

Adult Social Care Committee

Item No:

Report title:	Winter Resilience Planning
Date of meeting:	5 November 2018
Responsible Chief Officer:	James Bullion, Executive Director of Adult Social Services
Strategic impact 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.	
Executive summary 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. This report asks members to agree the Norfolk Adult Social Services winter plan which sets out, in a single view, the department's arrangements for the winter period. The plan prepares the organisation to maintain Adult Social Care services during winter whilst at the same time, supporting system partners in maintaining good patient flow and safety. Alongside the plan, there is a series of improvement activities, which are summarised in this report. In October 2018, the Government announced additional one-off funding for Adult Social Services nationally to support winter pressures. For Norfolk, the allocation is around £4.179m. This paper sets out the principles for allocating that additional funding to protect, sustain and improve health and social care. Recommendations: Committee are asked to: a) Agree the Adult Social Services Winter Plan – attached at Appendix A b) Agree the priorities for allocating additional one-off monies as set out in section 4 of this report and delegate final sign-off to the Executive Director in consultation with the Chair of the Committee	

Appendix A – Adult Social Services Winter Plan (page 60)

1. Background

- 1.1 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, and we know that these pressures increase during winter months, particularly across the urgent care system. As we head into winter with an already pressured position across the Norfolk wide system, this winter will prove challenging for all stakeholders.
- 1.2 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 Urgent and Emergency Care board.

- 1.3 However, in addition, 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 2017/18

- 2.1 Winter 2017/18 saw a long period of intense activity for the health and social care system. Winter, in effect, lasted until April, with a late surge of activity as a result of the 'Beast from the East'. The prolonged summer heat also continued to see high levels of demand for hospital and community services.
- 2.2 As previously reported to Committee, the health and social care system struggled to meet challenging delayed discharges of care targets, despite greater investment in prevention and reablement, admission avoidance schemes, and stronger liaison with care homes.
- 2.3 In July, Adult Social Services organised a two-day system-wide event to look at what more could be done by health and social care to ensure people ready to leave hospital could do so without unnecessary delay. Over 80 representatives from the Norfolk and Waveney system were joined by experts from the Local Government Association (LGA) in partnership with the Better Care Support Team, National Health Service England (NHSE) and National Health Service Improvement (NHSI). Key findings from the event were:
- a) A need to break away from 'linear' ways of working which are driven by processes and not people
 - b) A need to work at all levels with a culture of 'home first' so that all professionals involved are working towards getting people home
 - c) Better communications at all levels – between different professionals, with care providers and particularly residential and nursing homes, and with individuals and families
- 2.4 The findings were reflected in the initial feedback from the Peer Review which found there was not a shared single understanding of recording of delayed discharges of care, nor of the practice to reduce and challenge current ways of working. The team's view was that there was an over prescription of care packages, particularly at the point of discharge, without timely review so the opportunities for rehabilitation and were sometimes lost.

3. Winter planning and improvement for 2018/19

- 3.1 The main objectives of our winter planning are to:
- a) Assure the continuity and successful response of adult social care and health services during periods of high demand and enable effective contingencies to be implemented in a planned and managed basis
 - b) Provide solutions that are not based on placements
 - c) Provide a strategic approach to demand & capacity management within the organisation by implementing new initiatives in time to deliver additional capacity to support the delivery of services to meet high levels of demand
 - d) Ensure that social care and health teams have sufficient staff and access to care capacity and that commissioned providers, specifically home support services, have their own capacity management plans in place
 - e) Undertake capacity planning across all hospital, community care and social care teams to ensure staff across Norfolk can be used flexibly to support elements of the system depending upon priorities
 - f) Ensure effective communication with staff including those of external providers where there are forecasts of increased demand or potential adverse weather

events affecting service delivery to support service planning and caseload management

- g) Maintain effective flows and pathways of care to ensure that people receive care in the most appropriate setting and in a timely manner
- h) Engage key staff to embed proactive winter planning across all services including non-statutory services
- i) Work collaboratively with other partners to ensure the winter plan meshes with other key providers including external providers to provide a coordinated and well managed response to winter pressures

3.2 To strengthen Adult Social Services the following improvement themes are being implemented

- 3.2.1 **Operational leadership** – a senior post with accountability for adult social services hospital discharges across the Norfolk system has been assigned. 3.2.2 As well as the remit to make changes in ways of working within the hospital discharge teams, the Assistant Director will have an influential voice on A&E Delivery Boards covering the county, and work closely with the health and social care Winter Director – a new appointment for the NHS this year.
- 3.2.2 **Brokering and arranging care** – whilst the vast majority of people go home from hospital, we know that delays happened because of the difficulty of finding a place in a care home for people who need it. Good quality, reliable information about vacancies is critical, and this year we have invested in an improved ‘Bed Tracker’ – an online system where care homes can record vacancies. Bed Tracker is the first point of call for adult social services in looking for vacancies, so there is an obvious incentive for homes to use that site. Analysis over the summer of ways of working have cut out duplication and ensured that valuable social worker time is not taken up with ringing around homes for vacancies – a practice which had become too frequent.
- 3.2.3 **Communication and liaison with care homes and providers** – trusted assessors began their roles last winter and have developed trusted arrangements which avoid the need for care homes to carry out their own assessments before they accept patients. A joint health and social care group is working specifically on a set of actions to improve working with care homes, this will address the importance of GP alignment to care homes, medicines management for people returning to their care homes, and contractual arrangements to ensure people’s places are still there for them to return to after a stay in hospital.
- 3.2.4 **Reablement** – the expansion of reablement both home based and in special accommodation makes a significant impact on people’s independence. As well as more capacity, we will be ensuring front-line social work staff are considering reablement as the default option for most people. In addition, we will be looking at how other short-term beds are used. Our research has showed that beds we commission in care homes for a short-term stay, invariably turn into a permanent admission. On occasions, this may be appropriate, but we believe with more reablement and therapy input, more people could return to their home.
- 3.2.5 **Prevention and early intervention** – investments made last year in social prescribing, reducing social isolation, will be fully felt this winter. There is now a network of community connectors across the county, working in alignment with our own Integrated Care Co-ordinators alongside primary care. Each CCG area has in place a dedicated service designed to avoid admission to hospital and address crisis. Norfolk’s Enhanced Home Support Service helps individuals to regain their independence, confidence and resilience following a crisis.

3.2.6 **Data recording and intelligence** – our discharge teams in hospitals were last winter required to produce many returns and requests for data. This was sometimes as many as 30 different reports in a single week. Despite this level of activity, the intelligence has remained weak. Adults will be seeking to influence NHS colleagues to consolidate reporting and to have a common, consistent set of metrics collected and reported across all hospitals.

3.2.7 **Communications** – the MADE event in July urged the Norfolk system to address the need for good communications. This was within and between different professionals in hospital setting, between primary care and hospitals, and between social work teams and others in the system. There is also a need to ensure that conversations with families are handled effectively, and that people receive consistent messages about maximising independence from different professionals within the system.

3.3 Attached at **Appendix A** is the most recent Winter Plan. This continues to be developed and will be updated to implement decisions arising from the additional funding.

4. Additional one-off monies for Adult Social Services from the Department of Health and Social Care

4.1 In a pre-budget announcement in October, the Secretary of State for Health and Social Care announced additional one-off funding for social care for winter. For Norfolk, this translates into £4.179m. Whilst specific funding conditions are awaited, we know the funding will need to be used to support winter resilience, specifically activities which reduce and delay the need for formal care and support the safe discharge of people from hospital.

4.2 We anticipate the funding will build upon the key areas identified in 2017 to protect, sustain and improve social care. Key priorities for the system are:

- 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.
Investment in the market to increase capacity and recruitment

4.3 **Early proposals are:**

4.3.1 Invest and improve £730k

- a) Measures to avoid unnecessary delays in hospitals for people with mental health difficulties, for people with dementia and for people who are at the end of their life and want to die at home
- b) Additional intensive help for people in their own homes for the first critical period when they are discharged from hospital

4.3.2 **Sustain £2.2m**

- a) Additional locally targeted recruitment campaign for the independent care sector to maximise the impact of the national campaign due to be launched shortly
- b) Better system-wide real time information, particularly for home care to speed up discharge and sustain efficient use of capacity
- c) Additional reablement – expanding accommodation based reablement and reaching in to short-term housing with care beds to build confidence and skills to help people home
- d) Additional swifts to take on more preventative work – in addition to their highly valued reactive service which saves the NHS money through avoiding admissions
- e) Change management to embed the ‘home first’ culture identified as critical by the MADE event for the system as a whole

4.3.3 **Protect £1.1m**

- a) Additional protection for Adult Social Services budget in the face of sustained pressures, ensuring sufficient packages of care to meet anticipated increased demand
- b) Bolstering short term capacity in the care market - homecare and care home markets to ensure sustainable care provision and managing potential market failures

4.4 Whilst the additional grant has been made to local authorities, there is an expectation that proposals for how it is best used will be shared with health partners, and the Executive Director of Adult Social Services will ensure this takes place.

4.5 The Health and Wellbeing Board was due to consider the Adults winter plan at its October meeting and the outcome of that will be fed into Committee.

4.6 The additional monies complement the existing Better Care Fund and Improved Better Care Fund.

4.7 The Better Care Fund was set up by the Department for Health and Social Care in 2013 to further accelerate the join up health and care services so that people can manage their own health and wellbeing and live independently in their communities for as long as possible. Whilst there was no new money from the Government for the fund, both CCGs and local authorities were asked to pool some of their existing funds and agree a single spending plan for the pooled fund.

4.8 The improved Better Care fund was a feature of the 2017 budget and was an allocation over three years to local authorities. In Spring 2017 a further one-off grant element of the improved Better Care Fund was announced, covering the three years 2017-2020 with an expectation that it would be used along similar lines to the core better care fund to protect, sustain and enhance the social care and health system.

4.7 Taken together, these funds target a range of system improvements across these themes:

- a) Strengthened community based services which help people stay at home and avoid the need for a hospital admission
- b) Strengthened working with care homes to support the overall sustainability of independent care homes and to use their expertise to help their residents avoid

the need for hospital admission and return back to their home after an episode of acute care

- c) A system-wide culture of 'home first' which improves joint working between different professions in and out of hospitals

4.8 The Better Care Fund and the iBCF will together see £57m in 2018/19 aligned towards these joint health and social care objectives.

5. Issues, risks and innovation

5.1 The key risks the department is managing this winter are:

- 5.1.1 **Recruitment, retention and wellbeing** – sustaining staffing levels over winter in the whole care sector is vital, together with staff wellbeing which minimise short-term sickness absence. Arrangements are in place for all Norfolk county Council front-line social care staff to have a free flu jab. Nationally, there is provision for all care home staff and home care staff to access the flu jab.
- 5.1.2 **Market capacity** – the majority of delays attributed to Adult Social Services has been people waiting for a support package. Homecare continues to be difficult to access in some parts of Norfolk.
- 5.1.3 **Holding lists** – the department has made good strides in reducing the holding list over the last year; however, urgent demand from acute hospitals to support people back home can increase workloads for community teams, and allow less urgent requests to build up.
- 5.1.4 **Maintaining our strategy** - at peak periods, the very high numbers of people seeking urgent medical care puts strain on the capacity we have to prevent and reduce the need for formal care. We know from previous years that increased numbers of people are admitted to residential and nursing care during winter months, and whilst for many this will be the right outcome, there could be those for whom alternatives might have been possible.
- 5.1.5 **Financial** – at times of pressure, there is a risk that a 'safety first' culture leads to more intensive packages of support for people. If these are not reviewed there is a risk that we build in greater dependency for longer which, in turn, is more costly to the department.
- 5.1.6 **Reputation** – as a system Norfolk did not perform well last winter against key measures from the Department of Health and Social Care. It is important for the confidence of people who use our services, that the contribution of Adult Social Care is not overlooked.

6. Recommendations

6.1 **Committee are asked to:**

- a) **Agree the Adult Social Services Winter Plan – attached at Appendix A**
- b) **Agree the priorities for allocating additional one-off monies as set out in section 4 of this report and delegate final sign-off to the Executive Director in consultation with the Chair of the Committee**

Officer Contact

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:

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