Agenda Item 12

Meeting: Oxfordshire CCG Board

Date of Meeting	**26 November 2020**
Title of Paper	**COVID-19: a Safe Winter and Protecting Elective Care**
Lead Director	Diane Hedges, Deputy Chief Executive
Author(s)	Diane Hedges, Deputy Chief Executive and Catherine Mountford, Director of Governance
Paper Type	For Information
Action Required	The Board is asked to receive the report and note the updates provided.

Executive Summary

As the levels of COVID-19 infections have risen the NHS has returned to a Level 4 incident (national command and control). We are expecting to receive the Phase 4 national gudiance that will outline the need to focus on responding to a triple aim of a safe winter, managing a second COVID surge and maintaining elective services. This paper provides an overview of these three areas.

COVID-19: a Safe Winter and Protecting Elective Care
November 26 2020

Introduction

As the levels of COVID-19 infections have risen the NHS has returned to a Level 4 incident (national command and control). We are expeting to receive the Phase 4 national gudiance that will outline the need to focus on responding to a triple aim of a safe winter, managing a second COVID surge and maintaining elective services. This paper provides an overview of these three areas.

1. Outbreak Management

1.1 As in the first wave the CCG is working closely with Oxfordshire partners and as part of the ICS to stand up the structures required to respond to a second surges of COVID-19 infections. Some of our staff have been redeployed to support the Incident Coordination Centres at the ICS which is also supporting delivery of our CCG functions.

1.2 The number of infections, hospital admissions and deaths related to COVID-19 is closely monitored by Oxfordshire Public Health Team. The team work closely with partners in all local authorities and the NHS through Multi Agency Outbreak Control (MAOC) and the Health Protection Board to review and respond appropriately. They provide advice to local organisations when small outbreaks occur and provide the local test and trace service working closely with the national test and trace service.

1.3 The data is gathered on a weekly basis and this is a fast moving situation. The latest data is published every Wednesday and is available

1.4 CALM Clinics

1.4.1 GPs and NHS providers continue to care for patients affected by COVID-19 and this includes rehabilitation for those who were worst affected. In planning for winter, additional capacity has been put in place to support primary care with the second surge.

1.4.2 The Oxfordshire CALM service is additional face-to-face capacity for primary care which will see the most infectious COVID-19 patients in a dedicated clinic or via a home visit. It is a whole county service, comprising three clinics across Oxfordshire: in Wallingford, Banbury and Oxford (Woodfarm), supported by a visiting service for those unable to travel. There will be a maximum of 150 appointments per day made available.

1.4.3 GP practices can book patients into a slot at any one of the three clinics or visiting service. NHS 111 can also book patients into the clinics; they are not a walk in service.

1.5 Launch of local COVID-19 contact tracing system

1.5.1 A local COVID-19 contact tracing system for Oxfordshire is in place, designed to provide another layer of support to help control the virus. Collectively, Oxfordshire's six councils are working to contact people who the NHS test and trace national system is unable to reach. People contacted will be advised to isolate, talked through how to access local support when isolating and asked about details of their close contacts so these can be followed up by the national team. The service runs seven days a week, with calls coming from the council using a local (01865) phone number. Text messages will also be sent to people with mobile phones telling them to expect a call. It is important to recognise that high case numbers in Oxfordshire impact the workload of the tracing team; as such resourcing will be reviewed across Councils on a regular basis.

1.6 Communications campaign

1.6.1 Communications is a key aspect of our local response to COVID-19, and our partnership approach involves colleagues from across health, local authorities, Thames Valley Police and the universities. With the rise in COVID-19 levels across the county, the system has significantly increased communication activity and have been adjusting its approach with every new set of information. This includes trialling new social media channels such as Tiktok and Snapchat to reach younger audiences, and carefully selecting outdoor advertising sites where they will have the most impact. We are also partnering with local influencers such as Oxford United football club to encourage the use of face coverings by the 18-24 age group. You can watch one of our videos featuring Oxford United coaches here. An extension of this campaign is also targeting children (aged 12-17) to encourage the use of face coverings on school transport.

1.6.2 Currently our #StopTheSpread campaign is focusing on:

- Encouraging uptake of the NHS COVID-19 app
- Recognising the key symptoms of COVID-19 and when to get tested

- Encouraging the use of face coverings among young people
- Encouraging behaviour change in light of rising cases across Oxfordshire – both general messaging and targeted messaging aimed at 18 to 24-year-olds

1.6.3 Oxfordshire County Council are also working closely with local businesses. A communications toolkit and social media toolkit has been shared with businesses, containing messaging, graphics, and newsletter copy; and a range of assets – including graphics and posters – can be downloaded from the Oxfordshire Local Enterprise Partnership (OxLEP) website: www.oxfordshirelep.com/local-authority-support.

1.6.4 Oxfordshire's Director of Public Health has written to businesses across the county asking for their continued support in helping suppress the spread of the virus and drawing their attention to new Government guidance and legislation around control measures.

2. Winter

2.1 The Oxfordshire Winter Plan was shared with Board members at the September. The plan is a system plan setting out the approach for managing the additional pressures expected over the winter months. The continued pressures of the COVID-19 pandemic are also part of the context of the plan. Since its publication, Oxfordshire County Council has also published the Oxfordshire Adult Social Care Winter Plan (attached). Implementation of the plan is well underway and significant deliverables include launch of the NHS111 First service and launch of the flu vaccination campaign.

2.2 Flu Immunisation programme

2.2.1 OCCG has been working with GP practices and providers to plan and prepare for the second wave of the pandemic and any future surges as well as increases in activity that is expected this winter. For flu, there is also a strong system approach, support for risk stratification and vulnerable patient identification with good cross working with local authority partners.

2.2.2 The public flu campaign has been focussed on encouraging people who are at risk of suffering severe complications from the flu to get their vaccine. We have published press releases and issued social media posts specifically targeting those aged over 65 and with long term conditions as well as pregnant women and parents of two and three year olds. This has also included contacting every registered nursery and child-minder with information about the importance of getting children vaccinated. The school immunisation team leader was also on BBC Radio Oxford discussing the importance of getting children vaccinated. The national advertising campaign launched on 26 October and will run until

December and we are supporting this locally. The staff flu vaccination campaign for healthcare workers is currently running across the system. There have been some shortages in vaccine supply but these have been rectified and staff are still being encouraged to get vaccinated.

2.2.3 Flu vaccination clinics have been extremely popular and GP practices have had to take extra precautions to ensure that the vaccinations are carried out safely and been creative in how they carry out their flu clinics to ensure that they maintain social distancing. For the week ending 1 November, OCCG is slightly above the Thames Valley average for flu vaccination update with 70.5% of those over 65 years old having had theirs (against a target of 75%). The focus for the next week is going to be on pregnant women and under 65s who are in at risk categories.

2.3 Targeted communication with our Black and Minority Ethnic (BAME) communities and vulnerable people

2.3.1 As part of the campaign to encourage people to have their flu vaccination we have been working with members of BAME communities in their roles as community champions to help us to reach more 'seldom heard groups' with our messaging, especially groups of people who don't tend to access healthcare services. This follows on from our work last year where these communities told us they didn't like to go to their GP so this year we are trying use this opportunity to break down barriers even more and encourage people who are at risk of complications from the flu to get their vaccination and also offer reassurance that it is safe to do so. Various community and faith leaders have used our script to speak directly to their own communities in Urdu, Bengali, Pashto, Arabic, English and Filipino. They have also helped us to share this message throughout their own communication channels as well as those of the system. The videos have had thousands of views on social media and have been featured in articles in local print and broadcast media.

2.3.2 The videos are available on to the flu page on OCCG's website here. They have also been shared with colleagues across Buckinghamshire and Berkshire West and with the NHS across the South-East.

2.3.3 Work is ongoing to reach out to BAME and other potentially isolated communities with information about the wider winter campaign. Supplies of the advice card with contact details for local services are being shared with community groups and community shops to support a wider distribution of key information during lock down.

3. Cancer waiting times

3.1 Purpose

3.1.1 The purpose of this part of the paper is to update the Oxfordshire Health Overview and Scrutiny Committee for meeting on 26 November 2020 as to **waiting times on cancer operations in Oxfordshire, including delays due to COVID-19, and any associated recovery plans.**

3.2 Background

3.2.1 In recognition of the COVID-19 pandemic, cancer systems have been under significant pressure to deliver treatment for all patients. Working to a prioritisation framework in line with the Phase 3 response to the pandemic, Oxford University Hospitals NHS Foundation Trust (OUHFT) has been working to the following priorities for cancer:

- Accelerating the return to near-normal levels of non-COVID-19 health services, making full use of the capacity available in the 'window of opportunity' between now and winter;
- Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid-19 spikes locally and possibly nationally;
- Doing the above in a way that takes account of lessons learned during the first COVID-19 peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention.

3.2.2 In respect of Cancer services, OUHFT is working collegially with the Thames Valley Cancer Alliance (TVCA) in the development of the phase 3 recovery plan for cancer services with the aims of:

- Reducing unmet need and tackle health inequalities, work with GPs and the public locally to restore the number of people coming forward and appropriately being referred with suspected cancer to at least pre-pandemic levels;
- Managing the immediate growth in people requiring cancer diagnosis and/or treatment returning to the service;
- Thereby reducing the number of patients waiting for diagnostics and/or treatment longer than 62 days on an urgent pathway, or over 31 days on a treatment pathway, to pre-pandemic levels, with an immediate plan for those waiting longer than 104 days.

3.3 **Cancer waiting times OUHFT**

3.3.1 **Cancer waiting times September 2020 (Month 6)** OUHFT achieved 3 out of 9 cancer waiting time (CWT) standards in September 2020.

Standard	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
At least 93% of patients referred from a GP with suspected cancer will be seen within 2 weeks of referral	96.30%	96.10%	92.80%	94.80%	95.50%	94.10%	95.20%	94.30%	95.30%	95.60%	96.90%	94.20%	93.00%	94.60%	86.90%	70.30%	73.40%	71.70%
At least 93% of patients referred from a GP with breast symptoms but not suspected cancer will be seen within 2 weeks of referral	97.30%	96.00%	93.50%	95.80%	97.30%	95.30%	96.40%	95.70%	100.00%	100.00%	100.00%	98.40%	82.00%	90.40%	95.60%	27.40%	7.60%	6.10%
At least 75% of patients referrred from GP with suspected cancer, with breast symptoms, or from a cancer screening programme will be informed of a diagnosis or ruling out of cancer within 28 days of referral													74.70%	88.50%	83.40%	81.90%	80.20%	77.20%
At least 96% of patients will receive first definitive treatment within 31 days of decision to treat	95.70%	96.50%	93.70%	96.00%	93.60%	91.00%	87.60%	89.10%	87.40%	85.40%	87.90%	94.10%	97.50%	96.00%	94.60%	94.70%	93.40%	92.80%
At least 94% of patients will receive subsequent treatment with surgery within 31 days of deecision to treat	96.30%	95.10%	98.20%	95.50%	85.00%	95.90%	89.40%	89.30%	82.40%	78.70%	86.50%	90.90%	94.40%	94.40%	88.00%	86.00%	83.70%	88.50%
At least 98% of patients will receive subsequent treatment with anti-cancer drug regimen within 31 days of decision to treat	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.10%	98.50%	100.00%	100.00%	99.30%	98.70%	99.40%	100.00%	98.40%	100.00%
At least 94% of patients will receive subsequent radiotherapy within 31 days of decision to treat	99.50%	99.50%	99.50%	99.20%	99.50%	100.00%	98.60%	98.20%	95.80%	100.00%	98.00%	98.80%	96.70%	95.50%	98.00%	98.10%	99.00%	100.00%
At least 85% of patients will receive their first treatment within 62 days of referral from GP	74.00%	69.60%	69.70%	69.20%	70.90%	64.40%	66.80%	60.80%	65.80%	65.90%	65.40%	76.90%	76.80%	77.20%	75.70%	75.50%	78.40%	76.70%
At least 90% of patients will receive their first treatment within 62 days following referral from a screening service	74.10%	75.50%	59.50%	44.00%	66.70%	73.90%	54.90%	45.80%	54.50%	30.40%	46.80%	82.40%	66.70%	25.00%	0.00%	23.10%	100.00%	88.20%

To note: In the last line of the above table, the variation in relation to the screening compliance is a direct result of small patient numbers.

3.3.2 **Two-week-wait (2ww) from GP referral:** This standard was not achieved in September, reporting 71.7% against 93% threshold– as in August this was primarily due the Breast and Lower GI pathways. Breast referrals were 26.4% against target primarily due to capacity issues in both radiology and outpatients that have been further restricted due to Infection, Prevention and Control (IPC) guidance post COVID-19. The service has an action plan

in place to address these issues which are making an impact - improvement is expected through Q3 and achievement of target in Q4.

3.3.3 The Lower GI pathway continues to be challenged by the impact of faecal immunochemical tests (FIT) tests being sent to patients by OUHFT during the pandemic – performance was 51.2%. FIT testing in primary care resumed on 17th August but the service continues to have a backlog of patients requiring tele-med consultations for FIT negative patients. Discussions are now in place between service and OCCG – it is expected that actions from these will result in a return to compliance by the end of Q3/Q4.

3.3.4 **2ww Breast Symptomatic:** This standard was not met for the same reasons as those referred on the 2ww urgent breast pathway, and as per August – performance against standard was 6.1%. These patients are also included in the action plans for breast 2ww hence improved performance is expected through Q3/Q4.

3.3.5 **31day decision to treat:** This target remains static over the last three months – total of 33 patients breached – in most pathways it equates to one or two patients but the majority of the breaches are in the urology pathway which is challenged with surgical capacity for both diagnostics and treatments.

3.3.6 **31 day subsequent treatment (surgery):** The majority of breaches are a consequence of surgical capacity for both diagnostic investigations and treatment in the urology pathway.

3.3.7 **62 Day from GP referral:** The number of completed pathways rose to 224 from 204 in August with 52 breaches. This resulted in a 62 day CWT performance of 76.7%.

3.3.8 **62 day tumour site performance July to September 2020**

	Jul-20				Aug-20				Sep-20			
Tumour Site	Total	Within	Breach	%	Total	Within	Breach	%	Total	Within	Breach	%
Breast	29	28	1	96.6%	28	20	8	71.4%	37	29	8	78.4%
Gynae	7	5.5	1.5	78.6%	8	6	2	75.0%	4	3	1	75.0%
Haem	10	6	4	60.0%	6.5	6	0.5	92.3%	13	11.5	1.5	88.5%
H & N	8.5	5	3.5	58.8%	12.5	7	5.5	56.0%	10.5	5	5.5	47.6%
Lower GI	14	5	9	35.7%	17	13	4	76.5%	17.5	10	7.5	57.1%
Lung	11.5	8	3.5	69.6%	11	8	3	72.7%	11.5	6.5	5	56.5%
Sarcoma	2.5	1.5	1	60.0%	2.5	1.5	1	60.0%	9.5	4.5	5	47.4%
Skin	52	52	0	100.0%	57.5	57.5	0	100.0%	64	63	1	98.4%
Upper GI	14.5	7	7.5	48.3%	17.5	13	4.5	74.3%	20	14.5	5.5	72.5%
Urological	23.5	12	11.5	51.1%	42.5	27	15.5	63.5%	32.5	22.5	10	69.2%
Total	**172.5**	**130**	**42.5**	**75.6%**	**203**	**159**	**44**	**78.4%**	**219.5**	**169.5**	**50**	**76.7%**

To note:

- 0.5 of a breach is indicative of a shared breach between OUH and another referring Trust in accordance with cancer waiting times reporting criteria.
- H&N - head and neck.

3.4 Steps taken during Covid-19 – first phase

3.4.1 The following were put in place as a result of national guidance and necessary clinical review of patients on cancer pathways to ensure the risk: benefit of cancer treatments were considered for every patient prior to treatment.

3.4.2 **Pathway Changes:** As a result of the COVID-19 pandemic, many of the Cancer multidisciplinary teams (MDTs) made significant changes to their cancer pathways as a result of loss of capacity (particularly for surgery related to theatre, intensive care unit (ICU) and bed capacity) and also changes in the risk: benefit balance of the treatments with the added risk of COVID-19 infection. These changes were necessary:

- To free up capacity to manage the pandemic
- To prioritise treatment when resources are scarce
- To take into account different risk vs benefit considerations

All stages of the Cancer Pathway were reviewed, and changes made as appropriate:

- 2 week wait
- Outpatient Consultations
- Diagnostic tests
- Staging investigations
- MDT meetings
- Surgical treatment
- Oncological treatment
- Palliative treatment

3.4.3 The "**Evidence" base** for changes were:

- Agreed through consensus locally, nationally and internationally
- Based on experience (Italy, China, London) and shared learning via Webinars, Journals, and International / national data sources
- Informed by Specialist Associations (Association of Cancer Physicians (ACP), Association of Upper Gastrointestinal Surgeons (AUGIS), British Association of Urological Surgeons (BAUS), British Association of Head and Neck Oncologists (BAHNO), British Gynaecological Cancer Society (BGCS), Association of Breast Surgery (ABS), Society for Cardiothoracic Surgery (SCTS), British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS), British Association of Dermatologists (BAD)) and Royal College Guidance
- Developed through informal specialty groups

3.4.4 **Introduction of cancer surgery priority panel:** As a result of loss of capacity (particularly for surgery related to theatre, Intensive Care Unit (ICU) and bed capacity) and also changes in the risk: benefit balance of our treatments with the added risk of COVID-19 infection, there was a clear need to prioritise cancer surgical operations. We set up a cross-specialty panel (including members of the Trust Ethics Committee) to prioritise cancer surgeries according to the following categories:

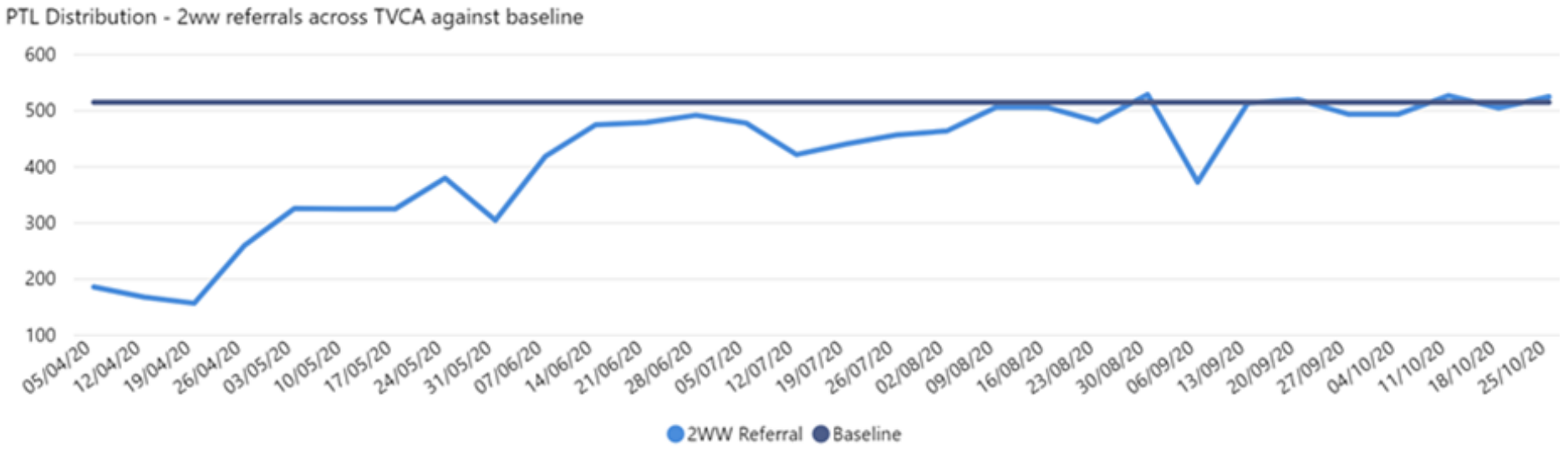
- NHSE COVID Guidance for Cancer Surgery prioritisation categories

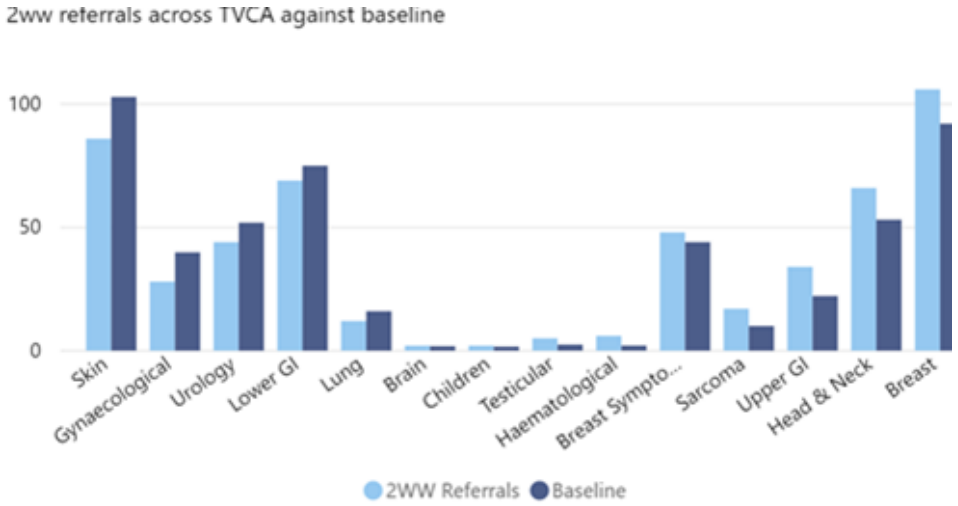
- Cancer factors (stage, prognosis, alternative treatments available, risk of progression if delay)
- Patient factors (age, co-morbidities, risks posed by COVID infection)
- Surgical factors (length of operation, surgical/anaesthetic availability with appropriate subspecialty expertise, level of care for postop, risks of complications etc)
- Institutional factors (theatre, ICU, bed capacity)

3.4.5 **Weekly Senior clinical review:** As part of the recovery stage, the OUHFT Cancer Management team introduced senior clinical reviews of all patients on day 40 (and above) of a cancer pathway – initially this was to ensure those patients 'deferred' during the pandemic were moved through their pathway as quickly as possible when it was safe to do so. Importantly, this process has continued to ensure patients who are not moving through their pathway are expedited where necessary.

3.5 Impact during COVID-19 on cancer performance

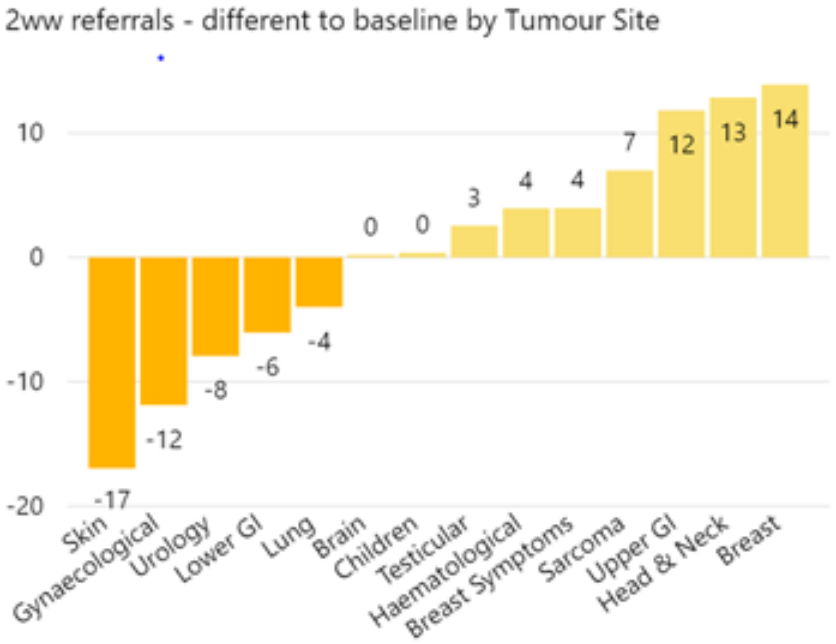
3.5.1 The referrals on the **2 week wait** pathway decreased during the pandemic but as the graph below shows the total 2ww referral activity has now returned to baseline (2019) for OUHFT.





The bar graph shows referral comparison by tumour site against baseline at end of October for OUHFT.

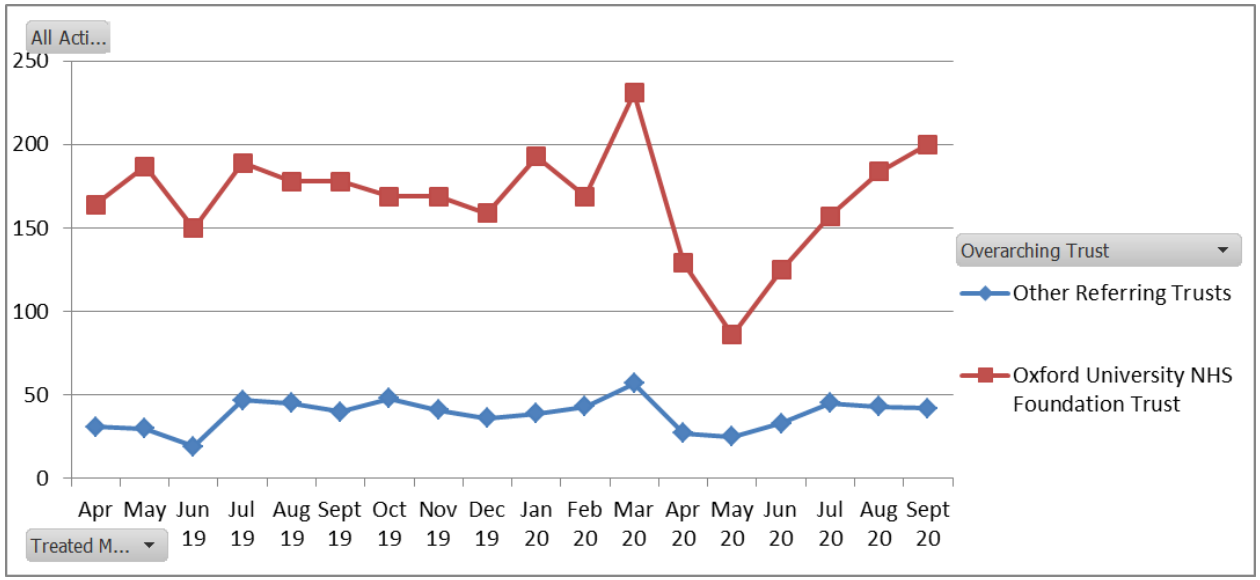
This bar graph shows the detail of the variance by tumour site against baseline at the end of October.



3.5.2 Treatments for patients on **62 day pathways** were sustained throughout the first phase of COVID-19 where at all possible, in line with the risk: benefit for the patient. Further to aligning with national pathway changes and the outcome of surgical priority panel decisions, clinicians met with patients (and their relatives where appropriate) via virtual platforms or by telephone. They explained the reason for deferral/ change in original pathway and what the next steps would be in the best interest of the patient. The virtual appointment/ telephone call was then followed up by a letter to the patient.

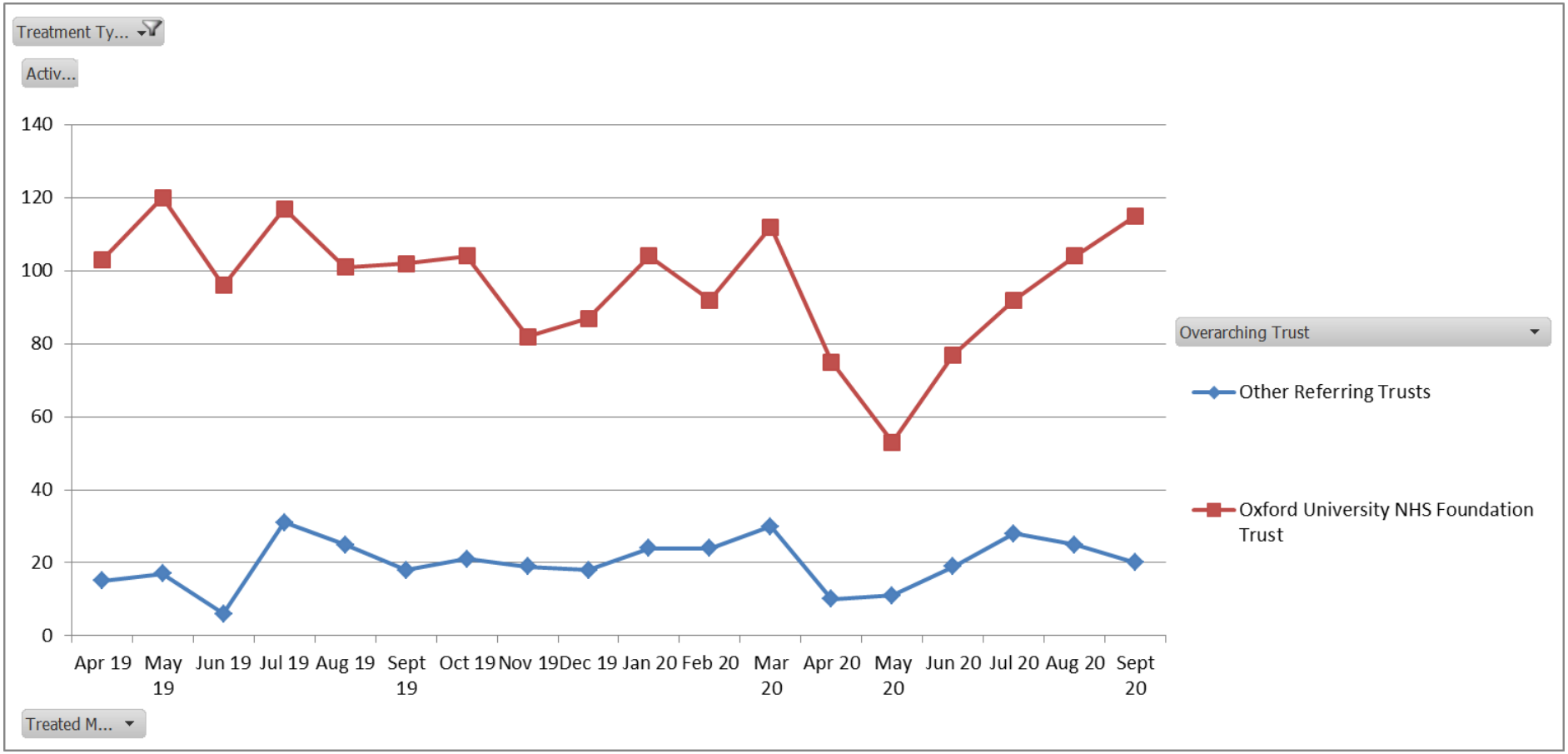
3.5.3 The below table shows the number of treatments provided from April 19 to September 20 split between OUHFT and other referring providers – with exception of the three month dip at the height of the pandemic this reflects a sustainability of treatments for patients on cancer pathways.

3.5.4 **Total cancer treatments April 19- Sept 20. The red line represents Oxfordshire patients and the blue line represents referrals from other trusts.**



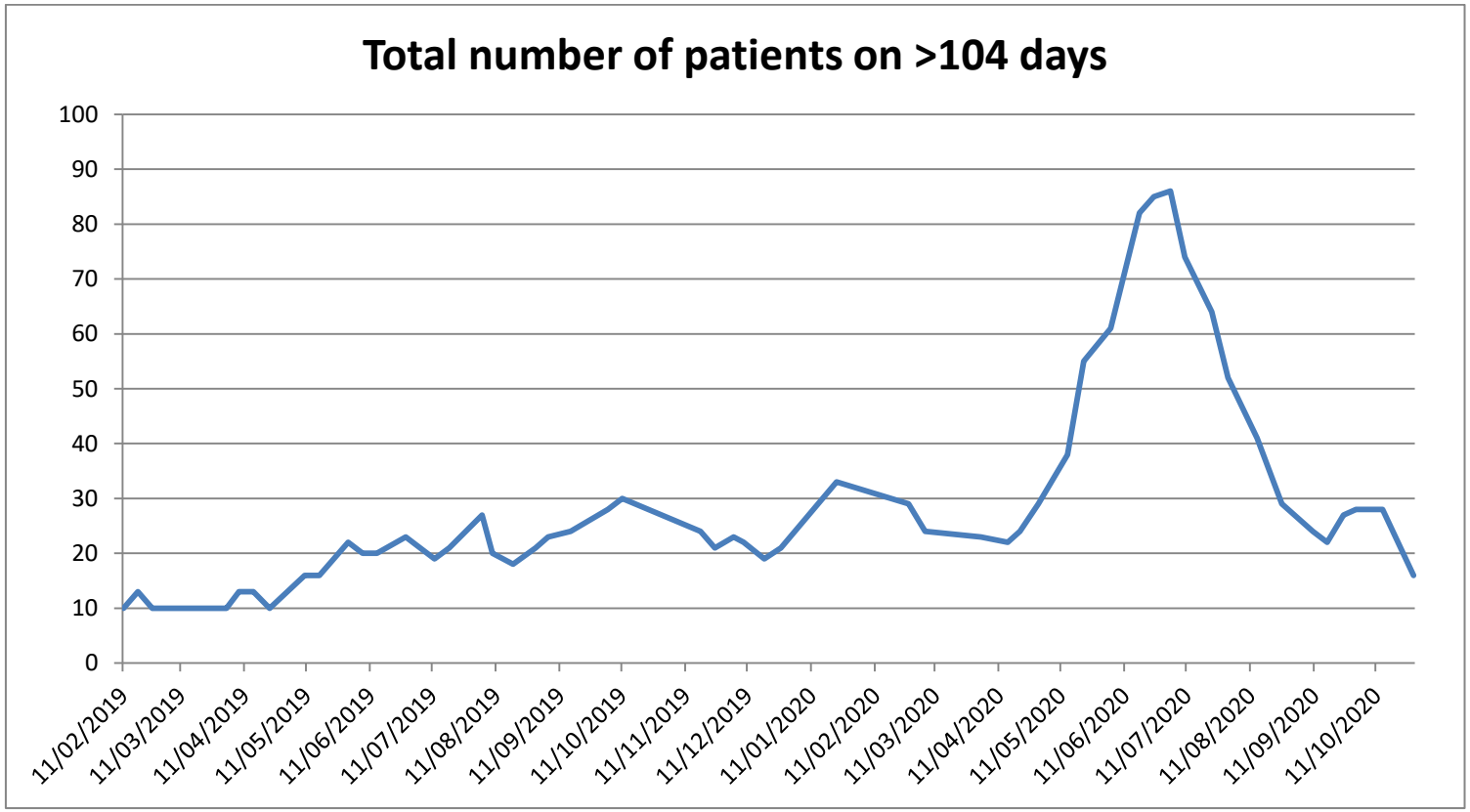
3.5.5 As above a similar picture is shown in the table below of the surgical activity over the same timeframe - split to show OUHFT and other referring providers.

3.5.6 **Surgical cancer treatments April 19-Sept20. The red line represents Oxfordshire patients and the blue line represents referrals from other trusts.**



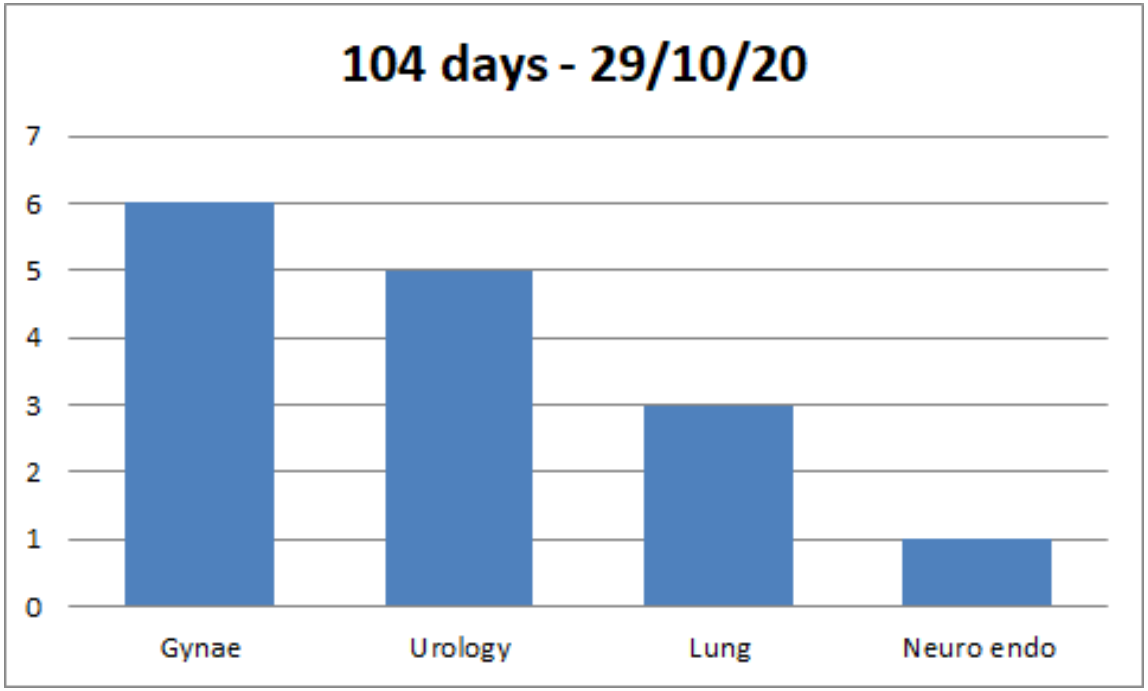
3.5.7 **Patients waiting over 104 days for diagnosis** and **treatment:** The impact on patients waiting over 104 days for diagnosis and treatment as a result of the pandemic is visible in the table below. This included a high proportion of patients with suspected cancer who had investigations deferred in accordance with national risk versus benefit guidance. OUH have worked hard to reduce these numbers as quickly as possible by adopting additional measures; for example the introduction of weekly clinical reviews of patients and this is reflected in the steady reduction.

3.5.8 Clinical harm reviews are completed for those confirmed with cancer once treatment has commenced by the treating consultant and signed off by the Cancer Clinical Lead. No evidence of harm has currently been identified in those patients reviewed during Quarter 1 and Quarter 2.



The current breakdown (29/10/2020) of the 104 day total is shown by tumour site.

Patients >104 days who are untreated = 16 Confirmed cancer = 6 Suspected cancer = 10



3.5.9 As part of the Thames Valley Cancer Alliance (TVCA), OUHFT have contributed significantly to the overall reduction of the 104+ day position. At its peak, at the end of June, OUHFT recorded a position in excess of 80 patients in the 104+ day position alone. Dedicated focus has seen this position continue to decrease into November 2020.

3.5.10 The table below provides an overview of the national position, broken down to Alliance level. At its peak the TVCA was recording a position of 417 patients in the 104+ day backlog. At Trust level for the same reporting period, OUH had reduced the number of patients waiting over 104 days to 16.

3.5.11 **Backlog overview by Cancer Alliance – w/e 29/10/2020**

Region	Cancer Alliance	>62 days					>104 days		
		Number	Number added in last week	Number removed in last week	Overall % change in last week	% change since w/e 15th March	Number	Overall % change in last week	% change since w/e 15th March
	1. England	17,472	4,194	3,868	+2%	56%	4,274	+1%	60%
East of England	3. East England (North)	1,226	302	250	+4%	57%	315	+6%	41%
	4. East England (South)	725	176	197	-3%	56%	148	-3%	25%
London	6. North Central London	620	123	141	-3%	83%	114	-12%	153%
	7. North East London	737	131	201	-9%	36%	241	-4%	121%
	8. North West & South West London	1,381	312	317	-0.4%	38%	397	-8%	90%
	9. South East London	590	125	118	+1%	20%	175	-3%	18%
Midlands	11. East Midlands	800	195	240	-5%	36%	151	-13%	0%
	12. West Midlands	2,214	588	593	-0.2%	38%	525	+4%	35%
North East & Yorkshire	14. Humber, Coast & Vale	608	142	60	+50%*	70%	160	+28%*	33%
	15. North East & Cumbria	1,048	289	308	-2%	54%	244	-5%	47%
	16. South Yorkshire & Bassetlaw	693	179	176	+0.4%	169%	178	-5%	158%
	17. West Yorkshire	615	124	13	+22%*	128%	153	+68%*	151%
North West	19. Cheshire & Merseyside	981	225	246	-2%	152%	277	-1%	183%
	20. Greater Manchester	1,397	329	-90	+43%*	150%	342	+38%	180%
	21. Lancashire & South Cumbria	406	104	114	-2%	54%	110	-7%	96%
South East	23. Kent & Medway	249	70	83	-5%	-25%	34	-17%	-21%
	24. Surrey & Sussex	1,170	248	373	-10%	231%	330	-16%	385%
	25. Thames Valley	314	90	171	-21%*	-22%**	59	-26%	-42%**
	26. Wessex	509	134	134	0%	45%	59	-11%	-39%
South West	28. Peninsula	258	78	78	0%*	-43%**	30	-6%*	-77%*
	29. SWAG	931	230	265	-4%	35%	205	-2%	38%

3.5.12 As we move into COVID-19 Wave 2, the OUHFT and its cancer services are prepared to instigate the significant learning from Wave 1 of COVID-19 to mitigate the impact to patients being diagnosed and treated on cancer pathways. OUHFT in partnership with TVCA are focused on ensuring that the public continue to present with signs and symptoms of cancer, with a dedicated public awareness focus on harder to reach groups with prostate and lung cancer symptoms.

3.5.13 A TVCA system wide plan to ensure cancer diagnostics and treatment can be maintained across Oxfordshire and the wider Thames Valley has been developed to ensure COVID-19 secure pathways are in place and where necessary mutual aid can be achieved across COVID-19 secure sites. The clinical and operational leadership of Oxfordshire health system have been instrumental in developing this plan with the Churchill site at OUHFT described as one of the South Easts' COVID-19 secure cancer hubs.

4. OUHFT Elective Position update

4.1 Elective Position Update October 2020 (Month 7)

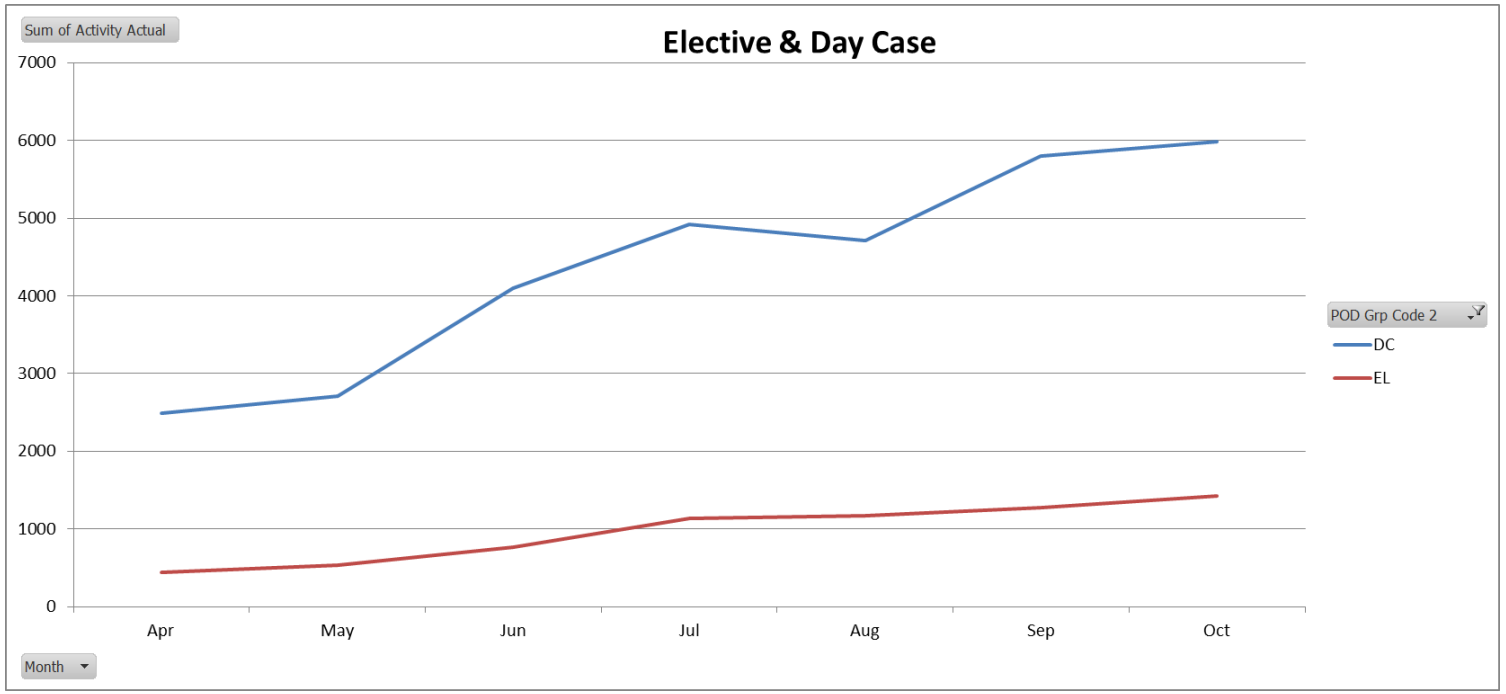
SLAM[1] activity represented below is taken from a provisional Month 7 position.

OUHFT has continued to recover its elective position since the onset of COVID-19 Wave 1. The charts below evidence an increase in activity during this period.

Elective & Day Case activity April to October 2020:

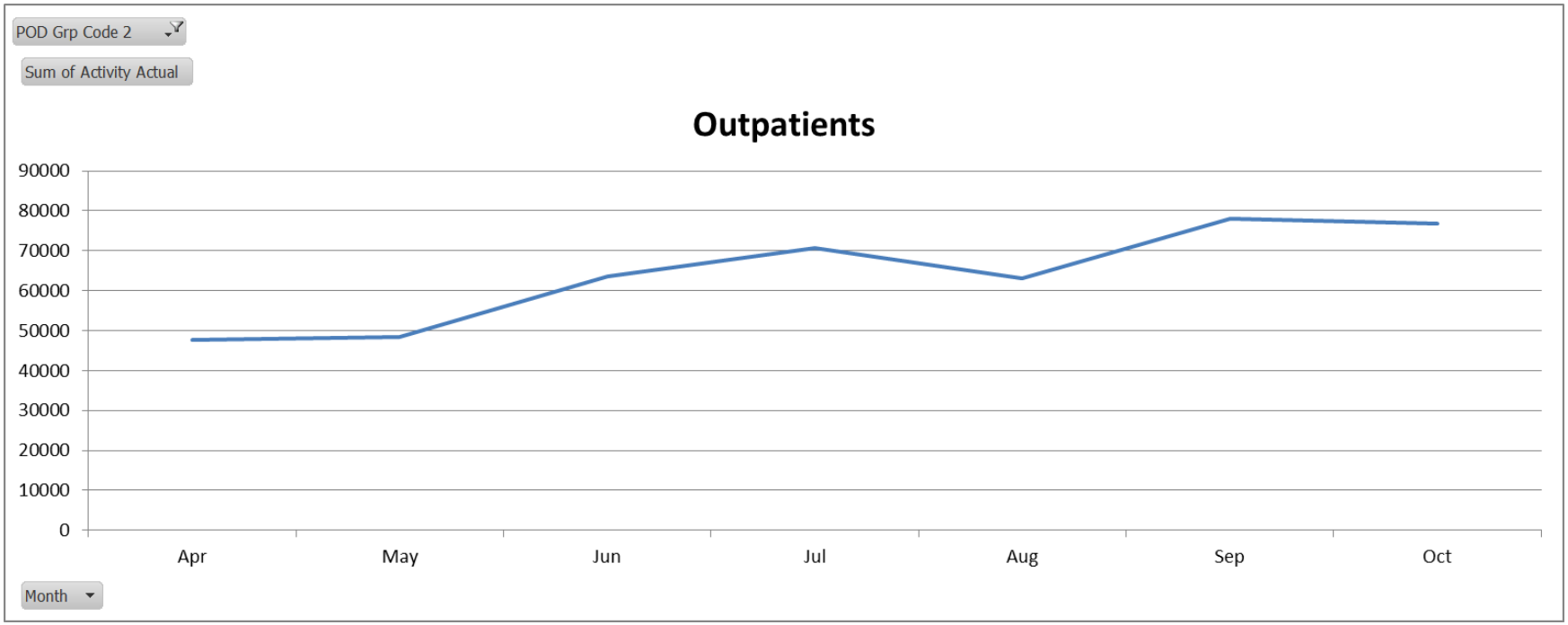
Sum of Activity Actual	POD	
Month	DC	EL
Apr	2492	438
May	2714	533
Jun	4104	768
Jul	4926	1140
Aug	4711	1169
Sep	5799	1271
Oct	5982	1430

[1] Service Level Agreement Monitoring (SLAM) data contains all activity data



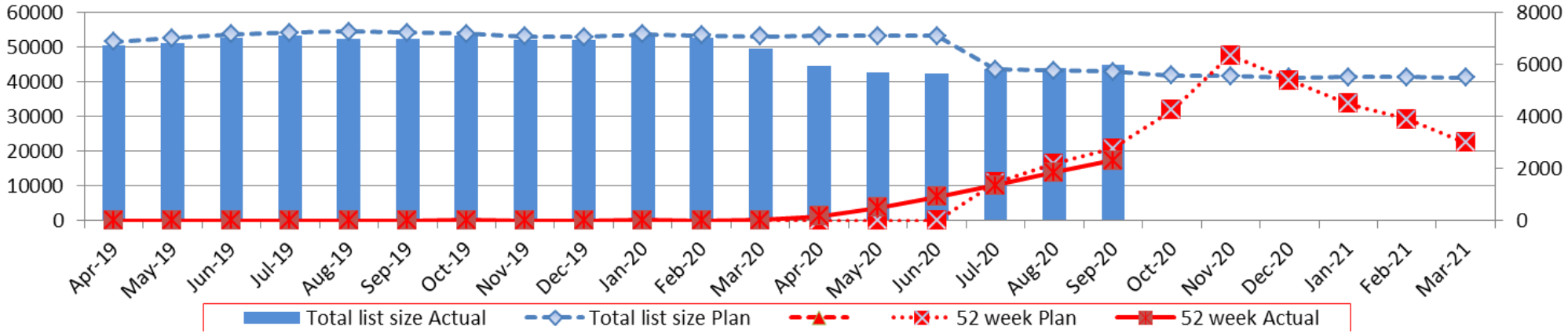
Outpatient Activity April to October 2020:

POD Grp Code 2	Outpatients
Month	**Sum of Activity Actual**
Apr	47718
May	48336
Jun	63555
Jul	70779
Aug	63180
Sep	77948
Oct	76875


POD Grp Code 2
Sum of Activity Actual
Outpatients
90000
80000
70000
60000
50000
40000
30000
20000
10000
0
Apr
May
Jun
Jul
Aug
Sep
Oct
Month

4.2 Elective Care September (Month 6)

4.2.1 Both Total Waiting List Size increased and the number of 52 week waiters continues to increase in September as the profile of the waiting list ages.



4.2.2 Trust performance against the overall **18-week incomplete** Referral to Treatment (**RTT) standard** was **59.21%** in September**,** an improvement from the **50.43%** reported in August.

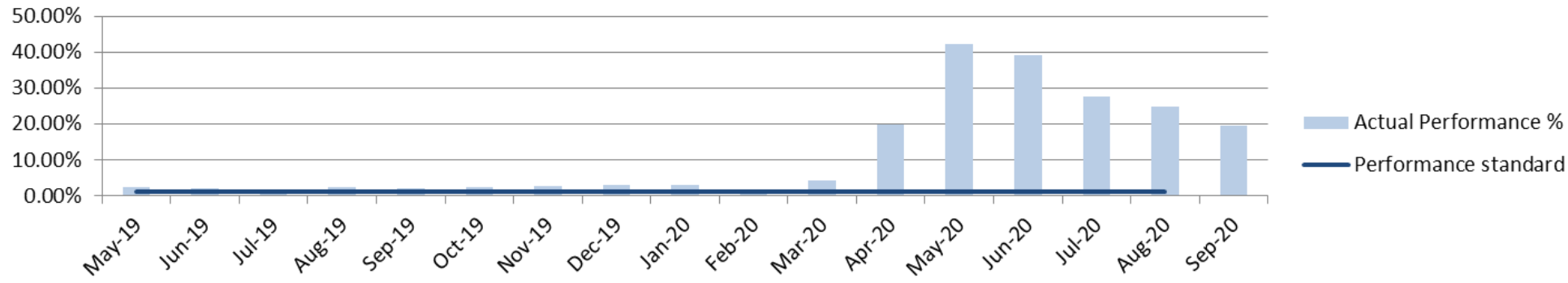
4.2.3 The **total waiting list size for September is 44,900,** an increase of 827 pathways on the previous month.

4.2.4 **52 week wait position month 6:** There were **2,321** patients waiting over 52 weeks for first definitive treatment at the end of September 20, this represents an increase of **458** patients when compared to previous months performance position. The Trust met its Phase 3 52 week waiting time trajectory for September (2,772), and is currently on track to meet 52 week trajectory in October 2020.

4.2.5 There are **7,169** patients waiting **over 40 weeks** in September 2020 which represents an **increase** of 826 patients when compared with previous month. The number of patients waiting over 26 weeks reduced to 16,843 patients (a decrease of 1,044 patients compared to previous month)

4.2.6 **Clinical Harm Reviews:** The Patient Safety team has oversight of the Clinical Harm Review process for which the clinical Divisions are responsible. The Harm Review process is being further reviewed alongside the requirement of the national clinical review programme to report against the clinical prioritisation cohorts.

4.2.7 COVID-19 pressures have impacted the OUHFT diagnostic waiting times, but an improving trend is seen **% patients waiting over 6 weeks for a diagnostic procedure**



4.2.8 Reopening Routine Outpatient referrals

Since late April NHS providers have been asked to make plans to reopen all routine referrals for GPs. Oxford University Hospitals (OUH) NHS Foundation Trust continued to receive two week wait cancer referrals and all other urgent referrals throughout the COVID-19 pandemic.
As of 18/11/2020 three significant specialties are still not open to routine referrals from GPs. Maxillofacial (Oral and Maxillofacial Surgery), ENT and Ophthalmology.

The Ophthalmology department believe that many referrals have been upgraded to urgent in order for them to gain access to the services, Glaucoma is the main issue. Ophthalmology and ENT alternate providers have been sought for GPs to refer to but this does involve further travel for patients outside of Oxfordshire. For oral and maxillofacial a case is being developed for NHSE to purchase alternate solutions to open up the pathway.

A meeting will be happening in the week of 16th November to look at the opening of the final specialties. A verbal update will be available for the Board.

Oxfordshire County Council
Adult Social Care
Winter Plan 2020-21

Report by the Corporate Director of Adults and Housing

Background

This winter is likely to place unique pressures on the health and care system. COVID-19 will be co-circulating with seasonal flu and other viruses, and transmission may increase over the winter period. In addition, there are longstanding ongoing local factors including an ageing population and increasing numbers of people with a long term health condition which means that demand for both health and social care is increasing. Even without Covid these pressures typically increase during winter months.

As a result, the government has created a national Covid-19 Winter Plan. It sets out the key elements of national support available for the social care sector for winter 2020 to 2021, as well as the main actions to take for local authorities, NHS organisations and social care providers, including in the voluntary and community sector.

The Covid-19 Winter Plan sets out an expectation that Local Authorities must put in place their own local winter plans for Adult Social Care and write to DHSC to confirm they have done this by 31 October 2020. It states that local winter plans must incorporate the recommendations set out in the national Covid-19 winter plan.

In summary Local Authorities should:

- Work with NHS colleagues to ensure primary and community services are supporting local providers, as well as social care services and voluntary organisations to ensure people can access the help and support they need.
- Ensure providers are kept up to date with the local guidance and there is weekly communication from the Director of Adult Social Services and Director of Public Health.
- Maintain oversight of the care home support plan, ensuring providers are well supported to prevent infection outbreaks in care settings.
- Act as lead commissioners for those discharged from hospital using the Treasury/NHS money, unless otherwise agreed.
- Remain responsible for providing alternative accommodation in the event that a care home is unable to cope with the impact of the person's COVID-19 illness safely.

- 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
- Continue to put co-production at the heart of decision-making, involving people who receive health and care services, their families, and carers.
- Ensure providers are aware of the suite of national offers available to support with staff recruitment, induction, training and wellbeing.

The Oxfordshire ASC Winter Plan Gap Analysis

A template document has been produced which allows local authorities to compare the requirements set out in the national winter plan compared to what's happening locally. The template asks authorities to highlight any gaps and set out what actions they intend to take to fill those gaps.

The actions set out in the template align to five key themes which are:

- Theme A - Overarching work
- Theme B - Preventing & controlling the spread of infection in care settings
- Theme C - Collaboration across health & care services
- Theme D - Supporting people who receive social care, the workforce and carers
- Theme E – Supporting the system

In drafting Oxfordshire's response to the winter plan, we have sought input from colleagues across commissioning, operational social care, public health and the NHS.

Whilst there is no requirement to formally submit the Winter Plan template, it has proven to be a useful analysis of the current position in Oxfordshire. The template demonstrates the considerable amount of collaborative work that has already taken place across the system in response to the Covid-19 pandemic.

As a result, many of the actions set out in the plan are either complete or well under way as part of local plans and where there are gaps, there are plans in place to close these.

Monitoring and Review

Performance of the Oxfordshire system is kept under review on a daily basis via a system call chaired by the Corporate Director of Adults and Housing. This focuses on patient flow and service capacity and provides the earliest indication of emerging challenges, and the earliest opportunity for corrective action.

Regular review of system pressures are also undertaken by the Urgent Care Delivery Group and the A&E Delivery Board also provide system oversight of whole system management.

Adult Social Care DLT meetings will provide the ongoing focus on winter pressures, performance and business continuity arrangements.

Adult Social Care Winter Plan

2020 – 2021

Gap analysis on current state and implementation

Actions and requirements

v1

THEME A: OVERARCHING WORK

1. OVERARCHING ACTIONS FOR LOCAL AUTHORITIES AND NHS ORGANISATIONS						
Ref.	**REQUIREMENT**	**CURRENT STATUS**	**FULLY MET? (Y/N)**	**HOW TO CLOSE THE GAP**	**WHO'S THE LEAD?**	**BY WHEN?**
1.1	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	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	
1.2	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	31st 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

		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. Addressing inequality will continue to be a key priority.				
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	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 being issued to providers.	Director of Adult Social Care	29th October December 2020
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	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
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	

	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	regarding infection control and outbreak management. 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. Pillar 2 testing is in place, some delays are reported in test results being received.				
1.8	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	All staff and care home residents are offered tests as per the national testing strategy. 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. Pillar 2 testing is in place, some delays are reported in test results being received which is beyond the control of local	Y		Director for Adult Social Care	

		system.				
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	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. • Local authorities (including children and adult social care workers) • Mental health community care • Personal assistants (LA, CCG commissioned, personal health budgets) • Domestic violence refuges • Rough sleeping services • All education (and childcare) services (full details tbc by DoE as it is undertaking some demand modelling) Dedicated provider hub email address and team, for PPE requests to be submitted. OCC infrastructure enabling local supply of PPE.	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	Oxfordshire's flu plan has been designed by all system partners, including the communication strategy which	N	Local monitoring of uptake is in development, prior to national monitoring via the capacity tracker.	Director for Adult Social Care	31st October

	community sector organisations, to encourage those who are eligible for a free flu vaccine to access one	is underway.		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 AUTHORITES & 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	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
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 contain framework	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. 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	Y		Director of Public Health	

		board works in collaboration with Oxfordshire system wide 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	31st October 30th November

5. MANAGING STAFF MOVEMENT (LOCAL AUTHORITIES AND NHS)						
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	29th October December 2020
5.2	Consult the guidance available on redeploying	Guidance is available to care providers on this issue. The	N	Regular communication and discussion with individual	Deputy Director,	Guidance is available to

	staff and managing their movement, and support providers in their area to access other initiatives – for example Bringing Back Staff	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 support care providers experiencing workforce challenges.		providers to continue.	Commissioning	care providers on this issue. 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 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: - Local agencies - Mutual aid with neighbouring authorities - Local system partners	N	To be reviewed in line with the system workforce resilience plan.	Deputy Director, Commissioning	29th 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	Weekly review with direct follow up with providers who are reporting issues.	Y		Director of Adult Social Care	

	following up with care providers who are not limiting staff movement					

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)	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. • Local authorities (including children and adult social care workers) • Mental health community care • Personal assistants (LA, CCG commissioned, personal health budgets) • Domestic violence refuges • Rough sleeping services • All education (and childcare) services (full details tbc by DoE as it	N	Continued mapping of Personal Assistants and promotion of service to ensure that all are aware of PPE availability.	Deputy Director, Commissioning	Ongoing

		is undertaking some demand modelling) Dedicated provider hub email address and team, for PPE requests to be submitted. OCC 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	

9. COVID-19 TESTING (LOCAL AUTHORITIES, NHS & PH)						
REF	**REQUIREMENT**	**CURRENT STATUS**	**FULLY MET? (Y/N)**	**ACTIONS TO CLOSE THE GAPS**	**WHO'S THE LEAD?**	**BY WHEN?**
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	As far as possible we carry out testing as per the testing strategy. Cases of COVID-19 in care settings are notified to the	Y		Director for Public Health	

	organisations, provide local support for testing in adult social care, if needed	Public Health team and the to the Adult Social Care Commissioning team on a daily basis. Care homes with 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. 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.				
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	The Public Health team is actively monitoring: • 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	Y		Director for Public Health	

		• Local lists of outbreaks are maintained with same day clinical follow up regarding infection control and outbreak management. We monitor the following data on a regular basis: • P1 and P2 testing data and positivity rates on a regular basis. • Number and rates by upper and lower level LAs and cluster of cases by LSOA. • Breakdown of cases by age group • PHE notifications of coincidence or high risk settings • daily exceedance reports from PHE that show if an area is potentially higher than expected based on the model • NHS containment dashboard				
9.3	PHE Health Protection Teams (HPTs) should: • continue to deliver their testing responsibilities, as	All staff and care home residents are offered tests as per national testing strategy. All hospital discharges to care homes are tested. Care homes	Y		Director for Public Health	

	outlined in the testing strategy. This includes continuing to arrange testing for outbreaks in care homes and other adult social care settings, as appropriate	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. 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	PHE Health Protection Teams (HPTs) should: • advise care homes on outbreak testing and infection prevention and control measures	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. In addition, webinars for providers are organised with input from the Health Protection team.	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 receive care to receive a free flu vaccine	System flu plan has been developed with all system partners, including communication strategy.	Y		Director for Adult Social Care	
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	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	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	Director of Adult Social Care	Ongoing

	programmes (below), and should consider how best to ensure maximum uptake, including through delivering the vaccines in care homes.	NHS-E to deliver this in care homes.		bespoke solutions for staff.		

THEME C: COLLABORATION ACROSS HEALTH & CARE SERVICES

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

REF	REQUIREMENT	CURRENT STATUS	FULLY MET? (Y/N)	ACTIONS TO CLOSE THE GAPS	WHO'S THE LEAD?	BY WHEN?
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	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	

	model;					
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 reintroduction of NHS continuing healthcare (as well as the discharge guidance), 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	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 19th. 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

		Band 7 nurse are being sourced 3 additional locum 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	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	

	admission to residents and 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 Adult Social Care Action Plan. 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	A designated home has been identified, with sufficient nursing, care and therapy to enable safe transition from hospital back into the community. Additional sites have been identified to manage additional demand. A continual review of demand will allow for fast contracting of additional care home spaces.	Y		Director of Adult Social Care	

13.8	Local authorities additionally: should consider adopting the cohorting and zoning recommendations published by ADASS, 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	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. 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. We will continue to monitor care homes through daily contact calls, through the capacity tracker and monthly audit of the infection control returns.	Y		Director of Adult Social Care	

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.				

THEME D: SUPPORTING PEOPLE WHO RECEIVE SOCIAL CARE, THE WORKFORCE AND CARERS

23. SUPPORTING INDEPENDENCE AND QUALITY OF LIFE-VISITING (PUBLIC HEALTH)						
REF	**REQUIREMENT**	**CURRENT STATUS**	**FULLY MET? (Y/N)**	**ACTIONS TO CLOSE THE GAPS**	**WHO'S THE LEAD?**	**BY WHEN?**
23.1	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	• 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: • Actively monitoring of daily notifications of COVID cases in care homes. • Maintaining a list of outbreaks with same day clinical follow up regarding infection control and outbreak management. • Regular monitoring of P1 and P2 test data and positivity rate. • Weekly number and rates of COVID by upper and lower level LAs and cluster	Y		Director for Public Health	

		of cases by LSOA. • Breakdown of cases in staff and residents by day of notification. • Monitoring trends and patterns • PHE notifications of coincidence or high-risk settings • Daily exceedance reports from PHE that show if an area is potentially higher than expected based on the model • The R Number • NHS containment dashboard • NHS containment dashboard - potential Coronavirus symptoms reported through 111				
23.2	If necessary, impose visiting restrictions if local incidence rates are rising, and immediately if an area is listed as 'an area of intervention'.	Guidance for care homes regarding visiting arrangements has been drafted and is ready for circulation. This guidance will be issued with engagement from local provider associations.	N	Position to be kept under review, restrictions will be issued when necessary.	Director for Public Health	Ongoing
23.3	In all cases exemptions should be made for visits to residents at the end of their	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

	lives.					

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 closed or people have been	N	Current policy will be reviewed against new requirements and any changes adopted	Director of Adult Social Care	December 2020

		unable to access support due to concerns around the risk presented by Covid.				

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 phoneline 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 COVID-19 of both carers	Assessments and support plans reflect a person's needs and are updated when additional needs become	Y		Director of Adult Social Care	Ongoing

	and those in need of social care	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	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. An Oxfordshire Association of Care Providers group has been meeting regularly to look at supporting external day services to reopen. Where services have remained suspended, each person who receives support is being reviewed weekly to ensure their needs continue to be met.	Y		Director of Adult Social Care	

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 NHS website and those published by the Royal Colleges of GPs	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				

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 Ethical Framework for Adult Social Care when making decisions regarding care provision, alongside relevant equalities-related and human rights frameworks	The five principles out lined in the Ethical Framework: • Respect • Reasonableness • Minimising harm • Inclusiveness • Accountability 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?**
33.1	Ensure providers are aware of the free induction training	Providers are aware of free PPE training Webinars being	N	Continue to promote training opportunities with OACP	Deputy Director,	

	offer and encourage them to make use of it	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.			Commissioning	
33.2	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?**
35.1	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
35.2	Review current occupational health provision with providers in their area and highlight good practice	Occupational Health provision varies across providers, largely linked to size of organisation. Additional staff support services that are available to	N	Close involvement in development of local Resilience Hubs to support provision of OH services across the system. Seek out and promote examples of	Deputy Director, Commissioning	Ongoing

		social care providers are promoted.		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: - Local agencies - Mutual aid with neighbouring authorities - Local system partners	N	To be reviewed in line with the system workforce resilience plan.	Deputy Director, Commissioning	29th 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	Weekly review with direct follow up with providers who are reporting issues. Ongoing promotion of value of updating ASCWDS in partnership with Skills for Care and provider associations. 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	Y		Director of Adult Social Care	

39. SHIELDING AND PEOPLE THAT ARE CLINICALLY EXTREMELY VULNERABLE (LOCAL AUTHORITIES)						
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	

41. SOCIAL WORK AND OTHER PROFESSIONAL LEADERSHIP (LOCAL AUTHORITIES)						
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	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. 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. 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.				
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. This is evidenced through	Y		Director of Adult Social Care	

	that winter and COVID-19 pressures do not reduce the ability to deliver high-quality social work practice	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 Ethical Framework for Adult Social Care, ensuring that NHS partners fully understand their responsibilities to apply the ethical principles and values as part of discharge to assess delivery.	The five principles out lined in the Ethical Framework: • Respect • Reasonableness • Minimising harm • Inclusiveness • Accountability 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. PSW and Hospital Service	Y		Director of Adult Social Care	

		Manager undertook a case audit of 50 cases and found that throughout the pandemic the standard of Care Act Assessments and outcomes remained high.				
41.9	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
41.10	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 represent OCC at the SE region SG lead group.	Y		Director of Adult Social Care	

THEME E: SUPPORTING THE SYSTEM

43. SUPPORTING THE SYSTEM (LOCAL AUTHORITIES)						
REF	**REQUIREMENT**	**CURRENT STATUS**	**FULLY MET? (Y/N)**	**ACTIONS TO CLOSE THE GAPS**	**WHO'S THE LEAD?**	**BY WHEN?**
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	29th 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	29th October

45. MARKET AND PROVIDER SUSTAINABILITY (LOCAL AUTHORITIES)						
REF	**REQUIREMENT**	**CURRENT STATUS**	**FULLY MET? (Y/N)**	**ACTIONS TO CLOSE THE GAPS**	**WHO'S THE LEAD?**	**BY WHEN?**
45.1	Work with local partners to engage with the Service	Work in this area is ongoing underway	N	Response produced with input from partners.	Director for Adult Social	21st October

	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			Sign off by Chief Executive.	Care	
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 community sector organisations 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	31st October

49.2	Continue current oversight processes, including delivery of Care Home Support Plans and engagement with regional feedback loops	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. 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 & support". At a national level we receive alerts from the Care Quality Commission's Market Oversight function if providers are a concern.	Y		Director of Adult Social Care	
49.3	Continue to champion the Capacity Tracker and the CQC community care survey and promote their importance as a source of data to local providers and commissioners	Weekly review with direct follow up with providers who are reporting issues.	Y		Director of Adult Social Care	

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	