

**From:** Clair Bell, Cabinet Member for Adult Social Care and Public Health  
Richard Smith, Corporate Director of Adult Social Care and Health

**To:** Adult Social Care Cabinet Committee – 22 June 2021

**Subject:** **Adult Social Care and Health Winter Pressure Plan 2020-21 Review**

**Classification:** Unrestricted

**Past Pathway of report:** None

**Future Pathway of report:** None

**Electoral Division:** All

**Summary:** The report will provide an overview of the implementation and outcomes of the 'Adult Social Care and Health Winter Pressure Plan 2020-21'. The report focuses on the outcomes of contingency plans to manage pressure on services, financial and budget implications of the actions that were taken and the outcomes for Kent County Council's partners and Kent's residents.

**Recommendation:** The Adult Social Care Cabinet Committee is asked to **NOTE** and **CONSIDER** the content of the report.

## 1. Introduction

- 1.1 The 'Adult Social Care and Health Winter Pressure Plan 2020-21' (The KCC Winter Plan), attached as Appendix 1, was developed in order to ensure that the Council had planned for and was able to respond to the significant pressures that were anticipated during the winter period.
- 1.2 It is good practice to ensure that there are well developed and robust plans to manage winter pressures under normal circumstances, and with the additional impact of COVID-19, a clear plan was essential to ensure that appropriate arrangements were in place.
- 1.3 The KCC Winter Plan incorporated the requirements of the Department of Health and Social Care (DHSC) plan, 'Adult social care: our COVID-19 winter plan 2020 to 2021'. This plan detailed the national support available for the social care sector in winter 2020-21, as well as the main actions for local authorities, NHS organisations, social care providers, and the voluntary and community sector.
- 1.4 Kent was particularly impacted by the UK's second wave of COVID-19 due to the emergence of the 'UK variant' in December 2020. From December 2020

until February 2021, Kent's health system came under significant pressure, with several acute hospitals operating at full capacity. Despite these pressures, the arrangements set out in the KCC Winter Plan alongside strong partnership working with key health partners, worked well in supporting the system during this period.

- 1.5 This report reports on key aspects of the KCC Winter Plan, and the impact that it had over the winter period. Lessons will be taken forward to ensure that future arrangements continue to be robust.

## **2. Adult Social Care and Health Winter Pressure Plan 2020-21 Review**

2.1 The KCC Winter Plan consisted of five key elements, which were:

- The response to the Department of Health and Social Care Winter Plan
- The arrangements for escalation in response to operational pressures
- A programme of projects delivered alongside health partners to support improved Hospital Discharge Pathways
- A plan of likely demand and required capacity
- Arrangements for the deployment and use of the Adult Social Care Infection Control Fund

2.2 Although the plan covered each of these elements separately, there was considerable overlap between the different parts of the plan, with a significant number of detailed activities and actions. The rest of this section of the report will therefore pull out some of the main deliverables from the whole plan, rather than going into a detailed analysis of each section of the plan.

2.3 In summer 2020, KCC, the Kent and Medway Clinical Commissioning Group (KMCCG) and Kent Community Health Foundation Trust (KCHFT), undertook a review of Kent's arrangements to support people to be discharged from hospital. The review found Kent did not have a whole-system, holistic approach to delivering effective discharge pathways and set out recommendations for the delivery of a more effective, consistent and person centred approach.

2.4 A programme of activity was designed, with a focus initially on changes that would make improvements in time for winter 2020-21 and particularly initiatives that would embed a Discharge to Assess approach, in-line with government policy during COVID-19. This approach aims to support people where possible back to their own home as quickly as possible and to enable a comprehensive assessment of their ongoing needs in the community rather than in an acute hospital setting.

2.5 This first phase of this programme focussed on ensuring that discharge pathways had sufficient capacity available to meet forecast need, on the development of more integrated working arrangements, and identified gaps in the discharge pathway, including the need to provide better support for people with dementia.

2.6 One of the associated benefits of this approach, was that it brought together senior leads from each organisation to plan and develop our approach jointly.

This approach was critical in ensuring that community services were joined up and able to support timely discharges during the period of significant pressure from December 2020 until February 2021.

2.7 In March 2021 a second phase of work was designed and is now underway to build on the work that has already been delivered. The objectives of the next phase of work include plans for the development of joint brokerage arrangements, plans to streamline and further improve services that support people back to their own home, and further work to develop more integrated ways of working between teams.

2.8 In the lead-up to winter, Strategic Commissioning Analytics worked with partners to understand potential demand for services across health and social care. The team used population projections and central government modelling to forecast demand and assess different scenarios against capacity in discharge services. This supported planning for the predicted second wave of COVID-19 and gave Commissioners from KCC, KMCCG and KCHFT the right information to ensure that the right service capacity was in place to meet demand.

2.9 Figure 1.0 shows the predicted emergency admissions and COVID-19 hospital admissions against the actual data for winter 2020-21. This shows that whilst COVID-19 admissions were significantly higher than predicted, likely due to the UK variant's rapid spread, non-COVID-19 admissions were lower than anticipated, which helped the health and social care system to manage overall demand.

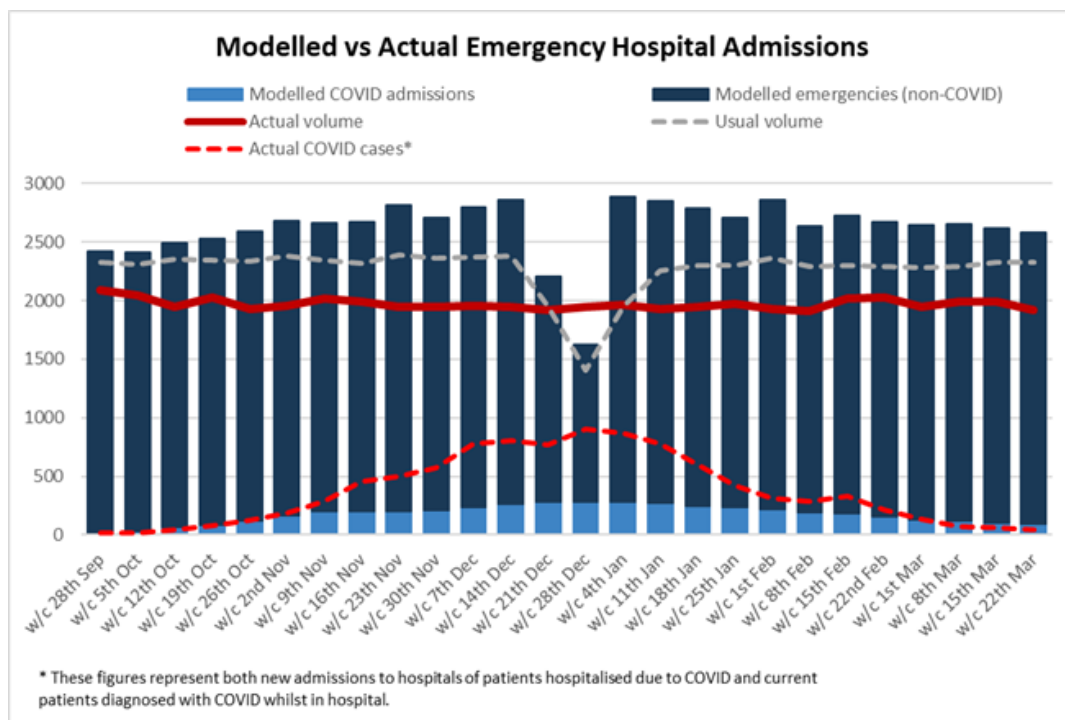


Figure 1.0

- 2.10 In November 2020, central government published a requirement for people discharged from hospital with COVID-19 to be discharged to a 'designated setting' to manage infection control in care settings. Through a combination of community beds provided through KCC's Adult Social Care provider services and the provider market, 25 designated beds were made available by December 2020. Demand for designated setting beds increased and capacity was increased to a peak of 45 beds in January 2021. Demand for the service began to reduce in February 2021 and capacity was phased down accordingly.
- 2.11 Additional capacity was commissioned to support more discharges back to people's own homes by expanding existing home with support services. An additional 18 packages of support per week were commissioned in West Kent, and 25 additional packages of support per week were commissioned in East Kent.
- 2.12 A Live-in Care model was trialled in early 2021 which provided additional discharge capacity and lessons for future models, but was de-commissioned due to lack of demand for the service. The trial identified the need for 24/7 wrap-around care to be delivered in a person's home, but the domiciliary care market could not meet this need at the time due to workforce challenges. The sector found it difficult to recruit during winter and experienced pressure due to high levels of staff sickness and staff needing to self-isolate.
- 2.13 Care and Support in the Home (CSiH) block contracts were implemented in areas where it has historically been difficult to place long term packages of care. Utilisation of the contracts was mixed; blocks in Dartford, Gravesham and Swanley reached capacity within a week of starting, whilst blocks in Maidstone and Elham were not fully used at any point during winter.
- 2.14 A 'seven-day referral service' was commissioned to ensure care homes could take referrals at weekends and ensure hospital discharges were not delayed by people waiting for assessments. The care home market responded quickly to provide capacity to meet anticipated demand, although levels of weekend discharges did not increase considerably as a result.
- 2.15 Similarly, short term beds to support people with more complex needs were commissioned at two sites, however this provision was not eventually utilised due to challenges in ensuring the right wrap around support was available to meet people's needs. Lessons learned about the need for a holistic approach to integrating health and social care services will be fed into future development of new services.
- 2.16 A number of steps were taken during the winter period to ensure that staff resources were used to best effect to manage pressures. Staff capacity was used flexibly and in some areas redeployed, and additional staffing capacity was also funded through the use of available funding. This included additional social work capacity to undertake appropriate assessments for people who had been discharged during the first wave of COVID-19 and whose care and support was funded by health.

- 2.17 The Directorate's Area Referral Management Service recruited to all outstanding vacancies which enabled it to meet the demands of increased urgent contacts to ASCH. The Purchasing team staffing was increased to cover weekends and bank holidays and ensure hospital discharges could be managed 7 days a week, supporting reduced length of stay for people in hospital.
- 2.18 The Kent Enablement at Home (KEaH) service was used to alleviate pressures in commissioned services; delivering urgent support where providers experienced significant staff absences as a result of COVID-19 infection.
- 2.19 KEaH itself experienced increased levels of staff absence during winter, alongside the impact of staff shielding and self-isolating. Additionally, people using KEaH stayed longer in the service due to challenges in placing new long-term care packages in commissioned services. In response to these pressures, staff in other Adult Social Care services were re-deployed to provide temporary support to KEaH, including delivering PPE, administration support and in some cases supporting with direct care. KEaH also provided overtime to temporarily increase staff hours, which ensured service continuity.
- 2.20 Despite the exceptional circumstances and pressure on all organisations in 2020-21, the plan ensured that staff capacity was able to meet demand, and enabled flow through the system to be maintained.
- 2.21 In May 2020, the government published its £600 million adult social care infection control fund to tackle the spread of COVID-19. Three rounds of funding have now been delivered and will finish on 30 June 2021. The third round of funding brings together the Infection Control and Testing Fund, which replaces the Workforce Capacity Fund and Rapid Testing Fund.
- 2.22 There were a number of challenges in distributing the Infection Control Fund, including the number of grants, engaging large numbers of providers in the social care market, and tight timelines to ensure the support was delivered quickly. Despite these challenges KCC received very positive feedback from the market about its management and distribution of the Fund, particularly the efficiency of transferring funds to providers. Further provider feedback detail is provided in Section 5 and further spend detail is provided in Section 6.
- 2.23 As of 9 February 2021, the Council had passed £14m of Infection Control funding to 473 Care homes, 191 Domiciliary Care providers and 65 other adult social care providers and services. The Fund enabled providers to pay staff who needed to self-isolate, reduce staff movement within care settings, limit use of public transport, fund additional staff recruitment and support safe care home visiting.

### **3. Other activity to ensure Directorate and system resilience**

- 3.1 Throughout winter 2020-21, the ASCH Directorate kept contingency plans and processes under review as pressures developed in Kent, enabling the Directorate to quickly escalate and approve process changes.

- 3.2 The process for referring people from enablement services to long term care packages was temporarily adapted so that non-contracted providers could be used where contracted providers could not accept new referrals. This ensured that capacity in the enablement service was maintained to support prompt hospital discharges, and also reduced delays in the system due to hand-offs between services. Strategic Commissioning and Purchasing are now working to transfer people to services with contracted providers.
- 3.3 In December 2020, COVID-19 testing of the social care workforce was introduced; this led to a huge increase in identified asymptomatic cases and large numbers of the workforce being required to self-isolate. At one point, approximately a quarter of the overall social care workforce in Kent was self-isolating. In response to the unprecedented pressure on the provider market, KCC identified members of its own workforce who could be re-deployed to support the market. Staff volunteered to receive training to deliver basic care and checks in the event of a provider being unable to meet its duties. Whilst this level of support did not need to be mobilised in the end, it did ensure that there was appropriate mitigation of the risk if it were to occur.
- 3.4 Contingency planning was also carried out to consider Care Act easements under the Coronavirus Act 2020. Under these powers, activities such as carrying out assessments of needs, delivering financial assessments, reviewing care and support plans and meeting eligible needs could have been temporarily paused to enable the Local Authority to prioritise meeting the most pressing needs. Whilst it was appropriate that Care Act easement plans were in place these plans were not activated and easements were not applied, which meant that KCC continued to deliver our statutory duties.

#### **4. Vaccination Programme**

- 4.1 Adult Social Care and Health began its identification of priority workers for vaccination in December 2020. Staff identified began to receive vaccinations in January 2021, aligned with the prioritisation of NHS and healthcare workers.
- 4.2 Uptake amongst KCC's front line social work staff has been very high. As of May 2021, 94.5% of eligible front line staff had taken up the vaccine, which suggests a higher take up rate than is being seen nationally in the private provider market.
- 4.3 Strategic Commissioning have also engaged the provider market, whose workers were prioritised to receive the vaccine. Anecdotal feedback from Commissioners indicates that instead of the anticipated challenges regarding vaccine hesitancy, providers and their employees have been keen to access vaccines and support the vaccination programme.

#### **5. Market Engagement and Provider Feedback**

- 5.1 Throughout winter 2020-21, ASCH and Strategic Commissioning worked closely with the social care provider market to provide PPE, updates on

government guidance and support with business continuity planning, service risk indicators and mutual aid arrangements.

- 5.2 Contingency planning successfully supported the market during a period of high pressure; despite challenges in recruitment across the sector, services were maintained, and 'mutual aid' arrangements to share employees across providers worked well. Providers used the Infection Control Fund to support recruitment of new staff by offering incentive payments on initial recruitment and after eight weeks' retention, and providers also accessed support via the Workforce Capacity Fund. Recruitment in the sector has now improved.
- 5.3 A series of provider engagement events were held in April 2021 to understand the market's view of its relationship with KCC and how well it felt supported during the pandemic. KCC received good feedback from providers about the ease of accessing additional funding and the process to join new contracts. Providers were also positive about the usefulness of communications they received, with some providers who work across multiple Local Authority boundaries noting that KCC's communications and support offer had been amongst the best delivered by a local authority.
- 5.4 Providers also gave feedback about what could be improved in the future, with a focus on streamlining processes, further developing trusted working relationships and reviewing pricing models. This learning will be considered as part of our ongoing market engagement. Further information about the position of the social care market is available in [Adult Social Care Commissioning Market Position Statements](#).

## **6. Financial Implications**

- 6.1 The KCC expenditure on the 'Adult Social Care and Health Winter Pressure Plan 2020-21' has been minimised as the majority of spend has been reclaimed through central government funds or NHS funds provided to support discharges. To claim against the COVID-19 hospital discharge and support funding, KCC has provided monthly spend reports to the NHS.
- 6.2 The below tables show the spend on commissioned services and staffing costs and their funding sources. Table 2.0 reports against actual spend; actual spend figures are not yet available for the NHS Discharge Scheme 3 shown in Table 4.0. Table 3.0 provides an overview of the funds distributed to providers to support Infection Control, Rapid Testing and Workforce Capacity.
- 6.3 Whilst Table 2.0 shows an overspend on Designated Beds, this spend has been agreed with the NHS and will be claimed back.

<b>Schemes</b>	<b>Funding Source</b>	<b>Planned spend</b>	<b>Actual spend</b>
Discharge to Assess	NHS Discharge Scheme 2	£562,086	£503,550
Sustainability and Flow Blocks		£350,000	-
Live in Care		£480,000	£81,000
Rapid Response		£105,511	£106,379
Designated Beds		£861,414	£1,045,314
<b>Total Schemes</b>		<b>£2,359,011</b>	<b>£1,736,243</b>
<b>Staffing</b>	<b>Funding Source</b>	<b>Planned spend</b>	<b>Actual spend</b>
CHC Assessment Team	NHS Discharge Scheme 1	£310,800	£229,550
Other staffing	KCC Winter Monies	£129,486	£69,590
<b>Total Staffing</b>		<b>£440,286</b>	<b>£299,140</b>
<b>Total Cost</b>		<b>£2,799,297</b>	<b>£2,035,384</b>

Table 2.0

		<b>Care Home £000's</b>	<b>Community Care £000's</b>	<b>Other £000's</b>	<b>Total £000's</b>
<b>Infection Control Round 1</b>	May '20 – Sept '20	£13,681.6	£3,941.5	£538.3	£18,160.4
<b>Infection Control Round 2</b>	Oct '20 – March '21	£11,028.7	£5,243.2	£382.3	£16,653.2
<b>Rapid Testing Fund</b>	Dec '20 – March '21	£4,686.6	£0.0	£0.0	£4,685.6
<b>Workforce Capacity Fund</b>	Jan '21 – March '21	£1,388.8	£1,181.3	£512.1	£3,082.2

Table 3.0

6.4 Some of the winter schemes above have been extended into the 2021-22 financial year with agreement from the CCG. These will be funded by NHS Discharge Scheme 3 which is currently under negotiation with the CCG. Table 4 (below) shows the schemes that have been extended into 2021-22.

<b>Scheme</b>	<b>Funding</b>	<b>Planned spend</b>
Discharge to Assess	NHS Discharge Scheme 3	£928,340
Rapid Response		£11,452
Designated Beds		£155,185
<b>Total Costs</b>		<b>£1,094,977</b>

Table 4.0

## 7. Legal implications

7.1 The report is for information only and does not request a decision, therefore no legal advice has been sought.



## **8. Equalities implications**

8.1 An EQIA was not undertaken for the 'Adult Social Care and Health Winter Pressure Plan 2020-21'.

## **9. Data Protection implications**

9.1 A DPIA was not required.

## **10. Other corporate implications**

10.1 In delivering the 'Adult Social Care and Health Winter Pressure Plan 2020-21', lessons have been learned about opportunities for improved partnership working, joint commissioning and contingency planning. Lessons learned will be owned by the relevant plan owners, and will be shared corporately where appropriate.

## **11. Conclusions**

11.1 In reviewing the 'Adult Social Care and Health Winter Pressure Plan 2020-21', particularly the implementation of contingency plans to manage unprecedented pressures on health and social care, we conclude that the plan delivered its objective to ensure the continuation of high-quality, safe and timely support provided to everyone who needs it. The plan successfully delivered actions to reduce the impact of winter pressures and COVID-19 cases. In its delivery, the plan also promoted improved working relationships with system-wide and provider partners. Lessons learned will be reviewed at relevant senior management forums, and will be incorporated in future winter planning and contingency planning for future management of COVID-19.

## **12. Recommendation**

12.1 Recommendation: The Adult Social Care Cabinet Committee is asked to <b>NOTE</b> and <b>CONSIDER</b> the content of the report.
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**13. Background Documents**

None

**14. Report Author**

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