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30th October 2020

Dear DHSC Winter Plan Team,

City of York Council Adult Social Care COVID-19 Winter Plan 2020 to 2021

I am pleased to confirm City of York Council has developed its Winter Plan, in response to the Government policy paper *Adult social care: our COVID-19 winter plan 2020 to 2021*, published in September. This plan has been prepared with the support of partners across the health and social care system.

Our plan addresses each area identified by DHSC and the *Social Care Sector COVID-19 Support Taskforce: final report, advice and recommendations*.

It builds on our Care Home Support Plan, published in May 2020:

<https://www.york.gov.uk/downloads/download/923/york-care-market-plan-documents>

It is aligned to our Outbreak Control Plan:

<https://www.york.gov.uk/downloads/file/5805/york-covid-19-outbreak-control-plan-draft>

It complements our approach to business continuity and resilience, and emergency planning, which includes the council winter maintenance plan and extreme weather policy.

It complements our EU Transition planning. Our latest advice and information is available through this site:

<https://www.york.gov.uk/BrexitTransition>

Preventing and controlling the spread of infection in care settings

Guidance on infection prevention and outbreak management

We continue to implement relevant guidance and circulate and promote guidance to adult social care providers in our area, including for visitors. We provide regular bulletins to all providers (including those supporting people with learning disabilities and autism), which include alerts about new guidance, links to the detailed documents as well as an overview of the content. Providers have given us positive

feedback on the role of the adults commissioning team, which has built on our strong relationships and ensured open channels of communication. Our system daily Care Homes Gold Resilience meeting with North Yorkshire engages colleagues from all the relevant partners across health and social care, including representation from the Independent Care Group.

City of York Council works with relevant partners to identify and control local outbreaks. The Director of Public Health has established the Outbreak Control Plan (see link above) and Health Protection Board to support this process, providing support and advice, and where necessary, interventions to prevent and manage the transmission of infection. Support is in place for the NHS test and trace system through the provision of a local Contact Tracing programme. The public health team supports the multi-agency Team Around the Home, as set out in our Care Home Support Plan.

We work with Vale of York CCG to support care homes to carry out learning reviews after each outbreak to identify and share any lessons learned at local, regional and national levels. Since the initial surge in cases in April and May, there have been no major outbreaks in the care sector in York. Our proactive approach to testing of staff and residents in May enabled us to identify individual staff members with asymptomatic infection, and subsequent whole site testing has reassured us that infection control is being extremely well managed across the sector, as these have not gone on to develop as outbreaks. We are not complacent, and we recognise that this may change with the rise in community infections during the autumn and winter.

Managing staff movement

We have distributed the Infection Control Fund (round 1), in line with the grant conditions, have submitted returns on how the funding has been used by local providers. We have made the necessary arrangements to distribute the Infection Control Fund (round 2) by 30th October 2020, as required. Our providers have been informed of the schedule of reports to account for the way in which the money has been used.

The Bringing Back Staff campaign has yielded very little staff for out of hospital (we were offered one who then couldn't be accommodated due to lack of experience in primary care) and discussions continue with NHSE/I on how the BBS campaign can be better utilised. The CCG were agile in offering staff to the system if there was anyone with capacity, for example the CCG staffed and ran the COVID-19 testing centre in Easingwold with council staff and some CCG staff worked in the discharge hub at YHFT.

We maintain regular direct contact with our providers, and monitor the Capacity Tracker daily, which enables us to discuss any issues relating to the workforce, including staffing pressures, avoiding movement between settings, staff sickness and training needs. Where necessary we have been able to target financial support to providers. We have followed up all cases of staff infection, and worked with providers to identify how these occurred, and are confident that staff movement has been minimised as far as practically possible. York providers have achieved 100%

compliance with the requirement to adopt and update the Capacity Tracker, resulting in York being identified as a national exemplar.

Our commissioning team provides a very regular bulletin to all social care providers and partners, which has ensured clear communication about the importance of COVID-19 workforce measures, and enables easy access to the latest guidance on all matters.

Personal Protective Equipment (PPE)

Our Care Home Support Plan, published in May, describes the arrangements for ensuring the reliable supply of PPE to our providers, as well as the concomitant training in its use, provided by the IPC team at the CCG. These arrangements remain in place. The suppression of the infection in care homes and home care is evidence that this work has been successful. Promotion of the guidance, use of the portal and our local supply to ineligible providers, as well as informal carers where needed, all combine to support the safety of individuals and care givers. These will remain in place throughout the winter.

All providers have been informed about the availability of PPE free of charge until March 2021 as set out in the ASC Winter Plan, and PPE issues are monitored through the Capacity Tracker and daily calls to partners. We have not been affected by shortages of PPE since the early stages of the pandemic, but we have mechanisms in place to manage the risk of shortages, including a local stockpile for immediate distribution if needed, and alerting the LRF. We work closely at a local level with CQC to ensure a timely response to any staff members in services who raise concerns about the supply of PPE in their workplace.

COVID-19 testing

York has taken a proactive approach to testing throughout the crisis. Initially this meant the daily prioritisation of available testing capacity for homes where we had been informed of suspected cases. This was initially managed through the North Yorkshire and York Care Homes Gold Resilience Group but we now have a daily - Testing Priorities Decision Meeting which involves colleagues from ASC, PH and the CCG. We have previously benefited from access to spare testing capacity through the Bradford Route, which enabled us to undertake a programme of proactive testing for all homes since May 2020. York was successful in bidding for a satellite site, which has been in operation since mid-July 2020. This supports testing through the national portal programme and where cases have come to light through this process (almost all have been single staff members who were asymptomatic), the CCG input into the "Team around the Home" has provided infection prevention control support to the provider to review practice and ensure all risks are being mitigated.

All homes are compliant with the testing programme, and the outcomes are monitored daily through the Gold Resilience Group.

Seasonal Flu vaccines

Our Public Health team provides leadership for the city on the national and local seasonal Flu campaign, aligned with our enhanced communications to service providers and local people, including family carers, stressing the importance of flu vaccination for staff working in ASC for themselves and the residents they care for, and the wider community. Public Health provided an article for bulletins circulated via the CCG and CYC ASC commissioning for circulation to all Older People's Care providers. This included information and links to PHE campaign materials specifically for use in the ASC environment. Access to flu vaccination for the wider workforce has also been promoted through our bulletin.

The City York Council staff flu vaccination programme is underway for all eligible staff (role related) to receive free flu vaccination provided by CYC. Regular communication is issued to council staff via the Chief Executive's bulletin to staff regarding the offer of vaccination, and how and where to access it.

We have worked with primary care networks in the city and provided infrastructure to establish the mass vaccination site, and have provided some support through the Better Care Fund to resource upskilling of clinical workforce to expand whole system capacity.

The Public Health team has offered staff to support the mass vaccination site. Council eligible staff are accessing this service.

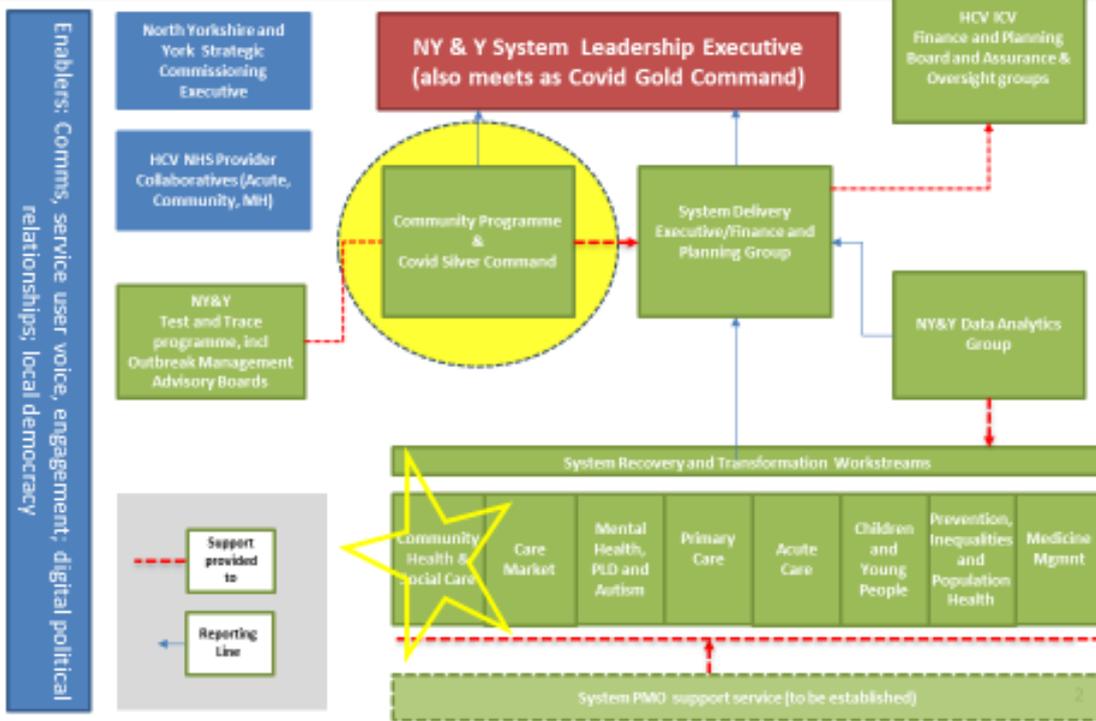
Collaboration across health and care services

Safe discharge from NHS settings and preventing avoidable admissions

We have a number of multi-agency groups supporting the safe discharge from NHS settings and prevention of avoidable admissions. These are at both the North Yorkshire and York ICP level, under the Humber Coast and Vale ICS, and also at the Place level for York. The COVID-19 Discharge Steering Group has led the establishment of the Discharge Command Centre, reporting to the Health and Care Resilience Board (A&EDB).

The Hospital Discharge Service: Policy and Operating Model published on 21st August requires us with partners to designate a System Executive Lead for Discharge and a System Coordinator with specific responsibility for escalation. Through this structure and in conjunction with our partners we have nominated our Executive Lead and System Coordinators. In conjunction with partners we have assessed our compliance with the relevant sections of the Policy and this has informed our plan.

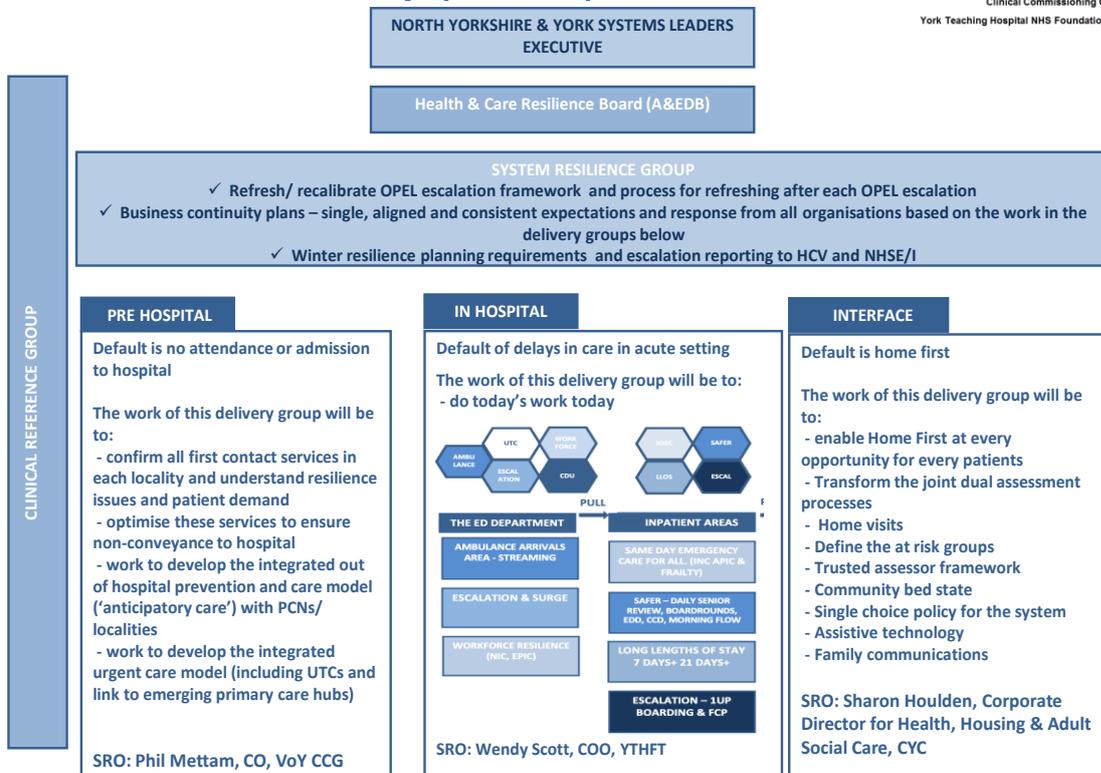
System Leadership Executive and D2A



Refreshed Operational Delivery Groups: Health & Care Resilience Group (A&EDB)



NHS Scarborough and Ryedale and Vale of York Clinical Commissioning Groups
York Teaching Hospital NHS Foundation Trust



We have collaborated to jointly manage placements and packages of care, and to commission a range of alternative resources to enable discharge to assess and to prevent admission. These include expanding reablement and voluntary sector services as well as the rapid response home care service for people who have tested positive for COVID-19, and Peppermill Court, short term residential care setting for people leaving hospital recovering from COVID-19. The latter is our designated alternative accommodation for people with residential care needs. We have worked with our providers to identify the potential for zoning and cohorting within care homes for COVID-19 positive admissions, however this is feasible in only a small number of homes.

We have a weekly finance working group between the CCG and council to support shared understanding of the funding streams and the relevant guidance, and to provide oversight and governance for the process of claiming against the COVID-19 grant. This forum has supported us to plan and monitor the reintroduction of CHC assessments and the implementation of the discharge guidance, to identify the staff resource required to manage the deferred assessments, and to enhance transparency across the system.

Enhanced health in care homes

NHS Vale of York CCG has confirmed that all care homes have been aligned to a PCN by 1 October 2020. The CCG members of the Team Around the Home has worked with care home providers to support home oximetry, and identified where there was a need for oximeters in our area.

PCNs have nominated a clinical lead and informed homes about this and the support available, including oximetry. PCNs are delivering the EHCH service requirements. Personalised care approaches are embedded through the work of the PCNs, with our well established social prescribing service supporting this, as well as other partnership work, such as health trainers and volunteer health champions.

Technology and digital support

As identified by the Social Care Taskforce, Recommendation 29, we have worked across our local system to enable remote consultations between care providers and GPs and primary care. Early in the pandemic IT equipment was distributed to homes for use in consultations and to enable families to maintain contact with their loved ones.

Technology and digital support - Social prescribing

Our Ways to Wellbeing social prescribing service, run by the York Centre for Voluntary Service and working with GP surgeries, has been embedded in primary care from its inception. With the welcome developments set out in the NHS LTP we have been able to expand and deepen this model. Ongoing support has been available during lockdown and afterwards to carers, and people with learning disabilities and autism through our Local Area Co-ordination, strengthened by the significant numbers of volunteers who came forward in York. All our teams have the capability to work remotely, and to offer 'socially distanced' support in the

community. The SPLWs have been central to the development of a Primary Care Hub for York. Our service has been so well received by local GPs that they submitted a case study to the national NHS project to capture examples of beneficial COVID-19 related innovations in working practice.

[See the two attached interim reviews of Ways to Wellbeing and York CVS APPENDIX 1 and 2].

Supporting people who receive social care, the workforce, and carers

Supporting independence and quality of life - Visiting guidance

We have a process in place, supported by advice from the Director of Public Health, for regularly reviewing the local risks relating to visiting care homes. These arrangements take account of the steps which will be required if York becomes an 'area of intervention'. The considerations are updated as new information becomes available, and guidance is communicated to providers and families of people living in care homes.

We have shared good practice examples among providers, for example in relation to people who are at the end of their life.

Direct Payments

We are aware that a number of the services which support people receiving Direct Payments in York, have changed or reduced the support available, due to the lockdown initially and later the requirement for social distance. Some of our day support services shifted to telephone contact and online sessions. We continued to make the Direct Payments to ensure services remained viable for the future. However, we are aware that during the winter, when it is harder for people to get out and about, we will need to ensure Direct Payment recipients or their nominees are supported to develop alternative uses for the money. We will reinforce the message that flexibility and innovation is encouraged, and we are on the process of engaging individuals to find out what would help them in their situations, such as new forms of support and respite for carers.

Support for unpaid carers

Information and advice for unpaid carers is available through our LiveWellYork website.

<https://www.livewellyork.co.uk/s4s/WhereLive/Council?pagelD=5223>

We are working with York Carers' Centre, which has seen a significant increase in new contacts over the pandemic period. We will be investing BCF to develop additional support for carers during the winter 2020-21, following feedback from individuals and groups about the experiences so far and their concerns for the coming months as the second surge has been seen.

We are aware that services have been obliged to close during the pandemic, or have shifted to telephone and online support. Where possible these have been bolstered by the additional of volunteers making welfare calls. However, further work is required to maximise the support and respite available to carers.

Assessment and review processes have been ongoing throughout the pandemic-we have continued to conduct these virtually and in COVID-secure face to face visits where required. We have established mechanisms for carers and people in need of care to contact us should their circumstances change; and we have proactively contacted those people for whom we have assessed the pandemic to pose a significant risk.

End of Life Care

The CCG identified a GP to lead on Advance Care Planning with primary care, hospice and hospital colleagues to increase the number of conversations with people and resulting in a nearly nine fold increase in the number of ACPs in the community from 175 to 1704.

The CCG also commissioned extended end of life care by using the local adult hospice to provide end of life care in care homes and in people's own homes and this included bereavement support for any staff.

Care Act easements

City of York council has not implemented Care Act easements, and has no plans to do so at this stage, or during the winter.

As outlined earlier in this letter, we have strong arrangements in place to ensure the discharge to assess pathway is well managed between the CCG and council. We have a shared trajectory to manage the backlog of deferred assessments for CHC and long term care, and have prioritised those who need to move from a care setting to return to their own home with appropriate support.

Supporting the workforce – staff training

We use our regular bulletins to providers to raise awareness of the free induction training offer and encourage them to make use of it.

As set out earlier in this letter, since the start of the pandemic providers have received a regular provider bulletin summarising the latest guidance from DHSC, alongside any local implications.

Supporting the wellbeing of the workforce

The council has augmented a wide range of measures to support its staff through the pandemic, building on existing good employment practice. This has included daily emails through our staff communications channel 'Buzz', accompanied by emails from the Chief Executive to all staff, providing regular reminders of the support available, and tips for self-care and mutual support.

All our provider bulletins that go out include links to staff welfare resources as a standing items. Providers are offering a range of welfare support including the promotion of the resources in the bulletins. Examples include access to counselling, enhanced supervisions, support and advice programmes from 'head office'. Smaller providers are promoting open door 'time to talk' cultures, encouraging informal (virtual) mutual support networks. Areas of good practice include compassion fatigue training (which is receiving very positive feedback), mental health first aiders on site, a wellness adviser who will connect through zoom calls to staff members who are away from work, offering them strategies to maintain or rebuild their wellbeing.

Providers are paying staff while they are isolating, they are covering the cost of travelling to work by taxi, and some providers are over recruiting against their usual establishment or retaining bank teams.

We will use our communication with providers to check what arrangements they continue to have in place as we go into the winter, to ensure staff are well supported, including access to occupational health services where appropriate.

The CCG instigated a wide range of well-being support to staff and this included regular videos from executive and other staff, well-being conversations with each member of staff, regular team meetings, well-being resources, continuation of our Staff Engagement Group (SEG), funding for equipment to allow home working, risk assessments of all staff, development of action plan on the NHS People's Plan and an occupational health offer which includes well-being support for staff and their families.

Workforce capacity

This is covered in earlier passages of this letter, relating to prevention and collaboration. As described, we have regular contact with providers and discuss minimum staffing levels, any mutual aid or support required and maximising the opportunity for the voluntary and community sector to contribute to individual wellbeing of residents.

Shielding and people who are clinically extremely vulnerable

We have a well-established network within the council covering the range of relevant roles for managing the reintroduction of shielding, should this be needed. We have attended meetings and webinars with the regional team, and have completed the surveys as requested. We have maintained our flexible approach to people needing support from volunteers, community hubs and neighbourhood groups.

There is currently no expectation that shielding will be reintroduced in York, but this situation will be monitored and responded to as required.

Social work and other professional leadership

We have an established strength-based framework for social work and occupational therapy practice in York-with a number of facets already in place pre-COVID (strength based paperwork, a model of community led support, strength based supervision, and

practice forums). We have continued to develop this framework during the pandemic, embedding 'Being Strength Based' as a key objective in our Recovery Plan. As part of this we have introduced a programme of strength based audit to ensure we have the appropriate governance oversight arrangements to continue to deliver high quality social work practice in the face of the pandemic.

Staff are aware of their duties under the Care Act, Mental Capacity Act, Mental Health Act and Human Rights Act, and our Principle Social Worker has been circulating regular updates in relation to how these duties should be met during the pandemic. Our staff advocate the principles of these Acts in all meetings with Health partners, and are cognisant of the need to promote the best possible outcomes for individuals and their families, both in individual case discussion and on the wider service development level (e.g., use of the ASC Ethical Framework when determining how we will operate the York Discharge to Assess process). We are in the process of embedding the ASC Ethical Framework into our Recovery transition plans for the next 12 months.

Working alongside our colleagues in Public Health we have identified that York has a higher than average proportion of shielding 70+yr olds and that our predominant risk factor in relation to Covid-19 is 'age'. We are working to support local community organizations and mutual aid groups who support our older population-particularly those who are reporting sustainability pressures. We operate Talking Points in York, which are a preventative asset-based offer, enabling quick and local access to social care advice and information. During lockdown, we moved Talking Points to a virtual offer, and we are now reopening physical Talking Points in areas of significant deprivation and/or where we have higher numbers of older people who may struggle to access a digital platform.

Our Head of Safeguarding and Safeguarding Adults Manager have closely monitored the safeguarding concerns being raised during the pandemic. They have ensured that we continue to operate a person-centred and outcomes focused approach to safeguarding, and have introduced a link worker system between key providers and specialist safeguarding workers, providing a 'critical friend' to regularly monitor and support with practice issues. We are also trialing use of a decision support tool for providers, so that they determine whether specific issues require referral to the local authority, enabling autonomy and supporting readiness for likely winter pressures.

Supporting the system

Funding

City of York Council has complied with the requirements of the Infection Control Fund, round 1, and we are in the process of delivering on the requirements for round 2, which coincide with the timing of this letter. We have devised a schedule for providing information returns to DHSC in line with the grant conditions.

Details of the council's financial support to the local social care market are published on the council website.

Care market sustainability

We have described the very regular contact between the council adults commissioning team and our care providers throughout this letter. We have well-established relationships with providers on an individual basis and with the Independent Care Group. We have completed the Care Market Sustainability self-assessment questionnaire, and have shared this with partners and the ICG, although timescales prevented us from co-producing the response.

We have promoted the financial support available through the IPC and are in ongoing discussions with the sector about other considerations, such as fees, practical support and advice, PPE and testing. The market in York has traditionally been buoyant with high levels of occupancy, and therefore may have greater financial resilience than some parts of the country. The council's financial position does not allow for significant additional financial aid to providers.

We are in the process of refreshing our Market Position Statement, which was put on hold due to the impact of the pandemic.

CQC emergency support

We have well-established relationships with local and regional officers of CQC, and work closely together, sharing information to ensure robust intelligence is available concerning individual providers or settings, and to support the mitigation of risks as they arise. We promote the role of CQC in monitoring services and supporting improvement.

Local, regional and national oversight and support

This letter confirms the action taken by City of York council to put in place a winter plan, in partnership with the NHS, local providers and the voluntary and community sector. A central part of our approach is the continuation of our care Home Support Plan, published in May and reviewed in preparation for winter. York has been recognised as an exemplar for providers' compliance with the Capacity Tracker.

We will now adapt our very regular bulletins to providers to include a weekly joint communication from the Director of Adult Social Services, Amanda Hatton, and the Director of Public Health, Sharon Stoltz.

Care home support plans

Care homes in York have successfully implemented infection prevention and control measures, as demonstrated by the very low infection rate in homes since the initial height of the pandemic. This is supported by the regular input from the CCG through the "Team around the home", who investigate cases with providers where required to identify any issues and share learning. We have been proactively testing all residents and staff since May 2020, including precautionary testing where individuals move to a new setting, or where an individual shows symptoms, and is isolating. Almost all cases detected have been individual staff members who are asymptomatic, and have not infected residents, which indicates effective use of the infection control measures, such as PPE and hygiene.

The Social Care Taskforce has recommended (R25) there should be a single dashboard which can be used by each region for the social care sector based on the national dashboard, and used to identify risk and support improvement. Our local arrangements would complement this, and we would be keen to understand the work being undertaken regionally to bring these together.

Conclusion

I hope you will find this to be a comprehensive response to your request. Please do not hesitate to contact me if there is anything you wish to discuss linked to this letter.

Yours sincerely

A handwritten signature in grey ink, appearing to read 'Ian Floyd', written in a cursive style.

Ian Floyd
Chief Operating Officer
City of York Council

APPENDIX 1 and 2