

Adult Social Services: 2020/21 Winter Plan

- Objectives
- Learning to inform development
- Guide to our 2020/21 winter plan incl. alignment with national ASC winter plan requirements

November 2020

Objectives

Norfolk County Council's **Adult Social Services (ASS)** has developed 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 document details the key themes and actions guiding our work.

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. 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.

This document details NCC's ASS winter plan, including how it aligns with the requirements of the national [ASC Winter plan](#) published on 18th of September 2020 (appendix 1).

The document will not remain as static document 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

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

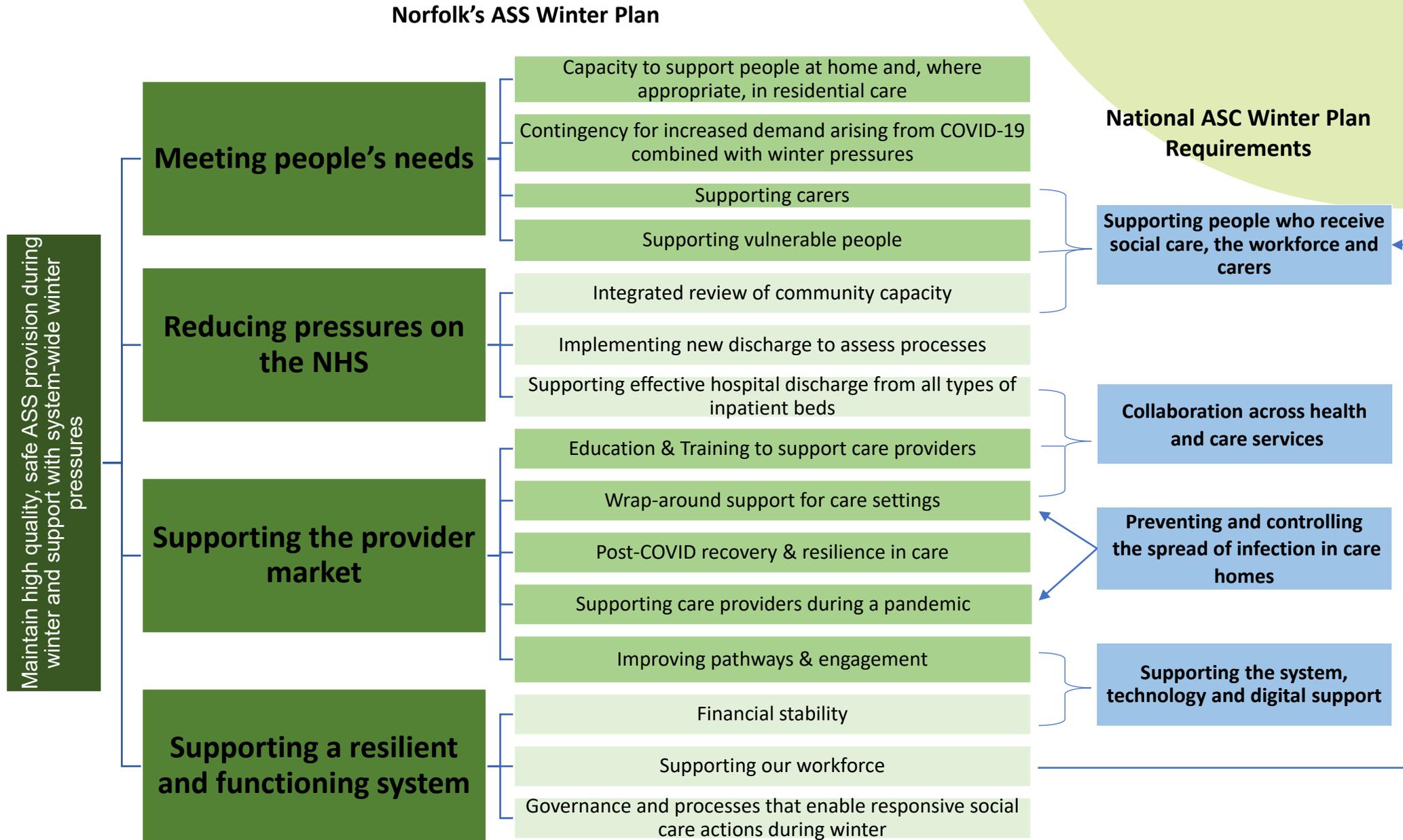
Emerging from the COVID-19 pandemic, Adult Social Services have also been closely engaged in system-wide planning for winter and associated COVID-19 recovery. A series of key points relevant to social services winter planning have been identified through that process which will also influence the shape 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: Norfolk's ASS Winter Plan Framework 2020/21

Norfolk's 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





Norfolk's ASS Winter Plan

Meeting people's needs 1/2

Theme

Capacity to support people at home and, where appropriate, in residential care

Actions

- 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)

Aim

- 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

Theme

Contingency for increased demand arising from COVID-19 combined with winter pressures

Actions

- **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

Aim

- Capacity to support people during winter, including during a second wave of COVID-19, when demand increases due to changing need

Meeting people's needs 2/2

Theme

Supporting Carers

Action

- **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

Aim

- Support carers during winter to stay healthy and well
- Build on support for carers during COVID-19 to prepare for potential winter pandemics

Theme

Supporting vulnerable people

Actions

- Identifying vulnerable people during normalisation and recovery phases of COVID-19 crisis (in conjunction with the Resilience and Recovery cell) to create a strategy and delivery plan to support the most vulnerable

Aim

- Support vulnerable individuals and their families during winter to stay healthy and well

Supporting the provider market 1/3

Theme

Improving pathways & engagement

Actions

- 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 led by public health and other partners

Aim

- 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

Theme

Wrap-around support for care settings

Actions

- 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

Aim

- 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

Supporting the provider market 2/3

Theme

Education & Training to support care providers

Actions

- 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

Aim

- 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.

Theme

Supporting care providers during a pandemic

Actions

- 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

Aim

- 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

Supporting the provider market 3/3

Theme

Post-COVID recovery and resilience in care

Actions

- **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

Aim

- 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 1/2

Theme

Supporting effective hospital discharge from all types of inpatient beds

Actions

- 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 the CRTs being explored through the 'Ageing 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

Aim

- 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

Reducing pressure on the NHS 2/2

Theme

Implementing new discharge to assess processes

Actions

- Implementing new **Discharge to Assess (D2A) processes**, for winter, across frontline services as well as brokerage and commissioning

Aim

- Ensuring effective discharge from health settings during periods of high hospital use during winter

Theme

Integrated review of community capacity

Actions

- Review and plan, as a social care and health system, required community capacity during winter 2020/21 - including forecasting potential demand and making recommendations

Aim

- 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

Governance and processes that enable responsive social care actions during winter

Action

- Prepare for the 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

Theme

Financial Stability

Action

- 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 into 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

Theme

Supporting our workforce

Action

- 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)



Appendix 1:

Summary: Norfolk's Delivery Against National ASC Winter Plan Requirements

Summary

Maintain high quality, safe ASS provision during winter and support with system-wide winter pressures

NCC's winter plan priorities:

- Meeting People's needs
- Supporting the provider market
- Reducing pressures on the NHS
- Supporting a resilient and functioning system

National requirements:

1. Preventing and controlling the spread of infection in care homes

- 1.1 Guidance on infection prevention and outbreak management
- 1.2 Managing staff movement
- 1.3 Personal Protective Equipment (PPE)
- 1.4 COVID-19 testing
- 1.5 Seasonal Flu vaccines

2. Collaboration across health and care services

- 2.1 Safe discharge from NHS setting and preventing avoidable admissions
- 2.2 Clinical Support / Enhanced Health in care homes
- 2.3 Technology and digital support
- 2.4 Social Prescribing

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

- 3.1 Visiting Guidance
- 3.2 Direct Payments
- 3.3 Support for unpaid carers
- 3.4 End of Life Care
- 3.5 Care Act Easements
- 3.6 Staff training and wellbeing
- 3.7 Workforce Capacity
- 3.8 Shielding and the clinically extremely vulnerable
- 3.9 Social work & other professional leadership

4. Supporting the system, technology and digital support

- 4.1 Funding
- 4.2 Market and provider sustainability
- 4.3 CQC support : Emergency Inspection framework and sharing best practice

Summary

1. Preventing and controlling the spread of infection in care homes

1.1 Guidance on infection prevention and outbreak management

The infection and control guidance is available on NCC website and regularly updated. Health partners are supporting identified outbreaks as required. Providers are informed about infection prevention guidance and outbreak management.

1.2 Managing staff movement

The Infection Control Fund is being used to reduce movement of staff across care settings and continuity of care rounds in home support agencies so that opportunity for cross infection is minimised.

1.3 Personal Protective Equipment (PPE)

Providers can access PPE through national portal or NCC PPE stock available for emergency situations.

1.4 Covid-19 Testing

ASC working with local and national testing to support testing at point of discharge from hospital and testing support for care providers. Processes developed during COVID-19 pandemic for testing at hospital discharge being continuously reviewed and updated in line with new national practice.

1.5 Seasonal flu vaccines

Joint flu campaign across the county, including targeted promotion to carers.

2. Collaboration across health and care services

2.1 Safe discharge from NHS setting + preventing avoidable admissions

The D2A pathways are under review with hospital social workers sitting in Community Response Teams. Ageing Well Programme to provide urgent care response and 2 day reablement to improve flow. Isolation space (for COVID+ before returning to a care setting) established at North Walsham Community Hospital and planned for Cawston Lodge.

2.2 Clinical Support / Enhanced Health in Care Homes

Local programme of enhanced health support in place for care providers – including education, training and strategic planning for long term health and wellbeing needs arising from COVID-19.

2.3 Technology and technical support

Successful role-out of technology such that all care homes have an NHS emails address, over 300 homes provided with tablets and workshops held to support video consultations between acute, primary care and care homes settings.

2.4 Social prescribing

Social prescribing services in place to link in voluntary support as part of health interventions. Main areas of support money, advice, social isolation and access to social care and mental health services.

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

3.1 Visiting Guidance

Local Authority to review and disseminate periodic contemporary risk status to the care market on care homes visiting – supported by national guidance on visits that has helped providers manage the balance of infection control against the residents having contact.

3.2 Direct payments

A significant amount of support has been given to support Direct Payments. Additional funding, free PPE and regular communications all of which has supported stability in this sector.

3.3 Support for unpaid Carers

A Carer-specific SIB (Social Impact Bond) was recently launched with Carers Matter Norfolk to sustain carers in their caring role and enhance their wellbeing. Carers will have better access to carers assessments and identified and supported to have emergency plans in place with access to one off carers payments and other forms of respite support.

3.4 End of Life Care

Health supporting with End of Life care and developed RESPECT programme.

3.5 Care Act Easements

Guide to Care Act Easements created and shared with Partners providing an overview of the easements and the process of implementing these. This document provides an overview around the ethical framework from Department of Health and Social Care – Responding to Covid-19, and the need to be reasonable, balanced, properly evidenced and communicated.

3.6 Staff training and wellbeing

A wide variety of fully funded training, induction, wellbeing and recruitment support through on-line recruitment fairs, radio advertising etc is available through Norfolk and Suffolk Care Support. Fully funded access to bespoke care qualification available through new ESF funded skills development programme.

3.7 Workforce Capacity

Norfolk CC has applied national modelling data to modelling potential timing and nature of peaks in Covid between December and end of March. Plans are in place to address demand.

3.8 Shielding & the Clinically Extremely Vulnerable

LAs will coordinate support if shielding is reintroduced in a local area. This includes provision of enhanced care and support for Clinically Extremely Vulnerable people on shielded list.

3.9 Social work and other professional leadership

NCC use a strength based approach to social care based on the 3 conversations embedded through reflective practice. Cultural competency training is in place and casework reviewed by the QA team to check and develop practice. Regular COVID operational meetings held to discuss system capacity and blockages. Monitoring of safeguarding with Statutory partners.

4. Supporting a resilient and functioning system

4.1 Funding

Confirmed scheme 2 funding for 6 weeks of post-hospital discharge support, working with system partners to ensure effective delivery. – challenges associated with post-April 2021 dependent on national funding position.

4.2 Market and provider sustainability

Care Market communications and engagement plan in place. Service Continuity and Care Market Review and self-assessment completed as required on 21 October 2020

4.3 CQC Support

NCC working to support quality of provision in care settings in light of suspension of CQC and Council inspections.