

Adult Social Care & Health

Winter Pressure Plan 2020-21

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Purpose:

The winter pressure plan describes the actions on all the key activities in place, as the Directorate prepares for winter and an expected surge in COVID-19.

VERSION HISTORY

Version	Date Issued	Brief Summary of Change	Owner's Name
Draft 0.1	06.10.20	Populated the document with initial information gathered from winter plan workshops.	Darren Avery
Draft 0.2	07.10.20	Updated with additional information gathered.	Darren Avery
Draft 0.3	12.10.20	Content has been updated based on Winter Pressure group meeting (09.10.20). First draft submitted to Paula Parker for review.	Darren Avery
Draft 0.4	13.10.20	Includes updated information from SC Analytics as well as an update on the Infection Control Fund.	Darren Avery
Draft 0.5	15.10.20	Document updated based on Paula Parker's comments plus additional information from key stakeholders.	Darren Avery
Draft 0.6	27.10.20	Updated with additional information regarding planned Strategic Commissioning activity and ASC resilience planning. Final appendices included.	Elizabeth Blockley
Draft 0.7	27.10.20	Updated Appendix E – Strategic Commissioning Actions for Providers.	Elizabeth Blockley
Draft 0.8	27.10.20	Updated Appendix - ASC Directorate Action Plan for the DHSC: COVID-19 winter plan.	Elizabeth Blockley
Draft 0.9	02.11.20	Updated based on feedback from DMT.	Elizabeth Blockley

Version	Date Issued	Brief Summary of Change	Owner's Name
Draft 1.0	05.11.20	Updated Appendix C – Hospital Discharge Pathway: October Communications	Elizabeth Blockley
Draft 1.1	05.11.20	Updated Appendix - ASC Directorate Action Plan for the DHSC: COVID-19 winter plan	Elizabeth Blockley
Draft 1.2	06.11.20	Updated Section 1.1.4 with additional information regarding Live in Care model.	Elizabeth Blockley
Draft 1.3	06.11.20	Updated Section 2 in line with guidance from Finance.	Elizabeth Blockley
Draft 1.4	09.11.20	Removed original Appendix – ASC Directorate Action Plan for the DHSC: COVID-19 winter plan in line with agreement from Assistant Director.	Elizabeth Blockley
Draft 1.5	13.11.20	Amendments to Appendices D and E.	Elizabeth Blockley
Draft 1.6	17.11.20		

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1 Introduction

On Friday 18 September 2020, the Department of Health and Social Care (DHSC) published the 'Adult social care: our COVID-19 winter plan 2020 to 2021'¹. The plan set out the key elements of national support available for the social care sector for winter 2020 to 2021, as well as the main actions to take for local authorities, NHS organisations, and social care providers; including in the voluntary and community sector. The ASC Directorate have incorporated the DHSC paper actions into pre-existing winter preparations, in order to ensure that high-quality, safe and timely support is provided to everyone who needs it, whilst protecting the people who need support, their carers and the social care workforce from COVID-19.

The purpose of the 'ASC Winter Pressure Plan 2020-21' is to provide a clear and concise summary on all the key activities in place, as the Directorate prepares for winter and an expected surge in COVID-19. The main elements of the plan have been outlined in the table below. This plan will be kept under review during winter and updated as appropriate as arrangements are firmed up. The effectiveness of this plan will be reviewed after winter to ensure that lessons learned are built into future plans.

Item	Activity Title	Description	Activity Lead(s)
1	ASC Directorate Action Plan for the DHSC: COVID-19 winter plan	The 'Action Plan' ensures that the ASC Directorate can provide a local response and evidence how each of the different action points within the DHSC winter plan are being implemented. The 'Action Plan' can be broken down into the following Five Themes: <ol style="list-style-type: none"> 1. Preventing and controlling the spread of Infection in care settings 2. Collaborating across health and care services 3. Technology and digital support 4. Supporting people who receive social care, the workforce, and carers 5. Supporting the system 	John Callaghan Paul Bufford
2	Operational Pressures Escalation Plan	The OPEP ensures the ASC Directorate responds appropriately to surges in demand across the Kent and Medway Health and Social Care System.	John Callaghan Paul Bufford Jacqui West
3	Hospital Discharge Pathway	This activity aims to deliver the following: <ul style="list-style-type: none"> • Maximising innovation to support 'Home First' • Single point of access and triage • Effective Integrated Multi-Disciplinary Team (MDT) • Trusted Assessor • Dementia Pathway 	Chris McKenzie
4	Demand and Capacity Plan for winter 2020	The Demand and Capacity Plan for winter aims to: <ul style="list-style-type: none"> • Forecast the likely demand over the winter, including scenario planning for COVID-19 second wave, identifying possible gaps, and determining what additional capacity is required to manage likely demand • Analysing the likely operational impact of additional demand and setting out plans for additional staffing to manage the likely demand. • Identify the financial resources required to fund additional capacity and operational costs and how this will be funded. 	Rachel Kennard Craig Merchant Vernon Nosal
5	COVID-19 Response & Recovery – KCC ASC Infection Control Fund	The continuation of the Infection Control Fund, with an additional £546 million being allocated 'to support providers to stop all but essential movement of staff between care homes to prevent the spread of infection' – including payment of staff who need to self-isolate.	Clare Maynard

Table 1: ASC Winter Pressure Plan 2020-21

¹ <https://www.gov.uk/government/publications/adult-social-care-coronavirus-covid-19-winter-plan-2020-to-2021/adult-social-care-our-covid-19-winter-plan-2020-to-2021>

1.1 Components of the Winter Pressure Plan 2020-21: Detail

1.1.1 ASC Directorate Action Plan for the DHSC: COVID-19 winter plan

On Friday 18 September 2020, the Department of Health & Social Care set out the key elements of national support in the Adult social care COVID-19 winter plan 2020 to 2021. The plan outlines the continual provision of essential resources, evidence, and high-quality data to empower local leadership. Adult Social Care & Health at Kent County Council adopted the plan and have put the following five themes into action:

1. Preventing and controlling the spread of Infection in care settings
2. Collaborating across health and care services
3. Technology and digital support
4. Supporting people who receive social care, the workforce, and carers
5. Supporting the system

Preventing and controlling the spread of Infection in care settings

The Directorate is managing staff movement where possible to minimise the risk of COVID-19 infection and other viral illnesses, including flu. Senior Commissioners regularly discuss guidance on redeploying staff and their movements with providers at the Care Home Hub Cell. The Directorate also produces and circulates a regular 'Provider Newsletter' which contains the relevant guidance produced by DHSC and Public Health England (PHE); including directions to local vaccination venues.

The work programme described in section [1.1.6](#) includes the development of the weekly SitRep to support decision making, which would include Care Home Tracker data, to identify and act on emerging concerns regarding staff movement between care settings. The weekly SitRep also highlights any PPE shortages to the Divisional Management Team (DMT) as well as multi-agency COP to the Local Resilience Forum / Ministry of Housing, Communities and Local Government.

The Skills for Care team are working alongside the Design and Learning Centre (DLC) team to support care homes to carry out learning reviews after each outbreak; identifying sharing any lessons learned at a local, regional, and national level.

Collaboration across health and care services

Senior Commissioners are working with the Strategic Commissioning Analytics team and the ASC Performance team to establish the requirements for winter 2020-21, to prevent avoidable admissions and jointly commission support packages for those who have been discharged from NHS settings (see section [1.1.4](#) for more details). The Continuing Health Care (CHC) reset is being progressed with all partners

countywide. CHC assessments have recommenced in accordance with the guidance (which includes setting up and attending Multi-Disciplinary Team (MDT) panels). Recruitment will take place for an additional 12 social workers to support the backlog of CHC and social care assessments.

Technology and digital support

The Kent and Medway Winter Operating Model (see *Appendix B*) is an operational document which articulates the whole system, multi-agency surge management and escalation plans for the Kent and Medway system during the winter period; specifically Monday 2nd December 2020 to Monday 5th April 2021 but will be operational prior to this. The document confirms that all care homes have been aligned to a Primary Care Network (PCN) and ensures the delivery of the Enhanced Health in Care Homes (EHCH) service requirements.

The document covers how Clinical Commissioning Groups (CCG's) will continue to support all care providers in their local areas to enable collaboration tools and remote consultations for people receiving social care in all settings. It also outlines how CCG's will take a risk-based approach to routine admissions for elective care advise patients about appropriate testing and / or isolation requirements pre-admission.

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

Respite support continue and where day centres are closed, other options are explored on a case by case basis, to identify alternative arrangements that meet the individuals identified needs.

The Voluntary Care Sector (VCS) continue to be supported by ASC, to enable the delivery of COVID secure services. The larger VCS organisations have already linked into PCN and District networks to support provision across local geographies.

The DLC are working alongside the lead from 'Skills for Care' to promote the use of the free induction training offer to providers.

Supporting the System

Market Position Statements (MPS) are being updated to support and develop the market accordingly. Market 'shaping' means the local authority collaborating closely with other relevant partners, including people with care and support needs, to encourage and facilitate the whole market in its areas for care, support and related services. The five MPS will make the Directorate's intentions explicit regarding the services we require, including how they will be funded and performance managed; allowing providers the opportunity to adapt. The MPS's will clearly communicate the

Directorates direction of travel, the expectations, and the promises to current and future providers. The Market Position Statements will cover the following five areas:

- Wellbeing & Prevention
- Support for Carers
- Discharge
- Care & Support in Your Home
- Accommodation with Care & Support

Strategic Commissioning (SC) will continue with the current oversight processes and feedback loops (at a local, regional, and national level) by engaging with the Care Home Hubs, the ADASS and the South East (SE) Ageing Well network. SC will also continue to champion the Capacity Tracker and Care Quality Commission (CQC) community care survey, with specific focus on promoting their importance as a source of data to local providers and commissioners.

The Adult Social Care Directorate Business & Planning team produced a full and detailed action plan to provide assurance of resilience planning to the Department of Health and Social Care. The ASC Directorate Action Plan for the DHSC: COVID-19 Winter Plan was approved by DMT in October 2020 and will continue to be monitored throughout winter 2020-21.

1.1.2 Operational Pressures Escalation Plan (OPEP)

The Operational Pressures Escalation Plan (see *Appendix A*) ensures the ASC Directorate responds appropriately to surges in demand across the Kent and Medway Health and Social Care System. The objectives of the OPEP are as follows:

- Provide information about the national operating frameworks and service requirements
- Describe the monitoring and reporting arrangements in place, to provide early warning of surge pressures
- Inform staff about the national, regional, and local processes and procedures to be used to manage a surge in demand
- Identify roles and responsibilities for services, teams, and individuals
- Describe the actions require in response to surges in demand

The ASC Business and Planning Team have co-ordinated an update of the current Directorate's Operational Pressures Escalation Plan against the backdrop of COVID-19 Hospital Discharge Service Requirement and Hospital Discharge Service: Policy and Operating Model (see section [1.1.3](#) for more details). The OPEP also addresses

the Social Care Sector COVID-19 Support Taskforce recommendations², published on 18 September 2020 and the government's ambitions for the sector regarding safe discharge from NHS settings and preventing avoidable admissions.

1.1.3 Hospital Discharge Pathways

Chris McKenzie (Director of Adult Social Care for North and West Kent) has been identified as KCC’s Executive Lead along with Oena Windibank, Executive lead Kent and Medway CCG, and Pauline Butterworth, Executive Lead for Kent Health Care Foundation Trust (KCHFT). The leads are jointly responsible for the implementation of recommendations from the recent review of discharge arrangements in Kent. Five phase 1 deliverables have been identified for implementation and these are shown below. Discharge to Assess arrangements are already in place across the County in line with the national Discharge to Assess policy. These deliverables will further support the system to embed the Discharge to Assess approach, with a greater focus on supporting people back to their own home, resulting in a reduced reliance on short term community beds.

Maximising Innovation to Support ‘Home First’	Explore and implement innovative approaches to maximise the use of ‘Home First’ as the default position following a hospital stay
Single Point of Access and Triage	Implement a single point of access and triage to ensure better decision making that promotes “home first” and reduce duplication or hand-offs
Effective Integrated Multi-Disciplinary Team	Bring teams closer together through integrated multi-disciplinary teams to make better use of the resource available and improve outcomes for users
Trusted Assessor	Reduce the number of assessments a person receives by implementing a trusted assessor model
Dementia Pathway	Design and implement a hospital discharge pathway for people with dementia

Table 2: Discharge Pathway: Five deliverables

The programme of activity will be delivered jointly across organisations to ensure alignment of resources and deliver wraparound support to Kent residents in line with discharge guidance from the Department of Health and Social Care.

² <https://www.gov.uk/government/publications/social-care-sector-covid-19-support-taskforce-report-on-first-phase-of-covid-19-pandemic/social-care-sector-covid-19-support-taskforce-final-report-advice-and-recommendations>

1.1.4 Demand and Capacity Plan for winter 2020

The Strategic Commissioning Analytics team have been exploring ways to inform conversations around potential, future demand for ASC services. Various models have been created from looking at trends over the last four years (pre-COVID) in demand for services (in terms of usage rates per 10,000 population) and population projections, to produce modelled figures for what demand might look like if current trends in usage rates continued (overlaid onto the projected population change).

Several methodological approaches have been explored, but a recommendation is provided in each case on what is felt to be the most appropriate approach given the framework (i.e. that current trends will continue).

The Strategic Commissioning Analytics team are also investigating the following:

- Forecasting the likely demand over the winter, identifying possible gaps, and determining what the financial impact could be.
- Scenario Planning for COVID-19 second wave and run actual data through modelling to determine likely outcome.

Using the Clinical Commissioning Group data available to them, Strategic Analytics have identified an anticipated increased demand for social care arising from activity in the acute sector during the winter period. The average rate of admissions to acute hospitals was below capacity for the early part of 2020, averaging approximately 70% (or 30% below “usual”). This is now increasing and is predicted to reach a peak of extra demand by up to 20% above “usual” in the lead up to and after Christmas.

Plans to meet the additional anticipated demand in winter 2020-21 are being progressed by Strategic Commissioning. These are:

- To fund up to 60 discharges a week in West Kent under the D2A model, in line with Winter 2019-20 (an increase from 42 discharges a week at present). The additional cost to raise to 60 discharges per week is £251,305 for the remainder of the 2020-21 financial year. Additional discharges will run until 31 March 2021.
- The implementation of Sustainability Blocks in MSOAs where there is no dominant contracted provider. Block contracts would be put in place in these areas, enabling providers to recruit staff via a block contract and create latent capacity.
- The implementation of Flow Blocks in cluster areas where non-contracted providers are currently being utilised. This will create latent capacity across whole clusters and will work hand in hand with Sustainability Blocks to strengthen the framework market.
- Both Sustainability Blocks and Flow Blocks will require guaranteed hours to be paid to providers. Both block types would have a proportion of the clients

costed at the price of the package of care under the contract so would not be seen as an 'extra cost' however any percentage of the block being latent would have a cost impact which needs to be closely monitored. An illustration of the potential cost suggested that six months usage of Sustainability and Flow blocks could be associated to a cost of approximately £350,000.

- The implementation of a Live in Care model. Currently there is not a specific 'live in' care model in place and instead round-the-clock support is provided under Care and Support in the Home and Supported Living contracts. Health and social care colleagues agree that a live in model would better support people with a high level of need. Sixteen weeks of support for 30 clients at an approximate cost of £1,000 per week would total £480,000.

Strategic Commissioning will also implement the directive from the Department of Health and Social Care to identify designated settings for COVID positive discharges. Designated settings will be nominated by the Local Authority and will have passed an Infection Prevention and Control inspection by the Care Quality Commission. These settings will use a separate staff team and zoning to deliver the care for COVID positive discharges for the remainder of their required isolation period. Once settings are approved by the Care Quality Commission, payment, contracts and implementation of COVID positive settings will be managed by Strategic Commissioning.

Winter planning actions across the Directorate have identified a number of staffing requirements to meet the anticipated demands of winter 2020-21:

County Placement Team

The County Placement Team will be resourced to deliver weekend and bank holiday working to support reduced length of stay in hospital for people medically fit for discharge. The predicted cost of this is £7,786.

Short Term Pathway Team and KEAH

Assessment requirements have increased post September 2020 and it is anticipated that demand will continue to rise over winter. To manage this demand, an additional 15 qualified social workers will be employed to enable care act assessments to be conducted in a timely manner. These workers will be able to be deployed flexibly across Adult Social Care teams based on demand.

The predicted cost of this proposal is £310,800, based on locum workers being employed at a rate of £28 per hour until 31 March 2021.

3 additional Occupational Therapists will be employed to support the delivery of assessments and increase independence for people in their own homes. The predicted cost of this proposal is £77,700 based on locum workers being employed at a rate of £35 per hour until 31 March 2021.

This proposal will support the work being delivered by Strategic Commissioning to deliver Home First by ensuring that people can be discharged to their homes with the right level of care and support in place.

In-House Services

Dedicated Older Persons In-House provision has been identified as COVID positive provision to facilitate hospital discharge where a person no longer requires an acute bed. To facilitate this, there will be a requirement for a higher ratio of staff to patients, additional training and additional medical costs. The estimated cost of this proposal is approximately £100,000.

Area Referral Management Service (ARMS)

The ARMS service is performing to a level within its current accepted tolerance. To ensure this is maintained throughout winter 2020-21, recruitment to all current vacancies will be progressed and it is proposed that additional cover is provided until 31 March 2021. The predicted cost of this proposal is £44,000.

Kent Enablement at Home (KEaH)

To respond to the pandemic through the winter months, the weekly sit-rep will identify pressures within the service. If staff levels within KEaH reduce to below 75%, staff within other functions in the Directorate will be redeployed to support critical functions. If staffing levels reduce to below 50%, the Director and Assistant Director will facilitate sharing of resource across the Directorate to support service delivery. Where a critical major incident occurs, the Business Continuity Plan will be activated.

As of 16 November 2020, KEaH will accept COVID-positive clients, which will support in managing the flow of hospital discharges and reduce the usage of bridging days in the Hilton service.

1.1.5 COVID-19 Response & Recovery – Infection Control Fund

The Department of Health & Social Care published the 'COVID-19: Our Action Plan for Adult Social Care³' on Wednesday 15 April 2020, which set out how the government and other parts of the system are supporting people who receive adult social care, both at home and in other settings, so that the spread of COVID-19 can be controlled in care settings, maintain care for people who need it, and save lives.

On Friday 15 May 2020, the government published the details of a new £600 million adult social care infection control fund to tackle the spread of COVID-19. Under the

³https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879639/covid-19-adult-social-care-action-plan.pdf

Infection Control Fund grant condition, local authorities must allocate 75% of the first round of funding straight to care homes within the local authority's geographical area on a 'per beds' basis that met certain criteria. The remaining 25% was allocated at the Councils discretion and the Council worked with the 2 key trade associations, the Kent Integrated Care Alliance (KICA) and the National Care Association (NCA), to co-produce how this money could be spent to best effect. The details of the steps taken are set out in the Kent Local Care Homes Support Plan which was published on 29 May 2020. Most of the money was shared amongst community providers who deliver Kent County Council commissioned care hours, namely care and support in the home, supported living and extra care housing. As of 30 September 2020, the Council had passed Round 1 (£18m) of Infection Control funding to 505 Care homes, 233 Domiciliary Care providers and 49 other adult social care providers and services.

On Monday 21 September 2020, the government advised that the Fund was being extended until 31 March 2021, with an extra £546m of funding for Round 2 of the Infection Control Fund. Kent County Council's proportion is £16.6m, half of which was received on Friday 02 October 2020 and comes with revised conditions. In particular, passing 80% of the funding to care providers that meet certain criteria and who are care homes within the local authority's geographical area on a 'per beds' basis and to CQC-regulated community care providers (domiciliary care, extra care and supported living) within the local authority's geographical area on a 'per user' basis. The other 20% of the Round 2 funding must be used to support care providers to take additional steps to tackle the risk of COVID-19 infections but will be allocated at the local authority's discretion. The second instalment is due to be received in December 2020, which will be re-distributed at that time in line with the above.

A project group is set up to administer the Infection Control Fund which includes representation from Portfolio and Project Management, Commissioning, Finance and Legal; and aims to administer the fund and meet the requirements set out by government to pass the funding to care providers as soon as possible and complete regular monitoring and reporting to notify the government on what the fund has been used for.

For the high-level project plan timeframe, please see *Appendix D*.

1.1.6 Other activity to ensure Directorate resilience

The Directorate are also ensuring that multiple, additional activities are in place to remain resilient this winter. Steps have been taken to identify and embed notable practice from the 'response phase' of the first COVID-19 wave into planning for the inevitable wave two. Internal Audit are currently reviewing the Directorate's response and an early draft has highlighted key strengths of the Directorate's response, which can be summarised as follows:

- Extensive business continuity planning
- Increased frequency of the Directorate Resilience Group to act as a crucial channel between operational teams and senior management
- Daily situation reporting
- Quickly highlighting and escalating PPE concerns
- The Directorate's response was well integrated into both the Kent Resilience Forum and KCC response structures

The Directorate will continue to work with internal and external providers, to increase resilience over the coming months. Workstreams have been established to ensure:

- Frequent review of service Business Continuity Plans
- Continuation of Directorate Resilience Group
- Launch of the ASC Incident Management Toolkit (designed to save time, improve decision making and increase transparency)
- Further develop MOSAIC Outage Operational Procedures
- Development of training and exercise package for operating effective and safe response plans
- Continuation and development of Situation Reporting (SitReps) to support decision making.
- Redeployment of resources from the Directorate's Portfolio & Project Management (PPM) Team who convert issues (highlighted by DMT for resolution) into assigned tasks with completion dates.

The ASC Resilience Assurance Report (*Appendix F*) summarises the Directorate's additional preparations for the winter and future challenges.

Strategic Commissioning are also working with Kent's social care providers to deliver actions to ensure their preparedness and resilience for the challenges in winter 2020-21. These actions are based on guidance from the Department of Health and Social Care and will ensure that providers are aware of their duties to prepare for winter and that Strategic Commissioning can provide oversight and assurance of actions being delivered.

2 Winter Pressure Funding 2020-21

KCC receives Winter Pressures funding of £6.1m, £1.4m of which is used to support on-going schemes, leaving £4.7m to fund 2020/21 winter pressures.






The proposals for additional in-house staffing costs to meet demand in winter 2020-21 outlined in Section 1.1.4 total £540,286.

Remaining funding will be used to fund additional activity costs, associated with the likely increase in overall activity identified through the modelling work outlined in section 1.1.4. This increased activity is expected to include new and additional support for residents resulting from hospital admissions, as well as new community support to prevent hospital admissions.

Central government has made national funding of £588m available to Clinical Commissioning Groups nationally to support the implementation of Discharge to Assess and it is anticipated that this funding will be used to fund additional activity that supports the implementation of the new national Discharge to Assess Policy, with a focus on supporting people back to their own home. This includes funding of designated COVID positive settings. Discussions are taking place with the CCG to agree the schemes that will be funded through this including the new arrangements described in section 1.1.4.

3 Appendices

The following section contains all relevant Appendices to the ASC Winter Pressure Plan 2020-21 document.

Appendix Title / Description	Embedded Document
Appendix A – Operational Pressures Escalation Plan	 Operational Pressures Escalation
Appendix B – Kent & Medway Winter Operating Model	 K&M Winter Operating Model 20
Appendix C – Hospital Discharge Pathway: October Communications	 Discharge Pathway Communications - 16
Appendix D – Infection Control Fund: High-level project timeframe	 Infection Control Fund High Level Proje
Appendix E – Strategic Commissioning Actions for Providers	 Strategic Commissioning Actioi
Appendix F – ASC Resilience Assurance Report	 ASCH Resilience Assurance Report 07

-END-