

# People and Communities Select Committee

Date: 13 September 2019  
Time: 10am  
Venue: Edwards Room, County Hall, Norwich

**Persons attending the meeting are requested to turn off mobile phones.**

Membership:

Cllr S Gurney (Chairman)  
Cllr F Eagle (Vice-Chairman)

Cllr T Adams	Cllr C Rumsby
Cllr D Bills	Cllr T Smith
Cllr P Carpenter	Cllr M Smith-Clare
Cllr E Connolly	Cllr F Whymark
Cllr D Harrison	Cllr S Young
Cllr B Jones	

**For further details and general enquiries about this Agenda  
please contact the Committee Officer:**

Hollie Adams on 01603 223029  
or email [committees@norfolk.gov.uk](mailto:committees@norfolk.gov.uk)

**Under the Council's protocol on the use of media equipment at meetings held in public, this meeting may be filmed, recorded or photographed. Anyone who wishes to do so must inform the Chairman and ensure that it is done in a manner clearly visible to anyone present. The wishes of any individual not to be recorded or filmed must be appropriately respected.**

## A g e n d a

### 1 To receive apologies and details of any substitute members attending

### 2 Minutes

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To agree the minutes of the meeting held on 19 July 2019

### 3 Members to Declare any Interests

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is on your Register of Interests you must not speak or vote on the matter.

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is not on your Register of Interests you must declare that interest at the meeting and not speak or vote on the matter

In either case you may remain in the room where the meeting is taking place. If you consider that it would be inappropriate in the circumstances to remain in the room, you may leave the room while the matter is dealt with.

If you do not have a Disclosable Pecuniary Interest you may nevertheless have an **Other Interest** in a matter to be discussed if it affects, to a greater extent than others in your division

- Your wellbeing or financial position, or
- that of your family or close friends
- Any body -
  - Exercising functions of a public nature.
  - Directed to charitable purposes; or
  - One of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union);

Of which you are in a position of general control or management.

If that is the case then you must declare such an interest but can speak and vote on the matter.

### 4 To receive any items of business which the Chairman decides should be considered as a matter of urgency

### 5 Public Question Time

Fifteen minutes for questions from members of the public of which due notice has been given. Please note that all questions must be received by the Committee Team ([committees@norfolk.gov.uk](mailto:committees@norfolk.gov.uk)) by **5pm Tuesday 10 September 2019**.

For guidance on submitting a public question, please visit  
[www.norfolk.gov.uk/what-we-do-and-how-we-work/councillors-meetingsdecisions-and-elections/committees-agendas-and-recent-decisions/ask-aquestion-to-a-committee](http://www.norfolk.gov.uk/what-we-do-and-how-we-work/councillors-meetingsdecisions-and-elections/committees-agendas-and-recent-decisions/ask-aquestion-to-a-committee)

## **6 Local Member Issues/Questions**

Fifteen minutes for local member to raise issues of concern of which due notice has been given. Please note that all questions must be received by the Committee Team ([committees@norfolk.gov.uk](mailto:committees@norfolk.gov.uk)) by **5pm Tuesday 10 September 2019**.

## **7 Working with the NHS on integrated services in Norfolk and Waveney** *To Follow*

Report by the Executive Director of Adult Social Services

## **8 Winter planning** **Page 10**

Report by the Executive Director of Adult Social Services

### **Group Meetings**

Conservative	9:00am	Conservative Group Room, Ground Floor
Labour	9:00am	Labour Group Room, Ground Floor
Liberal Democrats	9:00am	Liberal Democrats Group Room, Ground Floor

**Chris Walton**  
**Head of Democratic Services**  
County Hall  
Martineau Lane  
Norwich  
NR1 2DH

Date Agenda Published: 5 September 2019



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## People and Communities Select Committee Minutes of the Meeting Held on 19 July 2019 at 10am in the Council Chamber, County Hall

### Present:

Cllr Shelagh Gurney (Chairman)  
Cllr Fabian Eagle (Vice-Chairman)

Cllr Tim Adams	Cllr Brenda Jones
Cllr David Bills	Cllr Thomas Smith
Cllr Penny Carpenter	Cllr Mike Smith-Clare
Cllr Ed Connolly	Cllr Fran Whymark
Cllr David Harrison	Cllr Sheila Young

### Substitute Members Present:

Cllr Julie Brociek-Coulton for Cllr Chrissie Rumsby

### Also Present:

Chris Butwright	Head of Public Health Performance & Delivery
Sara Tough	Executive Director Children's Services
James Bullion	Executive Director, Adult Social Services
Suzanne Meredith	Deputy Director of Public Health (Healthcare Services)
Janice Dane	Assistant Director Early Help and Prevention (Adult Social Services)
James Wilson	Business Design and Change Lead
Louise Smith	Director of Public Health
Cllr Alexandra Kemp	Independent County Councillor

## 1. Apologies for Absence

- 1.1 Apologies were received from Cllr Chrissie Rumsby (Cllr Brociek-Coulton substituting).

## 2. Minutes

The minutes of the meeting held on the 31 May 2019 were agreed as an accurate record subject to the following amendments:

- To amend the minutes to include missing capital letters and correct typos highlighted in the meeting
- At paragraph 5.2, to correct the name of the school to read "North *Denes*"
- To correct the sentence "750 mainstream school places" to read "170 mainstream school places"

### Matters arising

- Paragraph 5.2: Cllr Mike Smith-Clare had not received information requested at the meeting about schools supporting food banks; the Executive Director of Children's Services **agreed** to follow this up

### **3. Declarations of Interest**

- 3.1 Cllr Sheila Young declared a non-pecuniary interest as a carer for her husband who had a care plan in place
- 3.2 Cllr Fran Whymark declared a non-pecuniary interest related to item 8 as he was a foster carer

### **4. Items received as urgent business**

- 4.1 There were no items of urgent business.

### **5. Public Questions**

- 5.1 One public question was received and the answer circulated

### **6. Member Questions and Issues**

- 6.1 One Member question was received and the answers circulated
- 6.2 Cllr Alexandra Kemp asked a supplementary question: she noted feedback from service users that letters about care charges were difficult to understand and were causing distress; she felt the way people were communicated with should be looked at and wondered if the right support was being offered
- 6.3 The Executive Director of Adult Social Services responded to Cllr Kemp's Question: the department worked to ensure that letters sent to service users were understandable by working with user groups, including the Making it Real Group. Despite this, it was necessary for these letters to contain some statutory information; there was a support service for people to contact if they needed the letters interpreted and the Executive Director encouraged people to contact the Council if they were distressed or confused by the letters or wanted more information. The Council also funded information and advice agencies to give independent advice. For the above reasons he believed that the information on care charges had been communicated as effectively as possible, given that it was a complicated subject.

### **7. Norfolk Tobacco Control Alliance Action Plan**

- 7.1 The Committee received the report discussing the Council's Tobacco Control Strategy (2016-2020), last reviewed in March 2018 and due for renewal in 2021. Members heard a presentation by the Deputy Director of Public Health (Healthcare Services);
- Members' views were sought on development of the Tobacco Control Strategy
  - Smoking trends in Norfolk were starting to rise
  - The Norfolk Tobacco Control Alliance delivered the Tobacco Control Strategy across Norfolk
  - Most smokers started before the age of 18; evidence showed it was most effective to target reducing smoking at a population level
- 7.2 The following points were discussed and noted
- The Chairman noted the strategy was not included in the agenda pack; the

Deputy Director of Public Health (Healthcare Services) confirmed there was a strategy in place, approved by the Communities Committee in March 2018. The Chairman felt it would be difficult to make suggestions on strategy development without having viewed the strategy

- The statistics of young people who smoked was queried; the Director of Public Health reported that statistics for children who smoked were not routinely gathered, however, there were suggestions that around 12-15% of young people smoked. Work was ongoing with school nurses, youth advisory boards, and youth outreach services to support young smokers to quit; it was suggested that the most successful ways to help them avoid starting to smoke was to build a culture where role models were not smokers
- Norfolk had a high percentage, at 18%, of mothers who smoked in pregnancy
- The Director of Public Health was unsure whether work with schools had been affected by academisation, however, felt work with children could start earlier as data suggested addicted smokers started at around age 11
- The biggest new trend according to Office for National Statistics (ONS) data was that smoking rates were no longer declining in Norfolk as in previous years, meaning Norfolk was not following the same trend as the rest of the UK.
- Increases seen in the number of pregnant women who smoked in Norfolk could be due to work with maternity networks resulting in recording of more comprehensive data.
- Clamping down on illegal and illicit tobacco through trading standards was an important aspect of addressing smoking in young people as the lower price made it more accessible for young people
- It was suggested that smoking shelters could be used to display messages about quitting smoking, and that a range of approaches were needed as many people continued to smoke despite knowing the risks.
- A Member queried whether work was being done to look at the reasons why people smoked beyond smokers as role models; the Director of Public Health confirmed it was; data suggested smoking was a driver of inequality as the cost could impact on people's ability to meet core expenditure
- The report highlighted that people who were unemployed, vulnerable or from lower socioeconomic backgrounds were more likely to smoke; it was suggested that having detailed data on this would be useful to help inform strategy; the Director of Public Health **agreed** to circulate this data after the meeting,
- The Director of Public Health reported that surveys and feedback from the smoke-free pilot at Carrow house showed that 13% of staff were smokers, and most were supportive of being asked not to smoke on site.
- The Director of Public Health reported in response to a Member query that UK data did not show a link between vaping and smoking but showed that it was the most used and most effective means to quit smoking and that vaping did not increase carbon monoxide levels. The Director of Public Health **agreed** to include a measure showing data on vaping in Norfolk
- The cost of the illegal tobacco industry on police and the courts was queried; this data was not gathered at that time, but the Director of Public Health **agreed** to draw together data that was available and circulate after the meeting
- Officers were starting to look at their working relationship with vaping shops as part of their role in prescribing nicotine replacement as more research showed vaping was the most effective method that helped people stop smoking
- The Chairman felt the Committee needed more information to come to a conclusion, including information on the decision taken by Communities Committee in March 2018, a copy of the strategy and more detailed statistics

relevant to smoking in Norfolk including those discussed above

- The Chairman felt that in order to consider whether to move towards a smoke-free environment on County Council premises, information would need to be gathered from discussions with unions and staff, and data from the pilot based at Carrow House.
- The Chairman raised concerns about the message it would sent to visitors and passers-by of having groups of staff outside Council offices smoking, and queried whether a better approach would be to have a designated area also used to display information and literature on the risks of smoking and support to stop
- The Chairman raised concerns about the recommendation for a Member Champion for smoking; she felt that a Member Champion for Public Health would be more appropriate encompassing a wider range of health issues
- The Chairman wanted to explore whether nominating a Chair for the Tobacco Control Alliance was a Member appointment before taking this recommendation forward
- The Chairman queried whether recommendation 5 was being carried out through the Health and Wellbeing Board
- The Chairman agreed that the Committee commended the work of the NHS and other agencies involved in the work of the strategy
- The Chairman **PROPOSED** that a report was brought back in November 2019 with more information and including the strategy for Committee to review

### 7.3 The Committee

- **NOTED** the work going on in this area
- **REQUESTED** a report be brought back to the meeting of 15 November 2019 including:
  - the strategy agreed by communities Committee
  - Feedback from engagement and discussions with unions and staff about becoming a smoke free workplace and from the Carrow House pilot
  - Expansion on information presented today including more statistics and data as discussed in paragraph 7.2 of the minutes

## 8. No Wrong Door Model for young people with complex needs

8.1.1 The Committee received the report describing the No Wrong Door Model and discussing the value it could add to the Council's transformation agenda and the outcomes we want to achieve for young people

8.1.2 The Business Design and Change Lead introduced the report:

- The 5 principles in the Norfolk Vision for Children aligned well with the No Wrong Door way of working
- There was a National Department for Education (DfE) programme in place which Norfolk could bid into for DfE funding and expertise from North Yorkshire to support implementation of the No Wrong Door Model

8.2 The following points were discussed and noted:

- More detailed information on what was meant by "negative outcomes reduced significantly" was requested. The Business Design and Change Lead gave examples of areas of success seen in North Yorkshire Council through using the No Wrong Door Model, including having only 2 young people placed in care outside of the County, a 38% reduction in arrest rates in young people and a 68% reduction in young people missing from care

- A Member queried whether the increased care charges due to reduction of the Minimum Income Guarantee would affect this project; Officers confirmed this would not be a chargeable service
- Employability support was queried; the Business Design and Change Lead confirmed that the No Wrong Door Model included support for young people towards long term goals as well as immediate support; it would support a culture change towards planning for the long term
- It was confirmed that the project would be targeted at the most vulnerable young people and so would involve a figure in the hundreds of young people per year; the Business Design and Change Lead agreed to gather and circulate data on how many young people were involved in the model in North Yorkshire.
- Officers confirmed that the full details were not yet known about how the funding would be split and how it would be received, for example this could be in the form of support from North Yorkshire or funding for services.
- The Executive Director of Children's Services reported that North Yorkshire had been following this model for several years and cited it as an effective way to sustain a lower level of children in need of local authority care; she was satisfied that the model aligned with the current direction of travel of Norfolk's Children's Services.
- The approach was welcomed by the Executive Director of Adult Social Care as it resonated with the strengths based social care model, early intervention and prevention approach taken in Adult Social Care
- In response to a query, the Executive Director of Children's Services clarified that Officers were not looking to "lift and shift" the model, but instead to adapt it for the needs of Norfolk. she noted that the rural nature of North Yorkshire compared well with the rural nature of Norfolk; the urban areas of Norfolk would have a slightly different demographic however the model should still be able to be implemented well
- The importance of volunteering work for some people with disabilities was noted as it gave them valuable life experience and confidence; it was also noted that further work was needed to show businesses that people with disabilities were employable
- A discussion was held about a press release by the Cabinet Member for Children's Services prior to the meeting which not all Members of the Committee had seen; the Communications Officer present at the meeting circulated the press release to Committee Members and the content of the press release was clarified
- In response to a question, the Executive Director of Children's Services clarified that before an expression of interest was made, discussions were held with partner agencies to gauge their support to work with the Council on this approach, and all gave positive assurance; further discussions were ongoing with partner agencies
- In response to a query, the Business Design and Change Lead confirmed that if Norfolk was not successful in its bid to the DfE, it was felt the Council should strongly consider making a business case to do this through an alternative route such as from its own budget; the most important aspect of implementation would be getting expertise and support for implementation from North Yorkshire
- Concern was raised that the report did not show how the approach would be transformed to Norfolk Strategy in terms of data, cost and approach; the Executive Director of Children's Services confirmed that further discussion would be held to adapt the approach to Norfolk and the needs of young people
- The Chairman felt that Officers should bring back reports as work to develop

the model in Norfolk progressed; she also asked that Cabinet Members attended meetings where this was discussed.

8.3 The Committee

- **COMMENTED** on and **AGREED** with the outline provided of the No Wrong Door model and **PROVIDED** a steer on this potential approach being applied in Norfolk within the context of the overall transformation programme for Children's Services and as part of the DFE Strengthening Families and Protecting Children Programme
- **REQUESTED** that in September or November 2019 that an update was circulated to the Committee as an advisory briefing or a further report

9. **People & Communities Select Committee Workplan**

9.1 The Committee discussed the forward work plan

9.2 It was raised that not all items suggested for the forward work plan at the meeting in May 2019 were listed on the work plan presented in the agenda; the Chairman confirmed that having reviewed this list of items suggested by Members, some of them would be forwarded on to other Committees to consider, some would be forwarded on to Scrutiny Committee, and some had been amalgamated under one heading; for example information requested on Mental Health and AMP would be included in the report on "Integrated Care Approach; all items related to health and social care would be included in one item; recruitment for people with disabilities would be included in the "Support for Carers" report

9.3 The Committee **AGREED** the forward plan

The Meeting Closed at 11.52

**Cllr S Gurney, Chairman,  
People and Communities Select Committee**



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# Report to People and Communities Select Committee

Item No: 8

<b>Report title:</b>	<b>Winter Resilience Planning 2019/2020</b>
<b>Date of meeting:</b>	<b>13 September 2019</b>
<b>Responsible Cabinet Member:</b>	<b>Cllr Bill Borrett</b>
<b>Responsible Director:</b>	<b>James Bullion, Executive Director of Adult Social Services</b>
<b>Is this a key decision?</b>	<b>No</b>
<p><b>Strategic impact</b></p> <p>There are extreme pressures on health and social care during the winter months – and increasingly at other times in the year. Joint planning across the health and social care system has improved significantly, and the contribution that Adult Social Services makes towards supporting a stable system over winter is fully recognised.</p>	
<p><b>Executive summary</b></p> <p>Norfolk Adult Social Services plays a critical role in ensuring the health and social care system runs as effectively as possible during winter and other periods of intense pressure. Whilst much of the focus is naturally on the NHS, the contribution made by Adult Social Services and the wider voluntary and community sector is significant.</p> <p>This report reviews the impact of resilience planning for 2018/19 and highlights the outline approach for the coming winter. Committee will note that the plan reaffirms the commitment of Adult Social Services to Promoting Independence principles and details the wider system improvements within which Adults are engaged.</p> <p>It highlights the importance of ensuring that at times of peak pressure, the ‘Home First’ principle is not compromised and that short-term interventions which enable people to leave hospital in a timely way are fully followed through to ensure people gain as much independence as possible.</p> <p>The full detail which will need to underpin the Winter Plan is still under development; Adult Social Services are fully engaged in system wide planning and preparation. The final plan will be presented to Cabinet for approval in October 2019.</p> <p><b>Recommendations:</b></p> <p><b>Members are asked to:</b></p> <ul style="list-style-type: none"> <li>a) Discuss and comment on the high-level content of the Winter Plan (Appendix A)</li> <li>b) Support the utilisation of 19/20 Winter Pressures Grant under the headings set out detailed in section 4 of this report</li> </ul>	

## **1. Background**

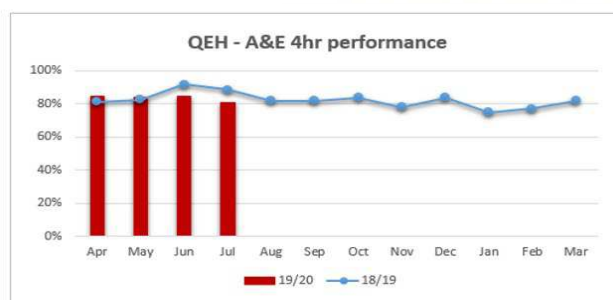
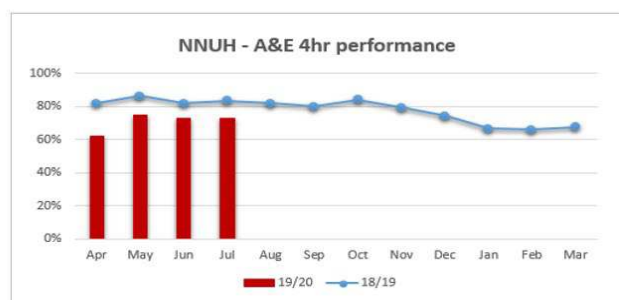
- 1.1 The impact of an ageing population combined with increasing numbers of people with a long-term health conditions means that demand for both health and social care is increasing all the year round. However, across the winter months these pressures are exacerbated, particularly across the urgent care system and primary care.
- 1.2 Long term condition prevalence, co-morbidity, frailty and risk of emergency admission increase with age. The more co-morbidities that a person has, the more likely they are to require care across diverse settings, and the higher the requirement for care resources.
- 1.3 Across the Norfolk and Waveney health and social care footprint it is estimated there are about 38,000 people with four or more long term conditions and that by 2026 this might increase to about 48,000.
- 1.4 Planning for winter is well-established across the Norfolk and Waveney health and social care system and the contribution which Adult Social Services makes to the system is valued and recognised
- 1.5 Adult Social Services is committed to playing its full role in supporting the health and social care system and will be contributing to system-wide resilience plans co-ordinated by the NHS Accident and Emergency Delivery Board. However, in line with last year's approach, there is a need to have a single view of how the department will marshal its resources and prioritise interventions in line with a 'home first' culture and in line with our strategy Promoting Independence.

## **2. Review of Winter 2018/19**

- 2.1 The Norfolk and Waveney health and social care system further strengthened its system-wide resilience planning for 2018/19. This saw the appointment of a single Winter Director for the whole system. The post-winter review undertaken by the Winter Director provides the background context in which Adult Social Services operated.
- 2.2 The review highlighted several strengths, including:
  - a) improved cross system working
  - b) improved communication and genuine collaboration. the impact of system winter plans, particularly additional out of hospital capacity
  - c) the Norfolk & Waveney system ability to more effectively escalate, mobilise and co-ordinate recovery actions at times of increased pressure
  - d) Older People's Emergency Department (OPED)/Older People's Assessment Service (OPAS) at the NNUH – direct access to Consultant for advice
- 2.3 The challenges for the winter were:
  - a) the continued strain for acute hospitals
  - b) increases in A&E attendances and emergency admissions at all three acute hospitals
  - c) Mental Health capacity across the system (locally, regionally and nationally) did not always meet the level of demand
  - d) Care home and Domiciliary Care market struggled to cope with the level of demand across the system
  - e) Workforce pressures across the system

- 2.4 The published A&E Performance data is perhaps the most useful in illustrating the overall pressure on our acute trusts and the added demand over the winter period.

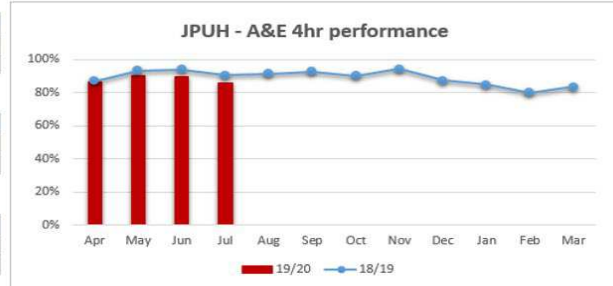
## A&E Performance



NNUH	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
18/19	82.1%	86.3%	81.9%	83.6%	82.1%	80.2%	84.3%	79.3%	74.4%	66.8%	66.1%	67.8%
19/20	62.2%	74.6%	72.7%	72.8%								

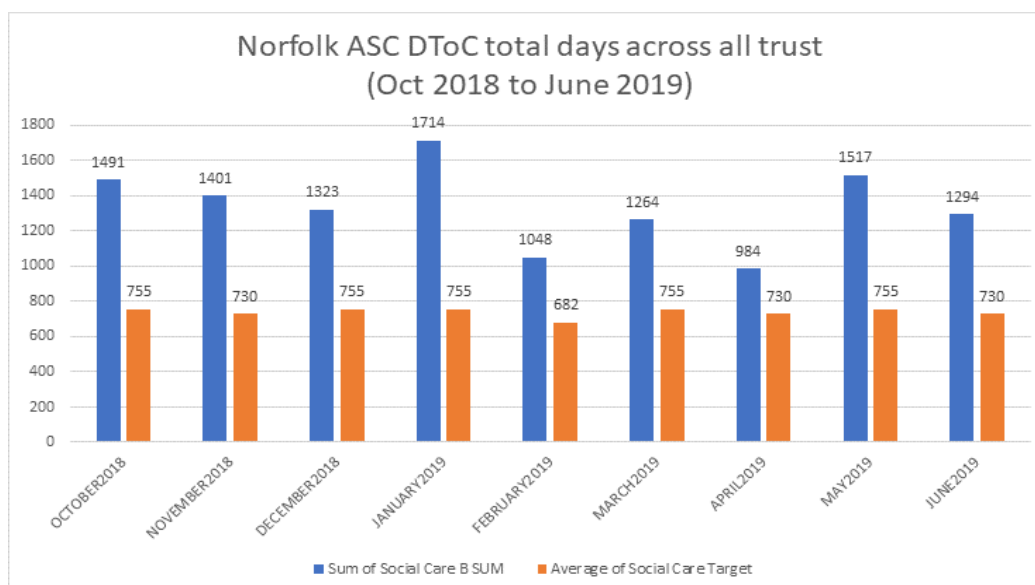
QEH	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
18/19	81.3%	82.6%	91.9%	88.7%	82.0%	82.1%	84.0%	78.1%	84.0%	74.9%	77.3%	82.0%
19/20	84.7%	83.8%	84.7%	81.1%								

JPUH	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
18/19	87.1%	93.4%	94.0%	90.6%	91.4%	92.7%	90.3%	94.3%	87.2%	84.7%	80.1%	83.7%
19/20	86.4%	90.1%	89.9%	86.1%								



- 2.5 To support system-wide winter planning, Adult Social Services delivered a range of interventions to strengthen its ways of working. Key interventions delivered for winter 18/19 winter were:
- Operational leadership/resourcing** – a senior post with accountability for adult social services hospital discharges across the Norfolk system. This led to some changes in how hospital discharge teams worked; a stronger voice for social care at key decision-making points, and representation on senior system-wide planning and delivery groups
  - Brokering and arranging care** – strengthened arrangements for arranging care, including the use of bed-tracker for care home placements. Specific arrangements were put in place to improve short-term placements
  - Communication, liaison and investment with care home and home care providers** – an improved dialogue with care homes and providers, the continued development of our trusted assessors and other improvement initiatives within the Enhanced Health in Care Homes workstream. The further development (and increased investment) in NCC's Enhanced Home Support Service plus increased dementia bed provision
  - Reablement** – Increased provision of NCC's successful reablement offer (both home and accommodation based). 40 accommodation based reablement beds have come on stream during the year under review
  - Data recording and intelligence** – our discharge teams in hospitals were required, in previous winters, to produce many returns and requests for data. Despite this level of activity, the intelligence remained weak. During the year under review, we have significantly improved the system of data recording and validation with our NHS colleagues. This is leading to a better evidence base for analysing delays and blockages, so improvements can be made

- 2.6 Despite the improvements, it remained the case that the system struggled to meet challenging delayed discharges of care targets. The table below details the Social Care Delayed Transfer of Care figures:



### 3. Strengthening winter resilience 2019/20

- 3.1 Appendix A sets out the high-level content of the Winter Plan 2019/20 for Adult Social Services. Learning from the last two winters, shows that whilst one-off interventions and short-term additions can be helpful, there is no substitute for effective, consistent good quality social work. Early social care involvement in discharge planning in hospitals is critical, alongside strong effective networks outside hospital to prevent avoidable admissions. In line with this, our overriding aims for winter resilience are to:

- a) focus on prevention and promoting independence
- b) create the capacity to meet increased demand
- c) provide ownership of winter preparedness and response within NCC ASSD
- d) communicate and co-operate with other organisations/services by sharing this plan
- e) use data to understand demand and manage flow
- f) recognise the role and importance of the commissioned market and voluntary sector
- g) maintain quality, safety and experience

- 3.2 The priorities for or winter 2019/20 the Social Care Teams will be:

- a) Reablement
- b) Home First/Discharge to Assess
- c) Three conversations (Promoting Independence)
- d) Promoting Assistive Technology
- e) Engaging with local development groups, GP practices and developing the Norfolk Directory

- 3.3 Over the next month, detailed operational plans will continue to be developed to underpin the principles and priorities in this plan.

## 4 Winter pressures grant

- 4.1 Norfolk County Council was awarded additional one-off monies, Winter Pressures Grant the to the value of £4.179m for winter 18/19 plus a further £4.179m for the 19/20 period.
- 4.2 During 18/19, the funding was directed towards these priority areas:
- a) Supporting financial pressures within ASC  
Ensuring that the budget is managed sustainably and ensuring that expertise and capacity is available in the event of market/provider failure
  - b) Supporting capacity to manage winter pressures including embedding D2A  
Embedding a culture of 'home first' and ensuring that services to support that are in place and effective
  - c) Bolstering short term capacity in the care market - homecare and care home markets to ensure sustainable care provision and managing potential market failures
  - d) Investment in the market to increase capacity and recruitment
- 4.3 For 19/20, the allocation of Winter Pressures Grant will continue to support these priorities. At the time of writing, a review of the impact of the monies is near to being finalised and an updated position will be reported to the Committee.

## 5. Recommendations

- 5.1 **Members are asked to:**
- a) **Discuss and comment on the high-level content of the Winter Plan (Appendix A)**
  - b) **Support the utilisation of 19/20 Winter Pressures Grant under the headings set out detailed in section 4 of this report**

If you have any questions about matters contained in this paper or want to see copies of any assessments, eg equality impact assessment, please get in touch with:

<b>Officer Name:</b>	<b>Tel No:</b>	<b>Email address:</b>
Debbie Bartlett	01603 222475	<a href="mailto:debbie.bartlett@norfolk.gov.uk">debbie.bartlett@norfolk.gov.uk</a>



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# Norfolk County Council

Norfolk County Council

## Winter Plan 19/20

Michaela Hewitt - Assistant Director Hospital Systems

<b>Name of document:</b>	NCC ASSD Winter Plan 2019/2020
<b>Version:</b>	2
<b>Owner:</b>	Norfolk County Council ASC
<b>File Location:</b>	Winter Plan 2019/2020
<b>Date of this version:</b>	15 <sup>th</sup> August 2019
<b>Updated by:</b>	Julie Ive
<b>Equality and Diversity Impact Assessment:</b>	N/A
<b>Approved by:</b>	TBC
<b>Date ratified:</b>	TBC
<b>Next Review due:</b>	July 2020
<b>Enquiries to:</b>	Michaela Hewitt

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## Introduction

Winter, although not exclusively, creates an annual challenge for the local health and social care systems by placing additional pressure on services. It is therefore essential for organisations within the health and social care systems to create and share their plans to address and mitigate these pressures to maintain the safety of the local population.

The winter period is between 1<sup>st</sup> October and 31<sup>st</sup> May. While winter will have ended as a season, the system remains in an escalated state until the end of May due to the two May bank holidays and the added pressure experienced at these times. Winter is not an emergency or considered an unusual event but recognised as a period of increased pressure due to demand both in the complexity of people's needs and the capacity demands on resources within the trust and the local health and social care system.

In addition, the winter period often brings with it untoward events such as widespread infectious diseases including Norovirus and there is the risk of the onset of the unusual such as pandemic flu which can affect patients and staff alike.

This Adult Social Services Department (ASSD) wide winter plan sets out the organisation's intentions for the winter period and is underpinned by Operational Delivery Plans (referenced at page 6). The detail of the supporting Operational Delivery Plans (OPD's) continues to be in development.

The Winter Plan prepares the organisation to maintain its service during winter and support system partners in maintaining good patient flow and safety. It aims to:

- focus on prevention and promoting independence
- create the capacity to meet increased demand
- provides ownership of winter preparedness and response within NCC ASSD
- communicate and co-operate with other organisations/services by sharing this plan
- use data to understand demand and manage flow
- recognise the role and importance of the commissioned market and voluntary sector
- maintain quality, safety and experience

NCC ASSD provides an assessment and care arranging facility and contracts care from the regions care market. It also provides in-house services, including reablement through Norfolk First Support, all of which aid the system to operate as smoothly as possible and minimise cost. The top four interventions within this report are:

- Reduction of Social Care attributed DToC in acute and community hospitals
- The reduction and avoidance of admissions through greater co-operation between NCH&C and other community providers

- Building the resilience of teams to meet demand
- Developing Operational infrastructure

This document should be read in conjunction with the NCC Adverse Weather Policy, Major Incident and Business Continuity Plan, Emergency Preparedness Resilience & Response (EPRR) Policy and Service Business Continuity Plans.

## Governance

Governance of the NCC ASSD Winter Plan is ultimately by Cabinet. Operational oversight of the Winter Plan is provided via the Norfolk and Waveney STP A&E Delivery Board. This is attended by Chief Executive Officers and Chief Officers, ensuring improved strategic oversight and leadership of the urgent and emergency care system with a focus on winter planning and resilience.

To ensure a continued focus on local issues aligned to the three sub-systems in the Norfolk and Waveney area, a System Operations and Resilience Group has been formed which reports directly to the STP A&E Delivery Board. It is the intention that SOARs will address those challenges which require local knowledge and support, and to address any operational issues.

The following organisations represented at SOAR are as follows:

- Norfolk and Norwich University Foundation Trust
- Norfolk Community Health and Care Trust
- East Coast Community Healthcare
- Norwich, West, North, South and Great Yarmouth & Waveney Clinical Commissioning Groups
- Norfolk County Council
- Suffolk County Council
- ERS – Patient transport Services
- Integrated Care 24 (IC24)
- Norfolk First Support
- Norfolk and Suffolk Foundation Trust
- Primary Care
- East of England Ambulance Trust

## Key Lessons Learnt from Winter 2018/19

### Links with care market

The Trusted Assessment Facilitators and provider incentive schemes were again available during 18/19, both of which aided flow but the experience over winter continued to reflect the instability of the care market and of the need to improve.

In terms of the market, in addition to the usual range of measures and support, there are developments underway, including the development of a new Care Association and the development of new contract terms for Care Home providers. Work within the Enhanced Health and Care Homes workstream will also be key to improved delivery. Work with Home Support providers is similarly progressing with focused work underway to address high areas of unmet need.

The Trusted Assessment Facilitators continue to develop, are subject to ongoing review by the Promoting Independence Board and their role will be reviewed as part of the STP commissioned 'Home First' work stream.

### Resilience and Escalation plans

NCC ASSD had improved resilience and escalation during 18/19, having adopted (and committed to further development) of Opel status reporting. NCC ASSD will make best efforts to maintain a consistent approach to escalation 24/7.

In addition to the adoption of Opel, NCC ASSD is engaged in other workstreams which bring about improvements. The initiatives listed below are particularly key:

- The development of the STP Frailty Strategy and 'Home First' work streams both of which will impact positively on acute flow
- The STP Workforce Strategy which recognised the role of staff working in care and aims to address issues of quality and capacity and the lack of development opportunities currently for the care workforce
- Two NCC ASSD led/enabled workstreams (European Social Fund and Skills for Care bids), both of which are focused on workforce development
- The further development of our offer to Carers, including a review of our 'breaks' offer to Carers
- System improvements to the process of validating DToCs, thereby improving the accuracy of reporting of an understanding of reasons for the delays
- An NCC ASSD led DToC & Patient Flow Group and High Impact Change Steering Group, both of which have all system representation and a focus of system wide improvement
- NCC's work (aligned with Public Health in some areas) to improve its prevention offer
- A review of the Social Work 'offer' within the Acute Trusts
- The embedding/extension of Escalation Avoidance Teams (NEAT)

- The support of and investment in 'District Direct' services (differing models of support but all designed to support acute discharges where 'housing' presents as a discharge issue)

## **Approach to Operations Management for Winter 2019/20**

### **Operations Centre**

NCC ASSD, in partnership with NCH&C, will establish an Integrated Winter Operations Centre to create a common operational picture, monitor performance and activity, co-ordinate and manage escalation, and to act as liaison with other system providers regarding system performance.

During winter 2019/20, the operations centre will be operational 5 days a week between 09.00 and 17.00 and existing on-call management will be available between 17.00 and 09.00 each day at 24 hrs a day at weekends and bank holidays

The operations centre will be responsible for collating information and sharing operationally relevant information with system partners on the daily silver calls and will manage any response to service escalation. In the event of a Significant Incident or Major Incident, the Operations Centre will work alongside the incident control room

### **Capacity Planning and Operational Control**

Operational teams will remain accountable for the development and delivery of their capacity plans. In many cases these will be represented as rosters and will remain responsible for the co-ordination of the daily work activity to deliver services. The Operations centre will monitor these capacity plans and escalate issues, such as roster gaps, to relevant senior managers for resolution. In addition, the operations centre will monitor the daily work activity to ensure it meets required productivity requirements and escalate any issues, such as an increase in DToC, to relevant senior managers for resolution.

### **Wider Team Support**

NCC ASSD recognises the role that other teams play in enabling delivery over winter and will ensure that other teams develop plans to ensure a response to support ASSD ASC Operations. The supporting OPD's are still in development at the time of writing this report. The plans will be managed internally to NCC ASSD but reflect the need for support from:

- Brokerage
- Commissioning (covering internal and external services and equipment with a specific focus on Norfolk First Support)
- Communications (internal and external)
- Market Development/Market Support
- Information & Analytics
- Workforce Support

## OPEL

For winter 2019/20 NCC ASSD will provide the system with a daily OPEL report which will be co-ordinated through the Winter Operations Centre.

All Operational teams within ASSD Social Work are required to create a daily OPEL report and submit this to the Operations Centre by 09.30. The service will be expected to act in line with their local escalation plans and for SITREP's to be provided to the Ops centre by 15.00 if the service has escalated to OPEL 4.

## Winter Pressures Grant (WPG)

Norfolk County Council was awarded additional one-off monies, Winter Pressures Grant the to the value of £4.179m for winter 18/19 plus a further £4.179m for the 19/20 period. For 18/19, NCC ASSD was able to report success in grant allocation with the development of new initiatives plus additional capacity by increasing service provision as well as supporting purchase of care provision.

For 19/20, the allocation of Winter Pressures Grant will be a continuation of services developed for 18/19, plus new schemes of spend. At the time of writing this report it is not possible to share the detail of the allocation due to the timetable of the democratic process. NCC ASSD is committed to sharing the detail of the grant allocation as soon as possible.

## Services

### Contact Service Centre (CSC) & Social Care Community Engagement – (SCCE)

The CSC, which also is home to SCCE, provides a vital access point for those who need social services support. The department received approximately 350,000 calls per year via telephone, email, web for and, increasingly, social media channels. Around 90% of these are managed and dealt with within the department without the need to involve other teams.

The SCCE is managed by qualified social care staff which enables social care assessment and reviews to be conducted by phone. In addition, SCCE provides a weekend and bank holiday Emergency Duty Team with AMHP cover.

The role of CSC and SCCE means it is an essential part of the service offer as well as an integral part of Adult Social Services resilience. The CSC and SCCE will monitor staffing regularly to ensure adequate staffing is available to maintain service outcomes. Capacity within SCCE is monitored via Opel.

### ASSD support to Acute Services

NCC ASSD provides three acute social work teams to facilitate timely discharge back to their normal place of residence or an alternative temporary option whilst longer term assessment is facilitated as well as supporting safeguarding investigations.

In line with NCC ASSD Promoting Independence plans and the aspirations within the 'Home First' work stream, NCC ASSD will continue to remodel social work to be community, not acute, based social work. The changes for all Acute based teams will reflect the improvements already embedded at the James Paget Hospital Foundation Trust. The timelines for change for all sites are scheduled to deliver improvement during winter 19/20.

The team based at the NNUHFT will work collaboratively with the acute Trust to improve on current multidisciplinary working within the Discharge Hub, particularly in respect to patients which do not clearly fit existing discharge pathways. In addition, the team will work directly with wards, known to be high referrers, to introduce the Living Well approach to reduce the number of assessment and discharge notices being issued and rejected.

Trusted Assessment Facilitators, part of the Promoting Independence and iBCF plans, continue to be focused on enabling timely acute discharge as does the Enhanced Home Support Service (EHSS).

Norfolk First Support (NFS), part of Norfolk First Response, continues to build on its successful reablement offer. Additional investment in NFS was made in 18/19. For 19/20 NCC ASSD has funded some additional funding and has made a request to CCG's to increase capacity by 30%.

In terms of bed-based services, NCC ASSD does recognise that for some people, bed-based care is required and in recognition of this has developed further its Accommodation Based Reablement provision during 18/19. Capacity for 19/20 will increase with 10 new beds at Grays Fair Court. NCC ASSD has also invested in a STARRT (short term accommodation reablement review team) to ensure good bed flow. NCC ASSD is currently reviewing its entire bed-based provision but in recognition of winter pressures last year and in advance of a developed strategy, has gone out to the market for increased dementia bed provision.

### **Community Social Care Teams**

The community Social Care Teams (West, East, North, Norwich and South) provide assessments for older people and people with disabilities.

In line with the Care Act and the NCC ASSD Promoting Independence strategy, the community social work teams focus on people's strengths and look for community-based opportunities to support individuals and carers to maximise their wellbeing. The teams trialled and have now embedded the Living Well approach during the last year. These teams provide in reach to community wards to support discharge.

The teams work closely, in an integrated way, with primary care and community health services. The teams include Integrated Care Co-ordinators, Assistant Practitioners, Social Workers, Practice Consultants and Social Workers. Social work is a key component of develops within community and primary care.

The prevention agenda is also a key priority for NCC ASSD, both by way of commissioned services but also highlighting the importance of Community in providing support to individuals to remain independent, resilient and well.

### **Priorities**

For winter 2019/20 the Community Social Care Teams focus on:

1. Reablement
2. Home First/Discharge to Assess
3. Three conversations (Promoting Independence)
4. Promoting Assistive Technology
5. Engaging with local development groups, GP practices and developing the Norfolk Directory

### **LD and Mental Health**

#### **Learning Disabilities**

The integrated LD team works to improve the quality of life for people with learning disabilities, in their homes and communities. As for other community-based services, the LD team will be affected by weather and service users will be taken ill and access acute care and plans will be in place to ensure resilience. A focus will be out of hours support.

There will be times when people supported by the service will be admitted to acute care. The three Acute Trusts in Norfolk are supported by a Liaison nurse and acute pathways are in place to provide support and facilitate discharge back home.

#### **Adult Mental Health**

Supporting people with their mental health to remain well throughout winter is challenging. Avoiding crisis and supporting people when they are in crisis is essential for their wellbeing as well as avoiding placing pressure on other services which, in many cases, are not always set up to meet their specific needs.

For winter 2019/20, we will again increase our AMHP cover to meet expected increase in demand over winter to improve response to requests for MHAs. We are also out to the market for expressions of interest in providing 5 specialist dementia beds (a further 5 beds are being developed as part of our 'carers' offer).

#### **Older Persons Mental Health**

Norfolk has a rapidly aging population and is experiencing a growth in age related mental health needs. Older persons mental health is supported by the community care social work teams which work closely with Norfolk and Suffolk NHS Foundation Trust (NSFT). The social

work team provides essential support to maintain flow through NSFT beds and work to avoid DToC. A new Team Manager post is in place to coordinate timely discharge and verify DToC.

Named social workers are linked to NSFT older person wards and attend regular discharge meetings. Many cases are complex and require significant effort to identify suitable long term care. Many patients present with both physical and mental health needs and identifying discharge opportunities are challenging.

Winter funding has been requested to procure additional short term beds to specifically provide step down and admission avoidance for older people with both physical and mental health needs. The request has not been formally agreed at the time of writing this plan.

## In House Services

NCC ASSD provides in house services under the brand of Norfolk First Response (NFR). These include:

- Norfolk First Support (NFS) – home based re-ablement service (NFS provide an element of supported care within North and South Localities)
- Swift Response – 24-hour unplanned needs service
- Benjamin and Grays Fair Court – accommodation based re-ablement and short-term bed provision

These services aim to support people to return to independence and reduce the need for long term care and are supported by the provision of equipment.

During 2018/19 NFS received additional funding to increase their capacity by 15%. At the time of writing this report, the expansion of the service for 2019/20 is planned to be between 15% and 30% (discussions underway with CCG's). Ensuring NFS is responsive and resilient is a key action for this coming winter and work to enable rapid step down to home support providers continues to be a priority.

NFS has now embedded its electronic capacity monitoring system, has developed a new approach to capacity planning (including an external share of capacity data), plus increased Service Manager to provide 24/7 support and increase capacity. NFS has also increased its bed-based enablement offer to include Grays Fair Court as well as Benjamin Court, both of which are delivering good outcomes for ASSD ASC clients.

The NFS service re-cognises how important the relationship is between their service and the acute Trusts. A team of Hospital Liaison practitioners provide a critical link with all three acute Trusts in Norfolk. This year has also seen the development of Escalation Avoidance

Teams across Norfolk (NEATs) within which, NFS play an important part, including cover the weekend link for admission avoidance and hospital discharge.

## Commissioning and the Care Market

The care market, for both home care and residential care is a dynamic environment. The NCC ASSD Market Development Team and Commissioners work closely with a wide range of private providers to enable access to high-quality long-term care.

To enable a response to meet the highly variable demand upon the market a number of initiatives have been put in place:

- **STARRT** – a dedicated team to ensure appropriate placements and effective flow for NCC ASSD's bed-based services (NFS currently provide their own oversight of their beds)
- **Short Term Beds** – provide bed based short term placements to enable care act assessments to take place outside of a hospital
- **Transfers of Care Manager** – a continuation of the post developed for winter 17, the post-holder works closely with NNUH social work teams to address issues affecting discharges and causing DToC. The post holder also has the role of overseeing the delivery of Trusted Assessment Facilitators and Enhanced Home Support Services
- **Enhanced Home Support Service** – Provides short-term home care support for discharge when Patients are waiting for care to start
- **Norfolk First Support** – increase of capacity for home based Reablement
- **Benjamin and Grays Fair Court** – bed based Reablement

In terms of overall bed capacity, NCC ASSD is moving to ebrokerage in time for winter 19/20 whilst continuing to maintain our current 'bed tracker'. The move to ebrokerage will improve the way in which vacancies are managed and placements are made. NHS partners are involved in discussions about the development of ebrokerage.

The offer of provider incentives is still being worked up at the time of writing this report. The need to review reflecting the low take up during winter 18/19 which again saw low take up of incentives. NCC ASSD has allocated Winter Pressures Grant to enable an incentive scheme to be available should this prove to be needed.

NCC ASSD requires service providers to operationally provide to the full terms of their contractual agreement. This includes having the level of staff required to deliver the service fully and safely, that they have a plan in place for the event of significant service impact including staff illness, inclement weather and ensure service users are not impacted by a reduction in regular service provision. All service providers are required to have business contingency/continuity plans in place. In the event of serious impact on service delivery, providers are required to inform the council of the situation as soon as practical to do so.

Providers will be informed and reminded of key periods of pressure, such as bank holidays, and updated on how they can help and what support is available to them.

NCC ASSD supports local care providers to remain resilient in various ways, from the proactive approach offered by our Quality Teams through to the joint work with Health under the Enhanced Health in Care Homes work stream. NCC ASSD will, as a minimum, again this winter offer:

- Advice on accessing free flu vaccinations for paid care workers (and what to do during a flu outbreak)
- Advice on resilience planning through the Norfolk Resilience Forum
- Advice on staff and business resilience planning
- Information of road gritting
- Advice on appropriate equipment for staff who travel

Of note is also the developing conversation between NCC ASSD and Health about adopting a shared approach to Quality.

Advice is available for vulnerable people and those looking after them (<https://www.norfolk.gov.uk/what-we-do-and-how-we-work/campaigns/stay-well-this-winter>). This advice includes:

- Tips for staying well this winter
- How to make homes energy efficient and safe
- How to claim financial help
- What to do if you are worried about a friend or relative

NCC also continues to promote its healthy ageing toolkit which gives a range of advice about how to keep well. At the time of writing, NCC ASSD is working closely to jointly develop the Public Health Campaign for 19/20 which is expected to have a focus of how people can delay/reduce the likelihood/impact of 'frailty' by adopting lifestyle changes.

In addition to the 'District Direct' scheme(s) already referenced, NCC ASSD recognises the key role that District Councils play within Communities, contributing hugely to the prevention agenda. The range of services are extensive, and initiatives vary across district councils.

## Factors Affecting Service Delivery during Winter

### Change Programme

There are many changes planned and ongoing within NCC ASSD, all of which have factored in winter 'risk'. Programme Leads have been requested to ensure that the timetable of changes does not inadvertently add pressure during winter. Any changes proposed to specific acute facing teams will be discussed with external stakeholders before a decision is made.

### Staff Resilience

Infections, such as flu and Noro-virus, can affect staff and access to care homes. If teams contract illnesses, then assessment capacity is adversely affected. Acute based teams aim to ensure all staff are immunised against flu in line with advice from public health. Care and Nursing Homes are encouraged to protect their staff and are provided with advice on how to access free flu vaccinations for paid carers. CCG's and local primary care providers are required to ensure their "at risk" populations have access to vaccinations which include those living in Nursing and Care Homes, to support this, NCC ASSD intends for winter 19/20 to further promote the benefits of flu vaccinations to a wider staff team.

NCC ASSD provides a full range of support for staff through extensive health and wellbeing advice. NCC ASSD acute facing staff receive regular supervision during which their wellbeing is discussed. Staff will be encouraged to access support.

### Managing Risk

Due to the interdependencies within this plan, NCC ASSD will maintain an issues and risk register to ensure that this plan is effective in delivery.