li> </ul>	N	To be reviewed in line with the system workforce resilience plan.	Deputy Director, Commissioning	29 <sup>th</sup> October
37.2	Consult the guidance available on deploying staff and managing their movement, and support providers in their area to access other initiatives – for example Bringing Back Staff	Involved in BOB System NHS Reservists task and finish group (local iteration of BBS initiative), signposting providers via provider associations, exploring potential to use NHS Professionals in case of temporary staff shortages in critical areas	N	Work continues across the system to maximise potential for providers to benefit from initiatives such as BBS	Director of Adult Social Care	Ongoing

37.3	Consider how voluntary groups can support provision and link-up care providers with the voluntary sector where necessary	The Joint Community Resilience Cell, VCS Intel Hub, and District Hubs Ops, brings together districts, City, county, CCG and VCS to discuss joint arrangements, shared best practice and intel, and identifies gaps in support for the voluntary sector and care providers. (temp covid)	N	Embed this way of working as BAU, strengthen links with care provider forums	Director of Adult Social Care	Ongoing
37.4	Support providers, in their area, to complete the capacity tracker and update their adult social care workforce data set (ASCWDS) records to help ensure effective local capacity monitoring and planning	<p>Weekly review with direct follow up with providers who are reporting issues.</p> <p>Ongoing promotion of value of updating ASCWDS in partnership with Skills for Care and provider associations.</p> <p>We are exploring current ASCWDS return rates amongst IPV sector providers and will continue to develop options to increase provider engagement, working in partnership with provider associations</p>	Y		Director of Adult Social Care	

<b>39. SHIELDING AND PEOPLE THAT ARE CLINICALLY EXTREMELY VULNERABLE (LOCAL AUTHORITIES)</b>						
REF	REQUIREMENT	CURRENT STATUS	FULLY MET? (Y/N)	ACTIONS TO CLOSE THE GAPS	WHO'S THE LEAD?	BY WHEN?

39.1	Local authorities will coordinate local support if shielding is reintroduced in a local area. This includes provision of enhanced care and support for CEV people on the shielded persons list.	In Oxfordshire, Adult Social Care developed a process for contacting people who were shielding and/or CEV to ensure that they had the support they needed. We coordinated local support through 'Oxfordshire All In' and ensured that people had access to social care teams where required.  We would put in place a similar process if required in the future.	Y		Director of Adult Social Care	
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<b>41. SOCIAL WORK AND OTHER PROFESSIONAL LEADERSHIP (LOCAL AUTHORITIES)</b>						
REF	REQUIREMENT	CURRENT STATUS	FULLY MET? (Y/N)	ACTIONS TO CLOSE THE GAPS	WHO'S THE LEAD?	BY WHEN?
41.1	Directors of Adult Social Services and PSWs, working with other professional leaders, must assure themselves that the delivery of high-quality social work support and interventions remains at the forefront of the local authority's offer in this period. This will include Adult Safeguarding responsibilities as set out in the Care Act, working in	All services within Adult social care remain business as usual, this includes all Care Act duties, including section 42 and Safeguarding Board responsibilities .	Y		Director of Adult Social Care	

	partnership with local multi-agency safeguarding arrangements, including Safeguarding Adult Boards.					
41.2	Directors of Adult Social Services and PSWs should: ensure that their social work teams are applying legislative and strengths-based frameworks (including those based on duties under the Care Act and Mental Capacity Act) and support partner organisations such as the NHS to do the same	ASC teams are delivering all the requirements and duties under the MCA, Care Act and MHA using a Strengths Based framework.	Y		Director of Adult Social Care	
41.3	Directors of Adult Social Services and PSWs should: ensure social work practice is fully cognisant of and acts on the issues of inequality and deprivation and the impact this has on communities and people's access to health and social care services	Inequality and diversity training forms part of the Council's induction. Training available as part of our L&D offer. The Council has an Equality Policy (2018-22) and Equality and Diversity guidance for all staff. There is a commitment to equality and inclusivity. Recent information shared by Public Health with all staff around communities and deprivation.	N	Always work to do in this area, for further discussion re the WRES and Anti-Racism group.	Director of Adult Social Care	Ongoing
41.4	Directors of Adult Social Services and PSWs should: understand and address health inequalities across the sector and develop	Risk assessments for individual BAME staff in place. Support for Adults with learning disabilities, autism	N	Frequency of system meetings is currently being reviewed.	Director of Adult Social Care	December 2020

	actions with partners, where required, taking into account the implications of higher prevalence of COVID-19 in Black, Asian and minority ethnic communities and inequalities experienced by people with learning disabilities, autistic adults, and people with mental health difficulties	<p>and mental health difficulties through working with providers and partners. Linking with Family support networks, CSS sites and Primary Care and Community MH Integration framework meetings.</p> <p>Whole health and social care LD/ Autism weekly system meetings were established during the peak transmission period to share issues and concerns to be able to respond quickly.</p> <p>LeDeR whole health and social care system rapid reviews are currently being completed within 2 weeks of an individual's death to highlight any immediate equality issues that need to be addressed and to indicate the need for a full LeDeR review. Families are fully involved where they would like to be.</p>				
41.5	Directors of Adult Social Services and PSWs should: review their current quality assurance frameworks and governance oversight arrangements to ensure	Existing Governance oversight robust and reviewed, ASC continue to provide overall a high quality of Social work practice.	Y		Director of Adult Social Care	

	that winter and COVID-19 pressures do not reduce the ability to deliver high-quality social work practice	This is evidenced through recent case and supervision audits, monthly performance meetings and practice forums.				
41.6	Directors of Adult Social Services and PSWs should: develop and maintain links with professionals across the health and care system to ensure joined-up services	This will continue through a number of mechanisms. JMGs Urgent Care, Care Governance Board BOB etc	Y		Director of Adult Social Care	
41.7	Directors of Adult Social Services and PSWs should: lead local application of the <a href="#">Ethical Framework for Adult Social Care</a> , ensuring that NHS partners fully understand their responsibilities to apply the ethical principles and values as part of discharge to assess delivery.	The five principles outlined in the Ethical Framework: <ul style="list-style-type: none"> <li>• Respect</li> <li>• Reasonableness</li> <li>• Minimising harm</li> <li>• Inclusiveness</li> <li>• Accountability</li> </ul> Are adhered to and audited through BAU as part of the core Care Act requirements.	Y		Director of Adult Social Care	
41.8	Directors of Adult Social Services and PSWs should: ensure that the application of new models and pathways are offering the best possible outcome for individuals, their families and loved ones, advocating for them and advising commissioners where these pathways cause a conflict	The Home First pathway has been launched to ensure that people are assessed for their reablement potential in their own homes. Early indications are of improved outcomes for people via increased reablement and an appropriate length of stay in reablement services.	Y		Director of Adult Social Care	

		PSW and Hospital Service Manager undertook a case audit of 50 cases and found that throughout the pandemic the standard of Care Act Assessments and outcomes remained high.				
<b>41.9</b>	Directors of Adult Social Services and PSWs should: review any systemic safeguarding concerns that have arisen during the pandemic period and ensure actions are in place to respond to them, enabling reediness for any increased pressures over the winter period	This action has been picked up as part of the OSAB through the PIQA sub-group and to be considered as part of any SARs and Serious incidents/ Unexplained deaths through the Internal Governance Board. Also, themes established through audits and complaints. Work also picked up through the Care Governance monthly meetings re quality and any issues related to providers due to Covid.  Safeguarding is not at full capacity currently.	N	Ensure full recruitment to safeguarding team to manage any future surge.	Director of Adult Social Care	Ongoing
<b>41.10</b>	Directors of Adult Social Services and PSWs should: support and lead social workers and safeguarding teams to apply statutory safeguarding guidance with a focus on person-led and outcome focused practice	Making Safeguarding Personal is fully embedded into practice and reported on weekly to ensure compliance. Also monitored through the PIQA sub-group, of the OSAB. PSW to continue to	Y		Director of Adult Social Care	

		represent OCC at the SE region SG lead group.				
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### **THEME E: SUPPORTING THE SYSTEM**

#### **43. SUPPORTING THE SYSTEM (LOCAL AUTHORITIES)**

<b>REF</b>	<b>REQUIREMENT</b>	<b>CURRENT STATUS</b>	<b>FULLY MET? (Y/N)</b>	<b>ACTIONS TO CLOSE THE GAPS</b>	<b>WHO'S THE LEAD?</b>	<b>BY WHEN?</b>
43.1	Provide DHSC with information about how the money Infection Control Fund has been spent by 30 September 2020	This information was provided.	Y		Director of Adult Social Care	
43.2	Continue to maintain the information they have published on their websites about the financial support they have offered to their local adult social care market	This information is available including the first round of the Infection Control Fund.	N	Information regarding the second round of infection control funding will be added	Deputy Director, Commissioning	29 <sup>th</sup> October
43.3	Provide regular returns to DHSC on the spending of the extended Infection Control Fund in line with the grant conditions	This is currently underway and all grant conditions to date have been complied with.	N	All grant conditions will be complied with.	Director for Adult Social Care	29 <sup>th</sup> October

#### **45. MARKET AND PROVIDER SUSTAINABILITY (LOCAL AUTHORITIES)**

<b>REF</b>	<b>REQUIREMENT</b>	<b>CURRENT STATUS</b>	<b>FULLY MET? (Y/N)</b>	<b>ACTIONS TO CLOSE THE GAPS</b>	<b>WHO'S THE LEAD?</b>	<b>BY WHEN?</b>
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45.1	Work with local partners to engage with the Service Continuity and Care Market Review, and – when requested – complete a self-assessment of the health of local market management and contingency planning leading into winter	Work in this area is ongoing underway	N	Response produced with input from partners.  Sign off by Chief Executive.	Director for Adult Social Care	21 <sup>st</sup> October
45.2	Continue to work understand their local care market; and to support and develop the market accordingly	Weekly meetings with Provider representatives, including dedicated care home cell.  Daily monitoring of outbreaks.  Weekly review of capacity tracker.  Dedicated provider hub email address and team.	N	All actions in place to continue.	Deputy Director, Commissioning.	Ongoing
45.3	Continue to support their provider market as needed, to secure continuity of care, including promoting the financial support available	Weekly meetings with Provider representatives, including dedicated care home cell.  Daily monitoring of outbreaks.  Weekly review of capacity tracker.  Dedicated provider hub email address and team.	N	All actions in place to continue.  Allocation and review of Infection Control Fund – second round.	Deputy Director, Commissioning	Ongoing

## 47. CQC SUPPORT: EMERGENCY SUPPORT FRAMEWORK AND SHARING BEST PRACTISE (LOCAL AUTHORITIES)

REF	REQUIREMENT	CURRENT STATUS	FULLY MET? (Y/N)	ACTIONS TO CLOSE THE GAPS	WHO'S THE LEAD?	BY WHEN?
47.1	Work with the CQC to promote and inform providers about monitoring processes	Intelligence is regularly shared with the CQC to monitor processes	Y		Director for Adult Social Care	

## 49. LOCAL, REGIONAL, AND NATIONAL OVERSIGHT AND SUPPORT (LOCAL AUTHORITIES)

REF	REQUIREMENT	CURRENT STATUS	FULLY MET? (Y/N)	ACTIONS TO CLOSE THE GAPS	WHO'S THE LEAD?	BY WHEN?
49.1	Write to DHSC by 31 October confirming they have put in place a winter plan and that they are working with care providers in their area on their business continuity plans, highlighting any key issues if needed, in order to receive the second instalment of the Infection Control Fund. These plans should consider the recommendations of this Winter Plan, and involve NHS and voluntary and	The Adult Social Care winter plan and winter actions are in place.	N	Plan to be finalised and agreed in order for assurance to be provided to DHSC.  NHS and third sector involvement to be provided.	Director of Adult Social Care	31 <sup>st</sup> October

	community sector organisations where possible					
49.2	Continue current oversight processes, including delivery of Care Home Support Plans and engagement with regional feedback loops	<p>The Council maintains weekly oversight of provider performance through the national Tracker systems and other contract monitoring work, including maintaining daily oversight through exception reports on financial viability. There are also weekly and monthly formal meetings with the Care Quality Commission when discussions about providers take place.</p> <p>At a Regional level the South East ADASS Commissioning and Market Development Group has an established protocol for “Strengthening market oversight: protocol for regional information sharing &amp; support”.</p> <p>At a national level we receive alerts from the Care Quality Commission’s Market Oversight function if providers are a concern.</p>	Y		Director of Adult Social Care	
49.3	Continue to champion the Capacity Tracker and the CQC community care survey and promote their	Weekly review with direct follow up with providers who are reporting issues.	Y		Director of Adult Social Care	

	importance as a source of data to local providers and commissioners					
49.4	Establish a weekly joint communication from local directors of adult social services and directors of public health to go to all local providers of adult social care, as a matter of course, through the winter months	Weekly updates are currently being produced with input from relevant partners including Public Health and the NHS	Y		Director of Adult Social Care, Director of Public Health	