

Health and Adult Social Care and Communities Overview and Scrutiny Committee

Date of Meeting: 08/10/2020

Report Title: Winter Review 2019/20 and Winter Plan 2020/21

Portfolio Holder: Cllr. Laura Jeuda (Adults Social Care and Health)

Senior Officer: Nichola Thompson, Director of Commissioning

1. Report Summary

1.1. Part of the role of Health and Adult Social Care and Communities Overview is to ensure that Cheshire East Council is being run effectively, the report provides performance monitoring information as well as helping to inform strategy development in the context of the winter period 2019/20 and the planning for the winter period 2020/21.

1.2. This report considers the schemes which were implemented through 2019/20 as well as the identifying the work and planning which has taken place for winter period. Planning for 2020/21 considers: winter schemes, Personal Protective Equipment (PPE) preparations, Flu vaccination planning 2020/21 and Implementing a home first approach.

2. Recommendations

2.1. Health and Adult Social Care and Communities Overview and Scrutiny Committee notes:

- a) Winter schemes 2019/20
- b) Lessons learned 2019/20
- c) Winter planning 2020/21

3. Reasons for Recommendations

3.1. The Health and Adult Social Care and Communities Overview and Scrutiny Committee requested an update in respect of previous winter schemes implemented in 2019/20 as well as winter planning for 2020/21.

4. Other Options Considered

4.1. No other options have been considered.

5. Background

5.1. This report was requested to consider retrospective performance from the 2019/20 winter period, give consideration to the lessons learned and the planned work for the upcoming 2020/21 winter.

5.2. In February 2019 a report was presented to Health and Adult Social Care Overview and Scrutiny Committee which detailed the progress achieved across Cheshire East in reducing Delayed Transfers of Care following a 'Deep dive' in 2017.

5.3. Following on from this report, the Health and Adult Social Care Overview and Scrutiny Committee have requested a further report which highlights the impacts of 2018/19 winter pressures on DTOC performance. There were a number of pressures faced during the winter period during 2018/19. In East Cheshire the configuration and availability of services was noted and recognised in the recent winter plan for 2018/19. Commissioners and Primary Care providers have worked on a programme to develop GP surgery-based winter plans focused on key themes.

5.4. Winter schemes 2019/20

5.5. The following section provides a summary of the schemes deployed across the winter period 2019/20:

5.6. Scheme one - Rural variation

5.7. Due to the geography of Cheshire East it is often difficult to source care at home services for people living in rural areas. This increases their risk of hospital admissions and can result in people being placed in short term residential care or requiring in house Reablement services reducing capacity of these services for people who are medically fit for Hospital Discharge. The Council provided an enhanced payment to Prime and Framework care providers of up to £2 on their tendered price for people living in designated rural areas only where it was proven difficult to source care. This helped to support providers in recruiting staff to work in these areas by enabling them to offer a higher rate of pay or paying mileage costs.

Prior to the scheme launching there was a backlog of 13 service users awaiting care in designated rural areas. Some of these service users were receiving care from Reablement or in short term care. The scheme utilised funding to provide the enhanced rate for those identified 13 service users as well as assisting where new rural provision was required. The Government's statistical definition of rural was used to identify properties within the F1 Classification: Rural dwellings and hamlets which accounts for 13% of dwellings in Cheshire East.

5.8. Table 1 – people supported by the scheme by month

Month	Oct	Nov	Dec	Jan	Feb	Mar	April
People	21	21	13	13	13	13	13

5.9. Scheme two - Block booked beds

5.10. In order to facilitate hospital discharges and prevent unnecessary hospital admissions, 9 beds were commissioned which could be accessed quickly and provide residential and residential dementia support at times of need. The demand for this type of service is always increased during the winter months as cases of respiratory/influenza type conditions escalate. The demand for additional beds during the winter period creates capacity challenges every year. For 2019/20 this was exacerbated by the fire at Beechmere Extra Care Housing facility in Crewe resulting in some displaced residents moving into residential care home placements on a temporary basis which have then become permanent, resulting in less care home beds being available, in particular, beds which provide good value for money.

The Council block booked 9 beds (6 Residential and 3 Residential Dementia) to ensure the service could be quickly accessed at times of increased need. Block booking the beds ensured availability and locks in an agreed price. This couldn't be achieved if the beds are spot purchased, when a much higher weekly price applies. The 9 beds were located in homes throughout the borough in order to try to provide good geographical coverage. In the six month period the number of available bed days was 1820 and the actual usage was 1038 or 57% in addition to this 274 days were lost as a result of the bed being unavailable. If we exclude the where beds were unavailable then bed utilisation was 67%. There has been a number of reasons which has impacted on bed utilisation, these include: Delays in service users accessing homes following swabbing in hospital or the community, Home/bed has been closed to infection control, homes not willing to accept admissions over the weekend as lack of support from GP as out of area, homes want to assess themselves prior to admission, homes also need time to turnaround the bed/room following use.

5.11. Scheme three – Accommodation with Care beds

5.12. In order to facilitate hospital discharges and prevent unnecessary hospital admissions care home beds are purchased via a dynamic purchasing system. All current long term provision is commissioned on this basis. Providers are signed up to standard terms and conditions called a 'Dynamic Purchasing Agreement' and receive individual placement agreements for each resident placed by Cheshire East Council. The accommodation with care market in Cheshire East is composed of a good mix of small and medium sized providers (SMEs) as well as a number of large, national organisations.

5.13. Scheme four - Social workers

5.14. The Social worker post enabled a dedicated staff member to work with the people who are stepped down from Leighton Hospital into the discharge to assess (DTA)

beds at Station House. The service users were generally complex in presentation and the role of the social worker is to complete a social care Adult Needs Assessment, and contribute to the multidisciplinary eligibility assessment process for Continuing Health Care funding. The worker then made long term care and support arrangements for the people who were social care eligible for funding after the CHC process is completed. Some of the detail in this work includes working with the person and their family and carers, assessments and decision making under the Mental Capacity Act as appropriate, explanation about charging and financial planning, and ensuring that the move into long term arrangements were fully organised and the person was supported throughout. Additionally there were planned regular MDT and quality assurance meetings which the worker attended and contributed to.

The beds are crucial to maintaining flow out of the hospital, particularly over the winter pressures period. The usage of the beds is monitored and length of stay scrutinised, with delays reported locally in the system. Having a dedicated worker ensured that capacity was there to pick up referrals and manage the flow appropriately, minimising delays, and ensuring a consistent approach and seamless communication. The worker is based at Station House on a regular bases and has been able to build up effective working relationships with the care home and health colleagues.

5.15. Scheme five - Rapid response

5.16. The Rapid Response Service facilitated the safe and effective discharge of service users from hospital who have been declared as medically fit for discharge but who may have still have care needs that can be met in the service users own home. The service seeked to prevent readmission to hospital by ensuring wrap around services are in place in the first 48 hours following hospital discharge. The Service also provided support to Service Users with complex health needs and end of life support at a level. Through the provision of 7 day working, the service ensured a timely response to hospital discharge to reduce delayed transfers of care and create capacity and throughput for non-elective admissions. The Rapid Response service covered the entire geographical area served by Cheshire East Council (CEC). Management of the referral process, as well as capacity and flow, remained with the council's Brokerage team. Referrals were made out of hours, weekends and Bank Holidays.

5.17. Table 2 - Average days spent on the scheme

Month	Oct	Nov	Dec	Jan	Feb	Mar	April	Total
People	n/a	18	23	14	18	19	n/a	91

5.18. Table 3 - Total hours delivered by scheme

Month	Oct	Nov	Dec	Jan	Feb	Mar	April	Total
Hours	n/a	2,158	3,706	1,638	1,504	1,957	n/a	10,962

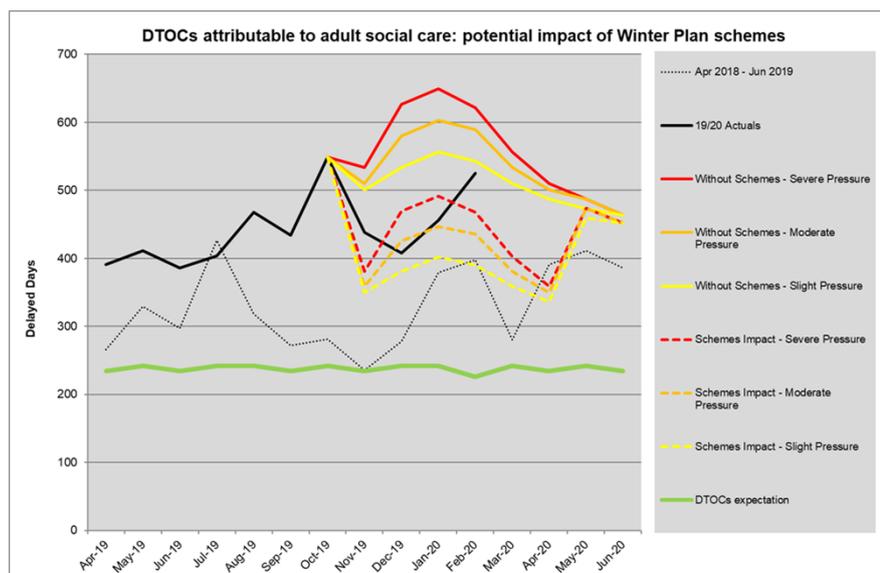
5.19. Table 4 – Total number of people supported

Month	Oct	Nov	Dec	Jan	Feb	Mar	April	Total
People	n/a	81	107	87	86	85	n/a	446

5.20. **Lessons learned**

5.21. The following graph shows the impact of the winter schemes deployed in 2018/19 on the winter pressures faced in the form of delayed transfers of care. The graph shows that the greatest impact was achieved between October and January in reducing delayed transfers of care. The collection of delayed transfer of care information was suspended as a result of COVID-19. Those schemes which offered the greatest impact was the rapid response service supporting some 446 people along with DPS and block booked beds which supported some 1052 people and 93 respectively. Lessons learnt included the importance of having dedicated beds which could be called off and accessed quickly, this was noted through winter and through the start of the COVID-19 crisis. In planning for 2020/21 a literature of winter plans produced by other Health and Wellbeing Board's was considered. The council has undertaken and planned a number of supplementary activities to support the winter schemes and plans throughout 2020/21 these include scenario planning.

5.22. Graph one – DTOC's attributable to adult social care shown with the impact of winter plan schemes



5.23. Along with a number of council winter scheme initiatives, the council is also a part of the Seasonal Winter Plan 2020/21 across NHS Cheshire CCG, the seasonal winter plan sets out the steps that are being undertaken across NHS Cheshire CCG health and social care community to ensure that appropriate arrangements are in place to provide a high quality responsive service over the winter period. The paper incorporates three key areas:

- Measures that have been considered to manage demand over winter that are cost neutral, based on current capacity and demand modelling.
- Embed existing changes in ways of working, as a direct response to Covid 19, service transformation and investment that can be sustained and contribute to winter resilience.
- Identification of additional schemes that could be introduced with additional resources, in order to manage winter and COVID 19 surges in demand

5.24. **Winter planning 2020/21**

5.25. The winter plan for 2020/21 includes a number of components:

- Winter schemes
- Personal Protective Equipment (PPE) preparations
- Flu vaccination planning 2020/21
- Implementing a home first approach

5.26. **Winter schemes**

5.27. The planned winter schemes for 2020/21 are as follows:

5.28. Scheme one - Block booked beds - Direct award of short-term contracts for 8 winter pressure beds to support Covid-19 pressures, winter pressures, supporting hospital discharges or preventing admission. The rationale for completing a direct award was as follows: an anticipated second wave of Covid-19, non Covid-19 related elective surgery and procedures which were cancelled/postponed are

currently being reinstated in hospitals which will increase demand, residents have avoided accessing primary care services and we anticipate a surge in demand on these beds due to people's conditions deteriorating due to lack of treatment, we are now seeing the demand on A & E services in our hospitals rapidly increasing, Covid-19 is likely to be with us for the foreseeable future, we will need to access these beds to prevent hospital admissions as well as support hospital discharges and Care home providers do not have available capacity and would not be inclined to complete a standard tendering process due to the short term nature of these contracts during normal circumstances. We know the enormous pressures that care homes are under at present due to Covid-19, therefore, there is an even greater need to award these contracts via a direct award.

- 5.29. Scheme two - Care at Home Hospital Retainer - Since the implementation of the new Care at Home contract in November 2018 the Council does not pay a retainer fee for the first 7 days for hospital admission or respite; however, the provider is contractually obligated to hold open the care packages for this time. In order to assist with service continuity there may be instances upon agreement from the Contracts Manager where a retainer fee will be paid for up to the following 7 days. (i.e. day 8 to 14). In certain circumstances there may be cases where a Service User is only a few days from being discharged from hospital and so to support a smooth transition a retainer fee may be paid for a nominal number of days. This is only in exceptional cases and needs authorising in partnership with Contracts and Operational Locality Managers.
- 5.30. Scheme three - Rapid response - The Rapid Response Service will facilitate the safe and effective discharge of service users from hospital who have been declared as medically fit for discharge but who may still have care needs that can be met in the service users own home. The service will seek to prevent readmission to hospital by ensuring wrap around services are in place in the first 48 hours following hospital discharge. The Service will also provide support to Service Users with complex health needs and end of life support at a level. Through the provision of 7 day working, the service will ensure a timely response to hospital discharge to reduce delayed transfers of care and create capacity and throughput for non-elective admissions.
- 5.31. Scheme four - Social worker support - Social Worker (x1) dedicated to the Discharge to assess beds at Station House, Crewe. Social Care Assistants (x2) additional assessment and care management capacity to support the revised processes around hospital discharge using reablement exclusively for this purpose (East locality).
- 5.32. Scheme five - Cheshire East People Helping People - We recognise this is still a challenging time for everyone, so we want to continue to help local people to support one another by harnessing and supporting the fantastic work already being done in communities across the borough. We are working collaboratively with our partners and local volunteers to channel community-based support to meet the needs of our residents who find themselves isolated without family,

friends or a support network. Our service is delivered for the local community, by the local community, with options including:

- Telephone support, advice and reassurance
- Signposting to local and national services equipped to meet specific support needs
- Access to essential food and medical supplies
- Access to priority online shopping slots
- A regular friendly phone call to lift your spirits
- Transportation from hospital to home

- 5.33. Scheme six – Flu vaccinations for Care Homes, Domiciliary providers, Complex provider and Extra Care Housing staff. For older people or those with long-term health conditions, the effects of flu can be much more serious, and in some cases even fatal. For those working in a care home or health and care environment where there are many vulnerable people, it is incredibly important to have the flu vaccine. This not only helps to protect the staff themselves and their immediate families, but also helps to protect very vulnerable residents who might not respond well to vaccination. As well as keeping staff and residents safe and well, reducing the threat of flu also helps you to ensure business continuity; reducing the likelihood of staff being ill and off work and the associated costs of providing bank or agency cover for them.

Vaccination is also of benefit as it helps to reduce transmission to the wider public and in times of increased pressure on health and social care services, helps to reduce the burden of ill health, and therefore demand on the wider health system at a time when services are already under pressure. To ensure social care services to take up the offer of free flu vaccinations, CEC contracts team will work with home and care provider managers to identify a Flu champions in their organisations to highlight the immunize programme and encourage colleagues to participate in the voluntary programme to be immunised. The flu champion will work alongside the aligned GP surgery to get either the District Nurse in for a full day to immunise the work force during their shift. Alternatively the flu champion can book a day with the Community Pharmacy to have this done on site.

- 5.34. Scheme seven - Safe steps - Safe Steps is a digital falls risk assessment tool, which is built to NHS digital standards and GDPR compliant. It is an easy-to-use app which prompts care staff to work through a dynamic set of questions with each resident once a month. 12 key areas based on NICE guidelines are assessed, to identify ways in which each resident is at risk of falls. The app then makes CQC-approved recommendations from a library of over 50 proven interventions, to create a personalised falls care plan.
- 5.35. Scheme eight - Double handling review - We are currently involved in a regional programme aimed at addressing the issue of 'double handling' which, as well as being an expensive way to deliver care, is also recognised as invasive and an intrusion on an individual's dignity. The programme aims to support the exploration of alternative ways of providing support (including the provision of training and equipment) that reduces the need for 'double handling'. There are

currently 149 people in receipt of home care that requires two people to safely and appropriately provide that support. This scheme will help to create the capacity that will enable people to isolate if they are COVID positive and cannot return to their own home.

5.36. Personal Protective Equipment (PPE) preparations

5.37. There is the expectation that demand will drop off considerably for registered providers by end of August. The NHS that the PPE portal is now open to all registered provider from this week (03/08/2020). The Local Resilience Forum (LRF) will officially close at the end of the month (August). If a second COVID wave should occur the LRF they will resume their services. We will continue to support internal services and services wishing to reopen in the Cheshire East Council footprint. As we move towards winter, Cheshire East Council are preparing for potential outbreaks of infectious seasonal illnesses including flu (influenza) and D&V (norovirus), as well as potential further outbreaks of COVID-19. This council has developed a toolkit is designed to provide information and advice on how to prepare for any potential outbreaks. We know that many care homes have already done lots of work in this area, and the toolkit is not intended to replace any preparation which you have already been doing. It is hoped that the second tranche of Infection Prevention and Control funding which you have recently received will help in the implementation of some of these actions.

5.38. Flu vaccination planning 2020/21

5.39. We have a local Pan Cheshire group as well as a Cheshire and Merseyside planning group which will be activating shortly, this follows the second national flu immunisation programme 2020 to 2021- update received on 05/08/2020. The guidance notes:

- 'Providers should focus on achieving maximum uptake of the flu vaccine in existing eligible groups, as they are most at risk from flu or in the case of children transmission to other members of the community.'
- The guidance goes onto note that the season flu vaccination will be additionally offered to:
 - household contacts of those on the NHS Shielded Patient List. Specifically, individuals who expect to share living accommodation with a shielded person on most days over the winter and therefore for whom continuing close contact is unavoidable.
 - children of school Year 7 age in secondary schools (those aged 11 on 31 August 2020).
 - health and social care workers employed through Direct Payment (personal budgets) and/or Personal Health Budgets, such as Personal Assistants, to deliver domiciliary care to patients and service users
 - The national aim is to further extend the vaccine programme in November and December to include the 50-64-year-old age group subject to vaccine supply.
- National programme information goes onto note:
 - Frontline health and social care workers - All frontline health and social care workers should receive a vaccination this season. This should be provided by their employer, in order to meet their

responsibility to protect their staff and patients and ensure the overall safe running of services. Employers should commission a service which makes access easy to the vaccine for all frontline staff, encourage staff to get vaccinated, and monitor the delivery of their programmes.

5.40. Implementing a homefirst approach

- 5.41. Whilst we were already committed to, and were working on, a Home First approach to hospital discharges from Macclesfield hospital, the requirements of responding to the Covid19 pandemic have had the effect of accelerating the implementation of a number of measures that were already planned and have introduced different ways of working. The local authority reablement service is now used exclusively to support hospital discharges in the East locality. It is currently able to respond to approximately 70% of discharges for people requiring support at home for the first time and provides an assessment and an enabling service before long term support arrangements are put in place (where required) which is currently the case for 52% of the people receiving this service. The reablement service is accessed directly by therapists on hospital wards using a portal system and this has speeded up response times for this cohort. Where the reablement service is not available, alternative home care provision is sought. There are now identified local authority staff working closely with the reablement service to ensure timely throughput in this service and the arrangement of long term support where required.
- 5.42. The Rapid Response service commissioned by the local authority is now focussed on responding to crises in the community where there is a risk of admission to hospital or a care home. This service is also accessed directly by health professionals. Whilst the aim is to get people home from hospital whenever possible, some people require a short stay in a care home following a hospital admission. There are a range of care home beds available, a large number of which have been jointly commissioned. All short-term placements from hospital are now arranged by health staff who notify the local authority of the placement. A social worker is allocated within 24 hours of receiving this notification and they work with the individual, the care home and the relevant other professionals to agree and arrange long term support where required.
- 5.43. Whilst recognising that dealing with Covid19 has presented a particular set of challenges, there has been a significant improvement in performance in relation to delayed transfers of care. We now have an opportunity to review the measures currently in place and to consider how we can most effectively consolidate and build on the Home First approach to hospital discharge. This will include:
- The reorganisation of staff previously involved in undertaking assessments of people in hospital to reflect the change of focus to working with people in the community.

- The embedding and further development of the reablement service pathway with the aim of supporting everyone leaving hospital needing home-based support for the first time.
- Confirmation of the range of short-term services available to people either to facilitate hospital discharge or to avoid inappropriate admissions to hospital or care homes.
- A review of the use of the Rapid Response service with a view to ensuring that access to this service is available across the locality and that the service is being used effectively and efficiently.
- Confirmation of longer-term funding arrangements for a range of services.

6. Implications of the Recommendations

6.1. Legal Implications

6.1.1. The Accommodation with Care (DPS), Rapid Response Service, Winter Pressure (block) beds and the Care at Home Services (Prime Provider and Framework Agreements) have all been commissioned following compliant procurement exercises. Any amendments to those contracts, or additional contracts that are proposed in response to the findings of and suggestions in this report will need to comply with the Public Contracts Regulations 2015 and the Council's own internal rules.

6.2. Finance Implications

6.2.1. The costs of the actions listed above are met by the council and the CCG sometimes separately through base budget funding and sometimes working in partnership, for example, through the Better Care Fund. At the present time the costs are therefore available without the need for any change to the Council's Medium-Term Financial Strategy (MTFS).

6.3. Policy Implications

6.3.1. As part of the government's announcement of the Adult social care: our COVID-19 winter plan 2020 to 2021 one of the actions noted was that local authorities have in place winter plans.

6.4. Equality Implications

6.4.1. As the leaders for our local health and social care economy, all BCF partners in Cheshire East are conversant and compliant with the Equality Act 2010.

6.5. Human Resources Implications

6.5.1. A number of the schemes include temporary funding over the winter period and will in turn fund temporary increased to staffing where appropriate.

6.6. Risk Management Implications

6.6.1. Winter funding has been included through the Better Care Fund for 2020/21 there is no guarantee that winter funding will be provided as part of the Better Care Fund in 2021/22.

6.7. Rural Communities Implications

6.7.1. There are no direct implications for rural communities.

6.8. Implications for Children & Young People/Cared for Children

6.8.1. There are no direct implications for children and young people.

6.9. Public Health Implications

6.9.1. There are no direct implications for public health.

6.10. Climate Change Implications

6.10.1. The aim of the winter schemes is to keep people as independent as possible promoting healthy lifestyles.

7. Ward Members Affected

7.1. All wards affected.

8. Consultation & Engagement

8.1. Consultation and engagement with CCG partners through the BCF Governance Group has taken place and will continue to take place.

9. Access to Information

9.1. Not applicable.

10. Contact Information

10.1. Any questions relating to this report should be directed to the following officer:

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