2020/21 Resilience and Winter Plans

- Objectives
- Learning to inform development
- Framework to guide 2020/21 winter plan development
- NHS Winter & Resilience Planning

Health and Wellbeing Board - 14 October 2020

Gary Heathcote, **Director of Commissioning, Adult Social Care**

Ross Collett, **Associate Director Urgent & Emergency Care, Norfolk and Waveney CCG**

Objectives

Adult Social Services (ASS) is developing a winter plan that sets out intentions for service delivery and design during the 2020/21 winter period. The purpose of the plan will be to prepare the organisation to maintain high quality and safe service provision during winter, and supporting system partners to deliver effective flow between providers. **This framework document details the key themes and actions that are beginning to guide that plan.**

Traditionally 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 social care and the wider system. **However, winter in 2020/21 will present greater challenges than in previous years**. The COVID-19 pandemic has placed strain on Norfolk's social care and health system, and a risk remains of further outbreaks during winter. In addition, winter often brings with it untoward events such as widespread infectious diseases including pandemic flu which can affect our residents and staff alike.

Adult Social Services (ASS) winter planning in 2020/21 looks significantly different to usual planning processes. Across operational and commissioning teams, planning for winter is being built in to the heart of ongoing service planning due to the COVID-19 pandemic. A necessity to prepare for further outbreaks, and the interdependency of that with overall capacity and resilience during winter, means Adult Social Services are preparing for winter with urgency and rigour. Consequently, this framework document reflects the significant work already underway within the department, and jointly with other system stakeholders, and highlights potential areas requiring further development before a finalised plan. NCC is also closely involved with NHS-lead winter planning via joint health and care processes stimulated by the COVID-19 pandemic response, presenting new opportunities for joint working.

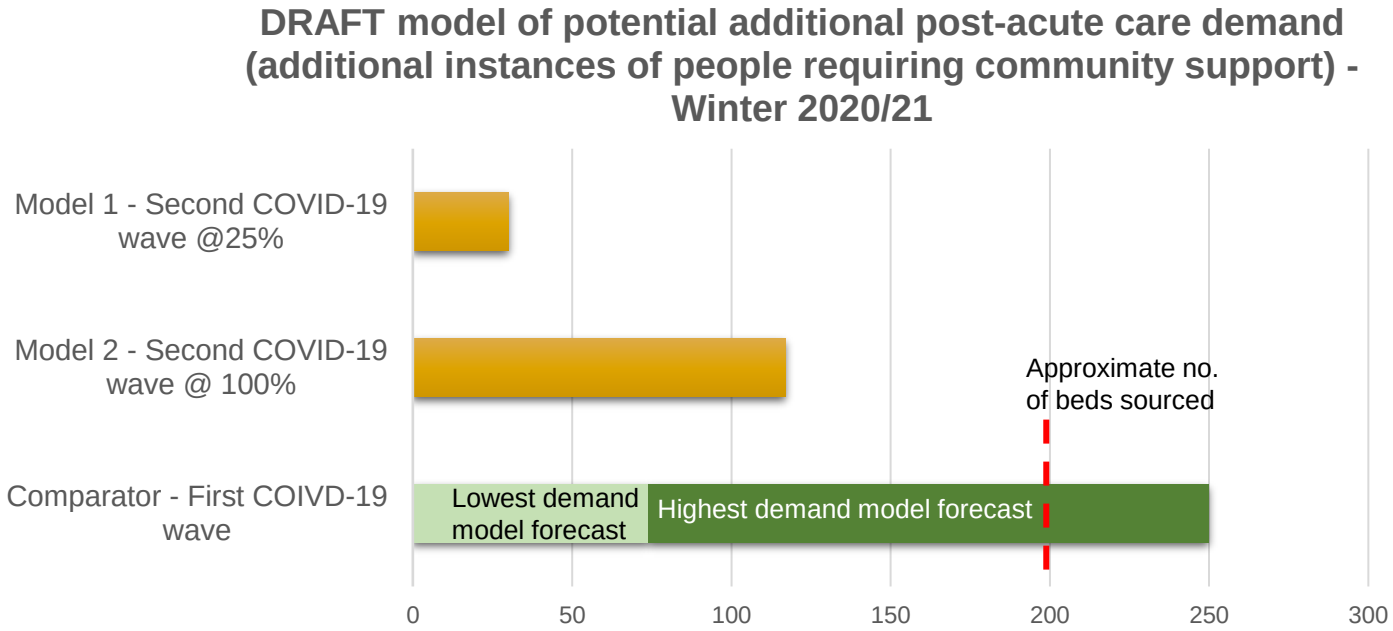
The framework, and subsequent final plan, will not remain as static documents but be updated and built on as winter progresses. Learning from the COVID-19 pandemic and processes recommended within the framework advocate the ability to change and adapt plans as needed, particularly in response to the emerging risks this winter may present.

Challenges this winter

There are a number of key areas ASS, and wider partners, winter plans will need to address to support the extraordinary situation presenting this winter. These include:

- Supporting Norfolk's care market as we enter winter following the impact of COVID-19.
- Supporting our NCC workforce during a winter period that follows pressures resulting from COVID-19.
- New hospital service discharge requirements nationally could shift pressure around 'flow' in to the community, and NHS funding for packages across health and care for up to the first 6 weeks post-hospital discharge could support a new community offer.
- Ensuring Community Response Teams (CRTs) supporting hospital discharge during COVID-19 are enabled to continue over the winter period, supporting people safely out of hospital and back home.
- Developing our local discharge to assess (D2A) processes further and ensuring existing processes deliver the best outcomes for all our residents, including those with disabilities and mental health problems.
- Working with system partners to ensure robust flu planning, both for our residents and staff.

As part of the winter and COVID-19 planning approach, ASS are working with information and analytics colleagues to identify potential demand in a variety of scenarios. This modelling also includes the potential impact resulting from NHS activity in acute and community hospitals. **It should be noted this is an early forecast and is subject to change as we develop a more advanced model** with a greater range of detailed emerging assumptions. However, it does identify a potential increase in demand in a scenario with further waves of COVID-19.



Adult Social Services learning from last winter

In the weeks prior to the COVID-19 pandemic, an initial exercise was completed internally to identify lessons learnt during winter 2019/20 to inform this year's winter planning. A series of key points were raised that are influencing the shape of the winter plan framework:

Provision of care

- ✓ Winter funding was utilised to provide extra care capacity across the care market, reducing pressures on the care market and supporting discharge from hospital.
- The care market remained under pressure, accentuated since by COVID-19.

Additional capacity

- ✓ A mixed economy of beds were available in the market to support hospital discharge.
- ✓ Since last winter, health and social care quality teams are now working together as one, an approach that will support the winter response.
- Care provision for people with dementia and/or behaviours of concern was a challenge requiring market development supported by ASS.
- The join up between capacity in the care market reported by providers versus available required more focus.

Enhanced Home Support

- ✓ Increased capacity to support discharge home for people with more enhanced needs.

Transfers of care and flow

- ✓ Improvements in social care delayed transfers of care (DToCs) for parts of the system and reduction in wait for residential placements.
- Remaining pressure on latter week transfers - however COVID-19 has seen a transformation in DToCs but there is a risk this winter.

System learning

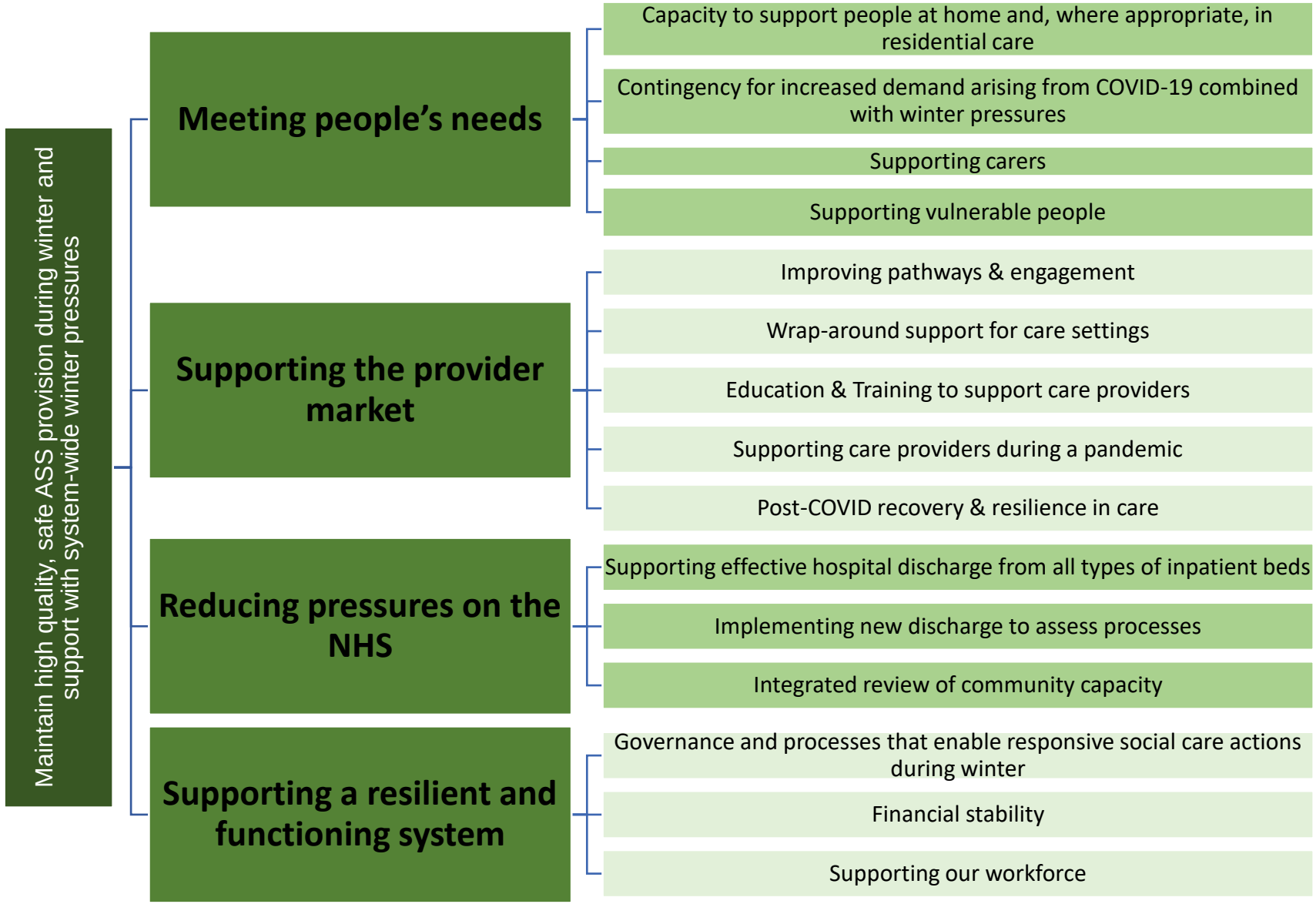
Emerging from the COVID-19 pandemic, Adult Social Services have also been closely engaged in system-wide planning for winter and associated COVID-19 recovery. A series of key points relevant to social services winter planning have been identified through that process which will also influence the shape of the winter plan framework:

- Supporting a ‘home first approach’ across the social care and health system – with a whole-system commitment to a ‘home first’ approach advocated by NCC.
- Early hospital discharge planning to commence on admission, and following the High Impact Change model (key to the Better Care Fund), would support both our resident’s social care and health outcomes upon leaving hospital.
- Review our ‘step-up’ and ‘step-down’ options to increased population need during winter without increased admissions to hospital.
- Increased wrap around care support (in care settings and at home) support’s complex and growing needs during winter.

Summary: ASS Winter Plan Framework 2020/21

Aims:

- understand the pressure that could be presented by COVID-19 and mitigate that risk as far as possible throughout the plan
- focus on prevention and promoting independence
- create capacity to meet increased demand
- provides ownership of winter preparedness and response within NCC ASSD
- communicate and co-operate with other organisations
- 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
- develop a response that meets the diversity of needs of Norfolk residents



Meeting people's needs

Theme	Action	Aim
Capacity to support people at home and, where appropriate, in residential care	• Commissioning **Enhanced Home Support Services** (EHSS) to support people in their own home. • Commissioning **enhanced residential short-term beds** where demand is high. • Ensuring capacity to meet people with more complex needs including Learning Disabilities & Autism (LD&A) and Mental Health (MH).	• Capacity to support people in their own home and in residential care. • Capacity to support hospital discharges from all inpatient settings, including during a second wave of COVID-19 where hospital activity has returned to original plan for winter 2020/21.
Contingency for increased demand arising from COVID-19 combined with winter pressures	• **Mothballed Cawston Lodge (step-down facility)** – with potential to re-open during a COVID-19 outbreak / to meet winter pressures. • Developing options for a **'step-down' site or 'intermediate' approach** that supports people back to their own home. • Exploring increased role for **'beds with care'** model in Great Yarmouth.	• Capacity to support people during winter, including during a second wave of COVID-19, when demand increases due to changing need.
Supporting carers	• **Development of carers flu plan,** including actions to strengthen vaccination, as part of the system's flu preparations. • **Development of carers COVID-19 second wave planning,** and supporting carers with risks around resilience arising from COVID-19.	• Support carers during winter to stay healthy and well. • Build on support for carers during COVID-19 to prepare for potential winter pandemics.
Supporting vulnerable people	• Identifying vulnerable people during the normalisation and recovery phases of the COVID-19 crisis (in conjunction with the Resilience and Recovery cell) to create a strategy and delivery plan to support the most vulnerable.	• Support vulnerable individuals and their families during winter to stay healthy and well.

Supporting the provider market 1/2

Theme	Action	Aim
Improving pathways & engagement	• Embed **new care market support structures.** • A **single communications approach with care providers** embedded between Adult Social Services and CCG – building on the approach started during COVID-19 and with close working with NORCA - and aligning with other key public messaging campaigns lead by public health and other partners.	• Ensuring collaborative planning to supporting the care market during the winter period. • Ensure clear and joined up messaging and communications to care providers during the winter period.
Wrap-around support for care settings	• Wrap-around support to enable discharges for complex needs from MH and LD settings offered by NSFT (MH) and NCH&C and HPFT (LD). • Post-COVID-19 working arrangements within the ASS Quality Team that support providers during a pandemic – including how we work remotely whilst driving improvement. • Within **primary care networks**, support the role of a GP lead for each care home, in place for winter. • Develop multi-disciplinary teams supporting care homes, with social care engagement.	• Provide targeted support for care homes during winter that support resident's health and wellbeing. • Ensure social care support for care homes, as part of the primary care network model, meets residents needs over winter.
Education & Training to support care providers	• Embedding **education and training that will support care providers** to help pick up when someone is becoming less well and know how to respond • Ensuring training is carefully targeted at care providers to support their needs during winter – enabled by the joint social services and health Enhanced Health in Care programme	• Care providers are supported to safely help individuals with a growing complexity of need exacerbated by the winter period. • Ensuring access to training and support that will enable better outcomes for residents

Supporting the provider market 2/2

Theme	Action	Aim
Supporting care providers during a pandemic	• Joint working with partners across the system on a **robust flu programme.** • Implement ongoing **COVID-19 health protection measures**, ensuring they align with wider winter approaches. • Work with system partners to develop workforce models that support recruitment across social care and health.	• Reduce risk of flu to population during winter. • To provide a swift and effective response to outbreaks, minimising their impact during the winter period. • To prevent the spread of COVID-19 in the care sector through best practice infection control and health protection practice – contributing to reducing winter pressures where possible.
Post-COVID recovery & resilience in care	• **Piloting population health management approaches** utilised during COVID-19 to support the health and wellbeing of residents in care settings. • Developing a strategy for implementation of national and local programmes that will support people at home and in residential care with specific health and wellbeing needs arising from COVID (e.g., cardiac and thoracic, post-intensive care syndrome)– to prevent escalation of need during the winter period. • Ensuring models, pilots and evaluations consider impact and outcomes for all residents, including those with LD, MH and A.	• Reduce impact during winter on care providers and their residents of after-care needs of people recovering from COVID-19, from a health, social and wellbeing perspective.

Reducing pressure on the NHS

Theme	Action	Aim
Supporting effective hospital discharge from all types of inpatient beds	• Minimum discharge standards and support for early discharge planning. • Development of an approach to 7 Day Discharge that supports discharge and care providers. • **Review of Trusted Assessors** to further enable support for smooth discharge back to a residential care setting. • **Reviewing the current status, issues and opportunities for CRTs and IDTs** to make recommendations for further changes and improvements that will establish arrangements that are sustainable in the longer term. • Link with the development of CRTs being explored through the 'Aging Well' programme. • VCSE services to support safe discharge into the community and then enable those individuals to remain within the community by promoting their independence. • Actions targeted to support discharge from MH and LD beds. • Developing weekend intensive support to support discharge from LD&A beds.	• Ensuring effective discharge from health settings during period of high hospital use during winter. • Ensuring safe and sustainable discharge into social care. • Helping people return home from hospital. • Limiting the impact winter pressure in acute settings on social care teams. • Ensuring safe and sustainable discharge into social care.
Implementing new discharge to assess processes	• Implementing new **Discharge to Assess (D2A) processes**, for winter, across frontline services as well as brokerage and commissioning.	• Ensuring effective discharge from health settings during periods of high hospital use during winter.
Integratted review of community capacity	• Review and plan, as a social care and health system, required community capacity during winter 2020/21 – including forecasting potential demand and making recommendations on steps the system can take to meet demand over winter.	• Ensuring effective discharge from health settings during periods of high hospital use during winter. • Ensuring capacity is in place to support people in the right place, at the right time.

Supporting a resilient and functioning system

Theme	Action
Governance and processes that enable responsive social care actions during winter	• Prepare for role of brokerage over winter following COVID-19 role. • Building on previous winters, utilise an operations centre (with associated situation reports) model in social care. • Establish a joint operational and commissioning winter process that regularly monitors overall delivery against the winter plan and shares emerging issues between teams. • Learn from the COVID-19 response to live issue resolutions. • Build winter response into core function of other governance processes, such as market development. • Exploring joint commissioning opportunities with CCG that will strengthen commissioning during winter.
Financial stability	• Working to analyse potential challenges within the care market, that could impact over winter, following the COVID-19 pandemic. • Monitor and report on in-year COVID and non-COVID spend to ensure this is being correctly accounted for and claims are made (in light of new discharge to assess guidance coming in to place in time for winter). • As part of the social care and health system's 'phase 3 COVID' recovery, a case to NHSE was put in by the system for funding to support recovery over winter – including content from social to support community capacity.
Supporting our workforce	• As a result of the impact of the ongoing pandemic - highlight and connect staff to existing corporate support (as well as developing and sharing additional opportunities for staff and managers to better manage their wellbeing at this time.

NHS Winter & Resilience Planning

Working closely with National Urgent and Emergency Care leads at NHS England to deliver "NHS111 First model”:

- Reducing the potential for overcrowded Emergency Departments (ED), by triage of patients before they attend ED and if they still require ED attendance potential to “book a slot”.

- Reducing the potential infection risk created by attending a face to face setting.

- Ability to also book directly into other hospital departments via NHS111 and the Clinical Assessment Service (CAS).
- 24/7 implementation of a Urgent and Emergency Care system wide Clinical Assessment Service (CAS).
- CAS linked in with the Ageing Well Programme – Community and Social Care involvement.

- Increased NHS111 capacity to absorb further call volumes both for Winter and a potential Covid-19 second wave/spike.

- NHS111 Capacity to absorb 20% of ED minors who will be expected to “talk before they walk” prior to attending the ED. departments

NHS Winter & Resilience Planning

Supporting a Resilient and Functioning system:

- Develop virtual operational support via a System Resilience Room function Mon-Friday coordinated by Norfolk and Waveney CCG.
- Improve monitoring of demand and capacity across urgent and emergency care pathways via the SHREWD system.
- Development of plans to support timely and coordinated responses to surges in urgent care activity – ambulance ‘stack’ transfer between EEAST and IC24.
- Improve communication and commonality in language relating to hospital discharge pathways.

Further areas of development

As part of the exercise completed pre-COVID internally to identify lessons learnt during winter 2019/20, a number of additional ideas were put forward to consider in our 2020/21 winter response. Some of these have already begun to be addressed as identified in the initial framework, including work around the Trusted Assessment Facilitators and Enhanced Home Support Services. In addition, as part of developing the initial winter plan framework, a series of further considerations have been identified that will be considered as part of the final winter plan:

- Future of the national infection control fund over winter.
- Explore model of 72 hour intensive home support offer – potentially reducing long term care costs, supporting people out of hospital.
- Availably of home and residential care to support people with dementia, complex needs, behaviours of concern.
- Supporting people to move from short term residential care beds to their home in advance of winter.
- Enhanced social work staffing at weekends.
- Suspension of key performance indicators for contracted providers.
- Ensuring changes to wider pathways supporting winter response align with the provision of Integrated Community Equipment Services.