

Adult Social Care and Health

Adult Social Care Pressures Plan

2024-2025

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Purpose:

The Adult Social Care Pressures Plan describes the actions on all the key activities in place, as the directorate prepares for anticipated levels of increased pressure in coming months.

Version	Date Issued	Brief Summary of Change	Owner's Name
Draft 1.0	04.09.24	First draft – incorporating key updates and gaps	Laura Prentice
Draft 1.1	17.09.24	Updates made to Resilience and Emergency Planning section, Hospital Discharge and Community Support, Operational Capacity Management Plan and Risk Management	Laura Prentice
Draft 1.2	02.10.24	Summary redrafted	Laura Prentice
Draft 2.0	11.10.24	Contributions from Arranging Support and Commissioning added. Amendments made following feedback from SMT.	Laura Prentice
Draft 3.0	21.10.24	Revisions made following feedback at DMT	Laura Prentice

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1 Introduction and Context

Current Context

Adult Social Care and Health (ASCH) in Kent continues to manage and navigate an unprecedented range of pressures across social care and health in 2024/2025 whilst continuing to operate in the context of high demand for services, budget pressures, market pressures and workforce issues both within our own social care workforce but also the wider care workforce across Kent. Therefore, it is absolutely essential to have in place robust contingency planning that documents these issues, risks and pressures and evidences how ASCH, and where applicable partners, can mitigate these to support ASCH to ensure high quality and safe services to the people we support, but to also be clear where the risks are to ASCH being able to do this.

From a Public Health perspective vaccination to protect against infectious disease, mechanisms to respond rapidly to outbreaks of infectious disease and emergency planning are still critical.

Local Authorities nationally have seen increased budget pressures in recent years, and ASCH has been particularly affected by a range of factors that have put significant pressure on its budget. Kent is having to work in the context of increased demographic pressures, with an ageing population and people living longer with more complicated needs coupled with a provider market that is not stable at present and is putting significant cost pressures on the ASCH budget. Spend on Adult Social Care continues to remain high as providers try to secure a stable workforce and manage the increased costs associated with the cost of living crisis. Coupled with this are the increased levels of demand and complexity of need and the costs of services increasing above inflation.

ASCH faces a significant budgetary challenge for 2024/2025, as does the wider Council, and this will continue into 2025/2026 whilst simultaneously having to manage increased demand and people having to wait longer for assessments and services due to the workforce pressures which are being seen across multiple sectors but are particularly acute in health and social care.

The health and social care workforce and system remains under significant strain nationally, with demand outstripping capacity. The NHS is experiencing some of the most severe pressures in its 75-year history and there are large vacancy rates in both workforce populations. High vacancy rates create a vicious cycle: shortages produce environments of chronic stress, which increases pressure on existing staff, and in turn encourages higher turnover and absence. Skills for Care figures show that there are around 131,000 vacancies nationally within adult social care and the staff turnover rate is 30%. Their monthly tracker shows the current vacancy rate for Social Workers is 10.5% and 9.5% for Occupational Therapists. NHS Digital statistics also showed that as

of June 2024 the NHS in England has a vacancy rate of 7.7% which is a decrease from 8.9% in June 2023.

Given the continued vacancy rates and difficulties in recruitment across the social care sector, there is inevitably concern about the impact on service delivery and provision of care this winter. ASCH has seen some positive improvements in relation to workforce challenges in the care and support in the home market with the pressure in terms of people waiting for care and support in the home having eased since the beginning of the year and the number of people waiting for a homecare package at the beginning of September 2024 remaining below the weekly average for the year. When compared to the same period last year there has been a 60% decrease in the number of people waiting for care and support in the home. There has been a 66% decrease in the average days waiting, in 2022/2023 it was 210 days, whereas in 2023/2024 it reduced to 44 days. The number of people waiting for care and support in the home is low compared to the 2022/2023 averages. The pressures were more evenly split between East Kent and West Kent during 2023/2024 however Thanet South Kent Coast still had 32% of the total referrals across the county.

The People at the Heart of Care, Adult Social Care Reform White Paper', published by the government in December 2021 acknowledged the historic challenges relating to social care funding pressures and sought to address some of the current disparity between funding for the NHS and social care. The white paper sets out the 10-year government vision for transforming adult social care within England. The three core objectives are that people have choice, control, and support to live independent lives; people can access outstanding quality and tailored care and support and people find adult social care fair and accessible.

It is noted that the House of Commons Committee of Public Accounts Reforming Adult Social Care in England report (March 2024), highlighted that "local authorities are having to plan and commission adult social care services against a backdrop of fragmented and uncertain funding". It goes on to point out the short-term and multiple funding pots provided to local government and recommended that government explore ways to provide more confidence over long-term funding. The Committee welcome the additional funding for adult social care in recent years but recognise these are short-term top-ups, often designed to be spent on specific initiatives (such as increasing pay to providers) with no guarantee that they will continue. Patchwork funding and short-notice announcements hinder the sector's ability to plan for the long-term and risks undermining delivery of the Department's 10-year vision for adult social care. Funding for adult social care, including supporting the planned reforms, for 2025–26 onwards will depend on the next spending review. The Committee also identified that the Department of Health and Social Care faces significant challenges in delivering its 'vision' for adult social care reform. The charging reform was postponed by the last government and subsequently confirmed by the current government that the charging reform will not be implemented in October 2025 as previously planned.

Even so, significant and persistent challenges prevail which have received attention from notable bodies including the House of Lords. In its Adult Social Care Committee report, A “gloriously ordinary life” spotlight on adult social care, it was stated that the Committee recognised that the Government had outlined a new vision for social care in its recent White Paper and it applauded its ambition, however, noted that it falls short of providing a concrete and fully resourced programme of change, which is necessary to realise these ambitions. Many have made the case that so far, the funding announcements made since the publication of the White Paper have reduced expectations that the full ambitions of White Paper will be realised.

The Health and Care Act 2022 puts the Care Quality Commission's (CQC) assurance of local authorities on a statutory footing. The new duty on the CQC to assess local authorities' delivery of their adult social care (ASC) duties under Part 1 of the Care Act 2014 came into effect on 1 April 2023. In August 2023, the Department for Health and Social Care published its framework for adult social care intervention in local authorities. ASCH in Kent, underwent its assurance visit commencing 30 September 2024 and awaits notice of the rating. According to the Association of Directors of Adult Social Services (ADASS) Spring Survey 2024 the estimated national cost to local authorities of preparing for the CQC assessment is £43m.

The residual impact of the COVID-19 pandemic has had the effect of heightening these challenges. The extent of the challenges is laid bare by the ADASS Time to Act report a roadmap for reforming care and support in England, which noted that the government funding for local authorities fell by 55 percent between 2010/2011 and 2019/2020. Workforce challenges characterised by high vacancy rates among care providers continue to challenge the sector with the Skills for Care's the size and structure of the adult social care sector and workforce in England report (July 2024) noting that the increase in the number of posts being filled in 2023/2024 has contributed to a corresponding decrease in the number of vacant posts. In 2023/2024, the vacancy rate decreased to 8.3%, or 131,000 vacant posts. However, the vacancy rate in 2023/2024 remains high compared to historical levels and other sectors.

More people are requesting support and there are now approximately 2 million requests for support with social care services for new people each year. In 2023/2024 Kent had over 21,800 people receiving a service a 1% increase on the previous year. The impacts on people who have cause to draw on care and support are very real with too much unmet, under met and wrongly met need. The quality and consistency of services also remain a pressing issue that is compounded by local authorities having to deal with an increased number of people with complex needs who require support, creating high levels of unmet need. Kent had an 11% increase in 2023/2024 of those receiving a service who had a mental health need compared to the previous year.

The increasing pressure on unpaid carers is also recognised including financial, emotional and the physical breaking down of support. It is estimated that there are between 4.2 million and 6.5 million unpaid carers in the UK, with the actual figure likely

to be much higher. In Kent there are an estimated 148,000 adults providing unpaid care every week. The average person now has a 50% chance of becoming an unpaid carer by the time they reach 50. Some calculations indicate that unpaid care may have a value of up to £132 billion per year, a figure which is equivalent if not greater than the annual NHS England budget. The State of Care report tells us that carers are feeling the impact of the cost of living increases and that at least 27% of carers have mental health concerns with this figure rising with the number of hours of caring they provide.

The cost of funding adult social care rises year on year and in the last few years it has, like the rest of the wider economy, experienced high inflation rates that have impacted on the costs of the workforce, utilities and transport.

The results of the ADASS Spring Survey 2024 showed that the financial situation facing Directors of Adult Social Care is as bad as it has been in recent history. Adult social care budgets in 2023/2024 were overspent by £586m, the highest levels for at least a decade. Directors ranked increased costs due to increasing complexity of care needs as the main area of concern in terms of financial pressure for 2024/2025, this was closely followed by increased costs due to inflationary pressures.

Prior to the onset of COVID-19 in 2019/2020, 35% of Directors were fully confident that their budgets would be sufficient to meet their statutory duties. Only one in ten Directors (10%) have full confidence that their budgets will be sufficient to fully meet their statutory duties in the current financial year, down from 12% in 2023/2024.

As we go into 2024/2025, we continue to experience an unprecedented range of pressure. However, despite these pressures we remain committed to delivering the ambitions that were coproduced with residents of Kent and are set out in our vision for Adult Social Care “Making a Difference Everyday”. This is underpinned by a commitment to supporting people in a place they call home, surrounded by the people and things they love.

Winter 2024-2025 Challenges

As happens in most winters, there is a high level of concern about the levels of pressure on health and care services this winter. Respiratory infection rates are likely to create higher levels of staff absences and the effects of the cost-of-living crisis on staff recruitment and retention will also be a key factor to consider in our efforts to provide the best quality services to our population.

This winter there are concerns regarding respiratory illnesses especially in the care home settings residents including COVID-19, influenza, and Respiratory Syncytial Virus (RSV).

As a vital part of preventing illness and improving system resilience, it will be important to maximise the winter vaccination campaign by promoting uptake amongst people drawing on care and support, and the social care workforce.

As well as eligible population groups, it is imperative that Kent County Council (KCC) and ASCH specifically, make every possible effort to maximise uptake in front line staff – for their own health and wellbeing, for the resilience of services, and crucially for the safety of the people they are caring for.

The primary aim of the national campaign Getting a head start on flu and other infections aims to prepare for the inevitable surge in seasonal illnesses like flu and COVID-19.

The groups to be offered a Flu and COVID-19 vaccine in autumn/winter 2024/2025 are:

- residents in a care home for older adults
- all adults aged 65 years and over
- persons aged 6 months to 64 years in a clinical risk group, as defined in tables 3 and 4 of the COVID-19 chapter of the UK Health Security Agency (UKHSA) Green Book on immunisation against infectious disease

More detail on eligible flu cohorts is on gov.uk:

- [National flu immunisation programme 2024 to 2025](#)
- [COVID-19 autumn/winter eligible groups](#)

Flu vaccination remains a critically important public health intervention to reduce morbidity and mortality in those most at risk including older people, pregnant women and those in clinical risk groups. It helps the health and social care system manage winter pressures by helping to reduce demand for GP consultations and likelihood of hospitalisation. Vaccinating health and care workers also plays an important role in helping to prevent transmission of flu, protecting themselves and those they care for.

The groups to be offered a flu vaccination in autumn/winter 2024/25 are:

From 1 September 2024:

- pregnant women
- all children aged 2 or 3 years on 31 August 2024
- primary school aged children (from Reception to Year 6)
- secondary school aged children (from Year 7 to Year 11)
- all children in clinical risk groups aged from 6 months to less than 18 years

From October 2024:

- those aged 65 years and over
- those aged 18 years to under 65 years in clinical risk groups (as defined by the [Green Book, Influenza Chapter 19](#))
- those in long-stay residential care homes

- carers in receipt of carer's allowance, or those who are the main carer of an elderly or disabled person
- close contacts of immunocompromised individuals
- frontline workers in a social care setting without an employer led occupational health scheme including those working for a registered residential care or nursing home, registered domiciliary care providers, voluntary managed hospice providers and those that are employed by those who receive direct payments (personal budgets) or Personal Health budgets, such as Personal Assistants

ASCH will work with primary care networks and providers to promote vaccinations to all relevant groups.

The main relevant flu and COVID-19 vaccination campaign commenced on Thursday 3 October 2024.

This year for the first time, the NHS is offering the respiratory syncytial virus (RSV) vaccine to those aged 75 to 79 and pregnant women. RSV is a common respiratory virus that can cause serious lung infections. While RSV infection can occur at any age, the risk and severity of RSV and its complications are increased in older adults and in neonates and small babies, and it has a considerable impact on people and NHS services during the winter months. Further details are available [here](#).

The KCC Public Health Infection Prevention and Control (IPC) Team plays a crucial role in managing emergencies and IPC related issues.

1. Reporting and Initial Response

- Outbreaks and Emergencies Reporting: Any infectious disease outbreaks or IPC-related emergencies are reported directly to the UK Health Security Agency (UKHSA).
- First Response by UKHSA: The UKHSA acts as the first responder, providing immediate guidance and support to the care home to manage the outbreak.
- Notification to KCC Public Health IPC Team: If further assistance is required beyond the initial response, the UKHSA will notify KCC Public Health's IPC Team for additional support.
- Involvement of Integrated Care Board (ICB): The ICB is also notified during significant outbreaks or emergencies to coordinate healthcare support across local health systems, including primary care hospitals and other care providers.

2. Follow-Up Support by KCC Public Health IPC Team

- Initial Risk Assessment: Once notified by UKHSA, the KCC Public Health IPC team contacts the care home to conduct an initial risk assessment. This assessment helps identify the type of support needed and the level of risk posed by the outbreak or emergency.
- Targeted IPC Support: Based on the risk assessment, the IPC team provides guidance and resources, such as infection containment strategies, Personal Protective Equipment (PPE) usage, isolation procedures, and enhanced cleaning

protocols. The IPC Team can also conduct a quality visit to care settings if required.

3. Coordination and Communication

- Collaboration with UKHSA: The KCC Public Health IPC Team coordinates with UKHSA and other stake holders to ensure consistent and comprehensive support is provided to the care home during high-pressure situations.
- Care Home Contact: Regular contact with care home management ensures that IPC measures are followed, and any evolving risks are managed efficiently.

4. Ongoing Monitoring and Risk Mitigation

- Continuous Monitoring: The KCC IPC Team monitors the situation, providing additional interventions if needed to control the outbreak and protect residents.
- Escalation of Support: If risks escalate, the IPC Team can mobilise further resources, such as Public Health Consultants, Environmental Health Officers, NHS ICB, Adult Social Care Teams, and liaise with other health services for enhanced support.

5. Post-Emergency Review

- Debriefing and Evaluation: After the emergency or outbreak has been resolved, the KCC Public Health IPC Team will conduct a post-incident review to assess the effectiveness of the response and identify areas for improvement in the care settings IPC practices.

The following plan sets out the ASCH Directorate's own escalation plans and contingency actions, to ensure that high-quality, safe and timely support is provided to everyone who needs it, whilst maintaining systems that can react quickly to a range of variables and rapidly changing circumstances. ASCH will need to draw on lessons from 2023/2024 to maintain an agile and responsive approach and continue to work collaboratively with health partners to make best use of resources across the system.

In August 2023, NHS England published the Operational Pressures Escalation Levels (OPEL) Framework 2023/24. This publication supersedes all previous versions of the national framework which has been in operation since 2016. The ASCH OPEL Plan describes how KCC continues to operate within the revised framework, building on local plans and practice and feeds in the Whole System Winter Planning 2024/2025 to jointly build winter resilience in local health and care systems.

In his letter to chief executives of local authorities and directors of adult social services, 17 September 2024, Stephen Kinnock, Minister of State for Social Care, sets out his priorities for improving service resilience in the short term, ahead of and during the winter period.

The principles guiding these short-term priorities are similar to those that will underpin that longer-term reform:

- a 'home first' approach that supports people to live independently for as long as possible

- a relentless focus on ensuring high-quality care
- close involvement of people receiving care and their families and carers

Close partnership working and joint planning between adult social care, the NHS and other community partners is vital to the successful delivery of these priorities. Priorities for winter 2024-2025 build on the national Better Care Fund objective to enable people to stay well, safe and independent at home for longer and to provide people with the right care, at the right place, at the right time. In Kent, our Better Care Fund plan is routed in the Kent and Medway Integrated Care Strategy and is delivered through a range of partnership arrangements across the county.

The purpose of the 'Adult Social Care Pressures Plan 2024-2025' is to provide a clear and concise summary of all the key activities in place, as the directorate prepares to manage ongoing pressure on health and social care services. The main elements of the plan have been outlined in the table below. This plan will be kept under review during the coming months and updated as appropriate as arrangements are continually reviewed in response to changing circumstances. In line with the review of the Pressures Plan 2023-2024 the effectiveness of this plan will be reviewed to ensure that lessons learned are built into future plans.

Section	Activity Title	Description	Activity Lead(s)
2	Resilience and Emergency Planning, including the Operational Pressures Escalation Plan	The Emergency Resilience and Planning section outlines the tools and plans in place to respond to incidents or surges in demand across the Kent and Medway Health and Social Care System.	John Callaghan
3	Hospital Discharge and Community Support	This programme of work seeks to work collaboratively with health partners to jointly commission services, promote a whole-system approach to decision-making and improve value for money for Kent residents, underpinning Government hospital discharge policies.	Barbara Rickman
4	Operational Capacity Management Plan for Winter 2024-2025	The Operational Capacity Management Plan for winter aims to: <ul style="list-style-type: none"> Assess 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. 	Service Managers
5	Commissioned Services	This section lays out the Strategic Commissioning activities which have been identified to support and build the resilience of the adult social care provider market, including the System-Wide Market Pressures Action Plan.	Simon Mitchell
6	Financial Implications	This section lays out the funding streams which have been made available to KCC to support the Winter Plan and resilience activities.	James Beamish
7	Risk Management	This section identifies the risk management protocols that are in place, how they will be kept under review during the winter period and the risk owners.	ASC Directorate Management Team

Table 1: ASC Pressures Plan 2024/2025

2 Resilience and Emergency Planning

The ASCH Directorate Resilience Group maintains oversight of the business continuity, emergency planning, and related resilience workstreams on behalf of the Directorate Management Team (DMT). The group provides a forum for the two-way flow of information between all Adult Social Care and Health operational teams, services, and business partners, under the chairmanship of the Area Operations Manager - West Kent. The group's programme of work for 2024/2025 has been dominated by Adult Social Care planning and response to the implementation of the EU Entry-Exit System (EES). The following schemes and initiatives have been brought forward to enhance resilience:

Table 2: Resilience and Emergency Planning arrangements

Deliverable	Objective	Timeline
Threat and Risk Assessment	<ul style="list-style-type: none"> to undertake a comprehensive threat and risk assessment of adult social care operations and provider services to inform multi-agency Threat and Risk Assessment through representation at Kent Resilience Forum Command and Control Groups 	Completed April 24
Directorate Project Group	<ul style="list-style-type: none"> to establish and maintain a project group from service areas identified through threat and risk assessment To maintain timely two-way flow of information between bi-monthly meetings of the Directorate Resilience Group To establish and maintain project risk and issue logs, and ensure mitigating actions are assigned and completed on schedule 	Completed May 24 and ongoing
Service Business Continuity Plan testing	<ul style="list-style-type: none"> to provide an opportunity to test service Business Continuity Plans against planning assumptions for EES implementation to identify lessons, and recommendations for improvement to be taken forward through directorate, Authority and multi-agency planning structures 	Completed Sept 24

Business Continuity Plan reviews	<ul style="list-style-type: none"> to ensure all service Business Continuity Plans are up to date and reflect lessons learning and recommendations arising from exercise regime 	Due Oct 24
Operational Pressures Escalation Plan	<ul style="list-style-type: none"> to ensure ASCH responds appropriately to surges in demand across the Kent and Medway Health and Social Care System. to align guidance to national framework published by NHS England 	Completed Aug 24
Adverse Weather Plan	<ul style="list-style-type: none"> to ensure ASCH can respond appropriately to periods of adverse / severe weather. to align guidance to national severe weather framework published by UKHSA in 2024 	Due Oct 24

ASCH continues to work with internal and external providers to increase resilience. Workstreams are well established to ensure:

- The directorate's resilience priorities are agreed and monitored through annual programmes of work and through regular reporting
- Horizon scanning for threats and risk to the delivery of ASCH services are maintained
- The directorate's risk assessment of business disruption, controls and actions are current and holistic
- The directorate's suite of resilience plans are regularly reviewed and validated
- The directorate is engaged in training and exercising to ensure the appropriate level of preparedness is maintained
- Post-incident and exercise debrief reports are considered, and recommendations are taken forward through annual programmes of work
- The directorate is appropriately engaged in Local Health Resilience Partnership (LHRP) and the Kent Resilience Forum (KRF) and subgroups
- The directorate's priorities are adequately reflected in KCC and multiagency programmes of work
- Information relevant to Business Continuity and Emergency Planning is collected and disseminated to ensure managers and staff across the

directorates recognise and are aware of their responsibilities and are ready to deliver in response to emergencies and business interruption.

The Operational Pressures Escalation Plan ensures ASCH responds appropriately to surges in demand across the Kent and Medway Health and Social Care System. The objectives of the Operational Pressures Escalation Plan 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 required in response to surges in demand.

3 Hospital Discharge and Community Support

Hospital Discharge

ASCH is continuing to work in collaboration with system partners in developing Hospital Discharge pathways and integrated community support services that provide better outcomes for individuals and are more sustainable for the health and care system.

Across Kent there is an established Discharge to Assess approach to support people back to their own home as quickly as possible and assess their ongoing needs in their home environment. In 2022/2023 we developed a model for integrated Transfer of Care Hubs in East Kent which have demonstrated that a true multi-disciplinary approach to discharge planning supports people to go to the right destination on discharge with the right care and support. It continues to be a priority for 2024/2025 to further develop the Transfer of Care Hub model. The model has been rolled out across North and West Kent. The model is continually being reviewed and developed to support better outcomes for people accessing hospital discharge pathways.

Kent Enablement at Home (KEaH) has expanded their capacity to deliver the Home from Hospital Discharge to Assess service across Kent following the decommissioning of the Hilton contract on 30 September 2024. Expanding the in-house service will deliver cost savings against the existing commissioned provider costs. For example, we are funding additional 'bridging' costs where people are awaiting longer term care and support in the home from a domiciliary agency. It will also deliver an improved experience through a single discharge service, meaning less handoffs between providers for example people can move from Hilton onto KEaH for the delivery of enablement against the care act assessment of needs, this means we will be managing resources more effectively and efficiently. Expansion has been achieved through additional recruitment and TUPE of staff across from the Hilton contract. The service will ensure the person is safe at home and focus on

maximising the independence of the person with jointly agreed outcomes set against an assessment of their needs.

The future ambition is to develop this into a fully integrated Health and Social Care service.

ASCH and Kent Community Health Foundation Trust (KCHFT) have worked in partnership to develop and recruit joint health and social care support worker posts in East Kent and implemented a Home First model. Home First is a reablement focused intervention to support people on discharge from hospital to recover and to regain and promote independence. This approach provides people with better outcomes and reduces the dependencies on statutory provision, releasing capacity back into the market. This team will continue to develop as ASCH continues to review its commissioned services and concentrate resources to secure best value for money being spent and better outcomes for the people we support.

People should be supported to be discharged home, or their usual place of residence, as much as possible but where people need a further period of recovery, assessment or reablement provision is available to support people to “step down” from acute hospitals into a community bedded provision. It is an ambition in Kent to ensure these services support an individual’s recovery, and are strength-based and promote independence. ASCH’s Adult Short Stay Services are being developed to improve and increase the enablement support being provided to our customers so that they can return to their own homes at the earliest opportunity. This includes developing better integrated working with our partners across the county.

We are also currently exploring the development of a Technology Demonstration room at Broadmeadow Integrated Care Centre which will allow people being discharged from hospital to be educated in and test the use of technology solutions in a safe environment. It will also provide a community drop in facility for people to experience technology enabled support.

Mental Health Discharge

Discharges from Mental Health hospitals including discharge of people with a learning disability and or autism and people on forensic pathways continue to be an area with ever increasing pressure. The increase in the level of complexity presenting in mental health services means there continues to be particular pressures on acute mental health beds in Kent. The opening of an additional 16-bed in-patient acute unit (Ruby Ward), without an increase in social care staffing and resources in the Early Discharge Planning team, has placed even more pressure on the service.

The pressure on acute beds is also exacerbated by the fact that there are limited crisis pathways and, or responses from partners aimed at preventing admission and also limited wrap around health and social care pathways post admission. Furthermore, the mental health service’s community offer to support individuals to manage their mental wellbeing and reduce the risk of re-admission has been inadequate, thereby placing more pressure on social care resources to manage mental health related risks in the community.

Additionally challenges in the provider market and limited specialism in-county within the provider market to support the people in this cohort who have the most complex needs has had a significant impact on the numbers of Clinically Ready for Discharge/delayed bed days. With the increasing level of complexity particularly in acute mental health and learning disability and autism arena, we have seen a rise in the need for single occupancy supported placements with 1:1 /2:1 /3:1 support which is difficult to source and is costly.

ASCH continues to work closely with Kent and Medway Social Care Partnership Trust (KMPT) in a collaborative approach to assessments and discharge planning from acute wards. For example, a new Adult Social Care Home from Hospital reablement service is now in place across the three KMPT acute mental health in-patient services. The service went live on 1 May 2024 and supports in-patients who can return to their own homes, during their admission, to reduce the potential for delays in their discharge. However, many people are unable to return home either due to carer breakdown, the loss of a tenancy related to their complex needs or being given notice by providers who cannot support the level of individual need and presenting risk.

Three Multi-agency Discharge Events (MaDE) have been held this year with a view to improving acute mental health pathways. Following these events there are plans to progress a project, which will focus on reducing the numbers of patients experiencing delayed discharges from acute wards in East Kent. A multi-agency working group is currently being scoped. The project will consider developing pathways to discharge from KMPT acute mental health in-patient settings in East Kent. The project is being supported by East Kent Health and Care Partnership. Related to this there are also early discussions between the Integrated Care Board (ICB) and ASCH Commissioning to explore the opportunities for commissioning Discharge to Assess beds for mental health.

Community Mental Health

The community mental health framework describes place based community mental health services. KMPT has recently reorganised to locality teams delivering the Mental Health Together model. This provides the opportunity for closer working between ASCH teams and the KMPT Community Mental Health Teams.

The co-occurring conditions protocol informs multi-agency working in the delivery of support to people who often live chaotic lifestyles and whom it is a struggle for statutory services to engage with.

The ASCH Community Forensic Social Work Team and ASCH community teams are also responsible for the delivery of Social Supervision which is required by the Ministry of Justice for people who are 'Conditionally Discharged' under Part III of the Mental Health Act usually from secure hospitals. Joint Conditional Discharge reports are submitted to the Ministry of Justice usually quarterly by the Social Supervisor (from ASCH) and the Clinical Supervisor (from health).

A wellbeing approach to mental health underpins the work of practitioners in ASCH, making use of community resources, such as Live Well Kent, to deliver a preventative approach.

For people who require more formal support ASCH works closely with the Community Mental Health Teams and primary care in the support of people with mental health needs. Support is provided through a range of services including homecare, supporting independence services, supported living and residential.

Where people have a need for greater levels of support, bespoke services can be commissioned and care and support plans are developed with the person, their advocate where required and the service to help recovery.

Preventative approach to Community Support

Prevention, Reduction and Delay in the Development of Need paragraph 1.2 of the Care Act 2014, states local authorities must actively promote wellbeing and independence, and intervene early to support adults and carers to prevent, delay or reduce needs wherever possible. ASCH also gives support and takes information requests through Adult Social Care Connect (previously Area Referral Service) in four geographic areas across Kent. People in Kent who may require information advice and guidance and or draw on care and support, will be encouraged to access Adult Social Care Connect hubs, placing the emphasis on identifying and making best use of community-based resources and encouraging self-led support. The foundation for this approach is to ensure conversations with people are managed in a proportional and strengths-based way, with the emphasis on prevention.

The hubs focus on community collaboration to provide effective, proportional care which leverages local resources and partnerships in a creative way; thereby reducing the requirement for ongoing care once identified, and to minimise duplication of activity and effort between different professionals and services.

This approach is coupled with a robust digital front door; Connect to Support, a digital platform that provides accessible information which connects people and communities to each other, helping them to help themselves and others which will promote independence.

For those people unable to find suitable support in their local communities, and who return to ASCH for help; we will support them to prevent or delay the need for longer term and ongoing solutions (i.e. care and support packages). Our aspiration is to have in place community hubs which are multi-disciplinary and to strengthen our offer of therapy and reablement first approach, using our enablement services, with support from Occupational Therapy (OT) (including aids, adaptations, and innovative technologies) and other initiatives that prevent or delay the need for longer term and ongoing solutions (i.e., care and support packages).

We are growing our digital offer using Technology Enabled Lives, and digital social prescribing solutions, and the use of artificial intelligence approaches, in partnership with our health colleagues.

This is a journey, and we are working with our transformation partners PwC, to build and grow place-based support, to ensure people can remain connected to their local community. The longer-term aspiration is to have in place community hubs which are multi-disciplinary and a with commissioning offer which can influence and shape the market to meet the changing demographic landscape.

Short Term Beds

Short Term Beds are used to facilitate people who are being discharged from hospital on a pathway 2 or 3 service for assessment, reablement and recovery who are not able to return to their own home. There has been a significant increase in the number of referrals for those on a hospital discharge pathway compared to this period last year. Over a four week period between mid-September to mid-October in 2024, Short Term Pathways received 904 referrals compared to 618 referrals across the same period in 2023. This has resulted in a number of people awaiting assessments or reviews in these Short-Term Beds. Team Managers complete deep dives into active caseloads to maximise allocation and increase assessment rates. Short Term Beds are also used to prevent hospital admission and carer breakdown in the community.

Whilst we had seen a decrease in the use of and length of time people were in Short-Term Beds, ASCH has seen increases this year. For older people there was a 27% increase from Q3 2023/24 to Q2 2024/25, and 21% for all short term beds over the last 9 months. So far this financial year the average length of stay in a Short Term Bed is 3.6 months, and for older people it is 4.2 months. The aim is 6 weeks.

Locality teams continue to operate waiting lists for care needs assessments with significant pressures related to both practice and staff capacity which means that people are staying in Short Term Beds for longer waiting for assessments. West Kent teams report capacity issues with homecare providers which results in an increase in the demand for Short Term Beds.

All practitioners are working at full capacity which impacts the ability to reallocate assessments at times of staff sickness or carer breakdown in the community and this can also result in admission to short term beds. Team Managers are working with teams to maximise effective contingency planning so that the impact of this can be reduced and continue to monitor individual caseloads to ensure timely assessment for people.

Carers

There are an estimated 148,341 adults providing unpaid care each week in Kent:

- 94,640 provide 1-19 hours per week
- 18,131 provide 20-49 hours per week
- 35,570 provide 50+ hours per week

ASCH has established a Carer Strategy Group and membership includes representatives from the carer voluntary organisations, carers, commissioners and the ICB ageing well board.

The Carer Strategy Group monitors the activity of carer forums and carer voluntary organisations delivering the delegated responsibilities for assessment and support, the development of digital support including the carer self-assessment and the coproduction of the new carer contract.

Carer voluntary organisations are able to offer information, advice, guidance or support to carers, complete a carer support plan and can provide a personal budget for carers (not for services to the cared for) up to the value of £250. Carer organisations can

make a recommendation for a budget of over £250 via Mosaic, this is then authorised within ASCH.

4 Operational Capacity Management Plan for Winter 2024- 2025

Winter planning actions across ASCH have been reviewed from the 2023-2024 plan and identified areas to maintain continuity of provision to meet the anticipated demands of winter 2024/2025:

Kent Enablement at Home (KEaH)

KEaH aims to ensure that people are able to remain at home with the appropriate levels of support with the emphasis on enablement and not for people to remain or move into long term placements.

We are seeing increased demand for KEaH already, with an 8% increase in those receiving this service in 2023/2024 (over 5,300 people) compared to 2022/2023 (over 4,900) and in Quarter 2 this year we saw the highest number of people having KEaH for three years.

In direct response to the current hospital and community team's pressures several actions are being taken:

1. East Kent KEaH teams are supporting Kent Community Health (KCHFT) with their Home First Model for Pathway One, home from hospital discharges, along with community hospitals, and as appropriate bridging people who have been waiting on a health discharge service, when they are social care support only.
2. Working with Kent Community Health (KCHFT) to develop the Home First health and social care integrated team to support pathway 1.
3. Joining Integrated Triage calls to ensure that everyone has the opportunity to be considered for enablement at point of entry into social care. Also joining Community Team Integrated Triage calls to support to identify those who have missed this opportunity, those awaiting an assessment and those due/overdue a review.
4. Supporting people waiting an Occupational Therapy Assistant (OTA) assessment through a trusted assessor.

All staff are being actively encouraged to take up the Flu and Covid vaccinations/boosters. Alongside this we are maintaining the highest standards of IPC.

Where a critical major incident occurs, KEaH will activate their Business Continuity Plan.

KEaH will continue to act as 'Provider of Last Resort' supporting 'handbacks', carer breakdown and situations in crisis.

Operational Support to Hospital Discharge Pathways

The Short-Term Pathways Teams (STP) work with health to ensure people receive the right support when discharged from both acute and community hospitals.

We have a team of OTAs who work alongside the OTs within STP to support people on their discharge from hospital; to reduce deconditioning, review moving and handling to reduce the level of carer support needed longer term for those in the community, as well as supporting people in Short Term Beds to improve levels of ability and enable them to return in a safe and timely way. The STP team strive to achieve better outcomes for people and better outcomes for social care. This service continues to be developed and has delivered positive outcomes for people in promoting and supporting their independence. There has also been a positive impact on the home care market by using availability in the most efficient way and freeing up capacity back into the system.

Adult Social Care Connect

Following the transition to the Locality Operating Model in April 2023 Adult Social Care Connect (formerly the Area Referral Service) is now locally deployed across the four main areas of North Kent, West Kent, Ashford and Canterbury, and Thanet South Kent Coast. Social Worker resource has been added to the teams to ensure that referrals and safeguarding concerns are actioned appropriately at contact minimising the need to transfer to other teams. Following extensive research with other local authorities, and working alongside our community team managers, our remodelling work continues as part of ASCH's continuous improvement and commitment to prevention and enablement. We have renamed our hubs as Adult Social Care Connect and are working on new and revised tools to enable more resources to be deployed into this space and link in with communities to ensure a prevention approach. We are also working with our transformation partner PwC to establish a preventative focus with a single overall strategy to preventing, reducing, or delaying the need for social care.

Movement of resources upstream in the enablement space is needed to fully realise the ambition. Along with system changes to enable the levers with which to deploy some of our alternative strategies such as Direct Payments.

Approved Mental Health Professionals (AMHP)

The AMHP Service utilises a range of business continuity arrangements to manage levels of activity.

The service has worked to ensure that staff are distributed across the range of shifts.

Social Care in Kent Prisons Team

KCC is responsible for five prisons housing a combined total of 3,400 prisoners. A dedicated team of two Social Workers and an OT ensure that arrangements for care and support are provided for prisoners whilst in custody and plans are made following

their release. Working in partnership with probation and His Majesty's Prison Service, this team supports vulnerable people on release and prevents reoffending and admissions to acute and mental health hospitals.

Occupational Therapy

ASCH's OTs provide a core skillset that underpins the ASCH Making a Difference Everyday approach and delivers the aspiration to support people to maintain their independence and live their lives in the place and way they choose. OTs are experts in working in partnership with people, their carers, providers, and other agencies to recommend creative solutions and just the right amount of support. OT's lead on the preventative agenda across ASCH by underpinning the Enablement offer through equipment, adaptations, and advice.

To support ASCH in delivering the enablement offer via the expansion of KEAH, Home First and Kent Enablement Service (KES), further fixed term OT Senior Practitioner resource is required to maintain current business and respond to the emerging pressures.

Work with health therapy partners is underway to identify collaborative ways to work together with a specific focus on joint training opportunities and shadowing. A training programme has been developed and rolled out for increasing skills with Single Handed care.

5 Commissioned Services

Commissioners are working with Kent’s social care providers to deliver actions to ensure their preparedness and resilience for the coming months. These actions are based on guidance from the Department of Health and Social Care and will ensure that providers are aware of their duties and that there is oversight of actions being delivered.

This approach is based on three key themes:

- Keep people safe and well at home
- Support safe and timely discharge from hospital
- Help people to recover and thrive in their own home

Activities and services will be delivered aligned to each of these objectives, as outlined below:

Keep people safe and well at home	Support safe and timely discharge from hospital	Help people to recover and thrive in their own home
<p>Preventative services are in place to promote and support physical and mental wellbeing:</p> <ul style="list-style-type: none"> • Wellbeing offer - supporting people to live independently • Support for carers – short breaks, assessment and support services • Live Well Kent – community-based mental health and wellbeing support • One You Kent – support and advice on healthy lifestyles including weight, activity, smoking cessation, NHS health checks • Postural Stability - digital and community-based 	<p>Support to ward staff with discharge options Help to settle at home Appropriate discharge services</p> <ul style="list-style-type: none"> • Supported homecare capacity – prioritising regulated provision only where needed; giving support to the market in more complex cases • Develop micro providers to reduce the pressure in homecare and deliver nonregulated support • Secure pathways for those who cannot go directly home from hospital • Complex beds ensure the right beds are available for those with more complex needs 	<ul style="list-style-type: none"> • Kent Enablement at Home - reablement in the community • Voluntary and community sector support – befriending, community-based activities • One You Kent - support and advice on healthy lifestyles including weight, activity, smoking cessation, NHS health checks • Develop micro providers community-based activities

<p>service to reduce risk of falls</p> <ul style="list-style-type: none"> • Develop micro providers to support admission avoidance <ul style="list-style-type: none"> • Technology Enabled Lives innovative technology supporting people to remain supported at home 	<ul style="list-style-type: none"> • Integrated Community Equipment Service delivery and installation of equipment into people's homes enabling them to remain independent 	
<p>Clear and timely communication in place for residents, carers and professionals</p>		

System-Wide Market Pressures Action Plan

Commissioners are working with colleagues across both ASCH and health partners to identify and implement activities to support the provider market and enable flow through health and social care services.

The provider market in Kent continues to be under pressure due to the identified workforce challenges across adult social care nationally. The number of people waiting for support through a package of care is increasing, which is illustrative of continued workforce pressures.

Care and Support in the Home services are critical to supporting other parts of the health and social care system and can enable flow from short-term discharge and enablement services. The significant level of pressure that the market is still under is indicative of the severity of the causes.

The System-Wide Market Pressures Activities include a broad range of actions to reduce overall pressure on the market and system. The actions support demand management through utilising equipment and technology to manage lower-level needs and support a preventative approach. Commissioners are working with the providers for the Integrated Community Equipment Services (ICES) to improve equipment recycling and ensure that equipment, once used, can quickly be reintegrated within the supply chain to support admission avoidance and enable hospital discharge.

The plan also includes a number of actions to increase capacity in services:

- The expanded KEaH Service will continue to deliver additional capacity in acute trusts in both the East and West of the county
- Settle at Home services provided by the Red Cross, and funded by the ICB, will continue to provide discharge support
- New routes for increasing discharge capacity for mental health services with KMPT are being explored

- KEaH will recruit additional staff to support hospital discharge and system flow
- Further development of the use of 'micro providers' to deliver non-regulated activities will support admission avoidance, free up capacity in Care and Support in the Home services to address the waiting list for this service and support flow in the discharge process.

There is also a focus on delivering activities which will support recruitment and retention within the care sector workforce, with the following support provided by the Innovation and Partnership Team:

- Support for overseas workers in relation to development opportunities to aid retention
- Leadership program for BAME managers and aspiring managers to support career development opportunities and retention
- Launch of the [Kent and Medway Health & Care Academy](#) to promote careers in the sector
- Promotion of Mental Health and Wellbeing support to the whole sector
- Job Centre Plus to target vacancies in social care with care specific job fairs
- Promotion of Care Jobs in Kent via [Kent Care Professional](#)
- Ongoing Nursing Associate Program within the care sector
- Joint south east project with NHS and national Volunteer service to offer volunteers work experience, training and a guaranteed interview for a health and care role.
- Promotion of Department of Health and Social Care job site availability for providers to advertise their vacancies free of charge.
- Direct work with colleges promoting care careers to health and social care students

Through the emerging place-based approach, commissioners will improve collaboration with health and providers to support the market. Local intelligence will support and enable an approach that is responsive to the needs of different localities.

Locality Commissioners will work alongside the new Quality Improvement Team to work in partnership with Health and Social Care colleagues to support providers to deliver better quality care services.

Commissioners will work with Public Health and Corporate Communications Teams to manage public messaging and manage reporting into other governance forums. Messaging will focus on what people can do to support their family members' this winter, and the need to manage resources so that these can be targeted to best meet the needs of people requiring care and support.

Additionally, the Adult Social Care Innovation and Partnership Team has led the development of the Registered Managers Hub, which supports the care sector to develop registered managers, improve quality in care, identify recruitment and retention solutions, provide training opportunities, and seek out innovation. This activity ensures the social care market is of quality, sustainable and adaptive enough to change, as required by the Care Act 2014. Activities delivered to date have focused on:

- Communication and engagement with the wider care market to share national updates, local support available to the wider care market, financial support and other initiatives available for care workers and managers
- Access to funded leadership programs
- Quality Improvement activities e.g. Preparing for CQC Inspection and Improving your Inspection Rating
- Upskilling of care workers in clinical topics via monthly webinar sessions in partnership with Integrated Care Partnership (ICP) colleagues
- Providing funded access to key skills training for care workers to improve their literacy and numeracy skills
- Funded access to an online training portal for all care providers in Kent
- Development of Social Care Nursing Provision via the Nursing Associate program
- Improving safeguarding by escalating feedback and practice concerns from registered managers to KCC Safeguarding and Deprivation of Liberty Safeguards (DoLS) Teams
- Encouraging the use of digital technologies
- Collaborative work with Integrated Care System workforce partners, Skills for Care and the local Social Care Nurses Advisory Council to support nurses within social care
- Encourage providers to set up their Skills for Care Adult Social Care Data-set (ASC-ds) as this provides workforce data for the care sector to aid forward planning. Currently 54% of providers in Kent have an ASC-ds.
- Local Skills Improvement Plan – joint working group with 3 Kent colleges and Chamber of Commerce developing Further Education (FE) curriculum around digital skill requirements for the care sector

The Adult Social Care Innovation and Partnerships Team lead on a range of digital solutions which aim to increase capacity in the system. These include:

1. Digital Front Door and Digital Self-Assessment

Working with people who draw on care and support and partners we have codeveloped an information, advice and guidance platform and a range of digital self-help tools. This will help with prevent, reduce and delay by improving information and connecting people with support and services.

This will enable people to complete an assessment in their own time and find out if they are eligible for social care support. Each person is provided with a personalised report which connects them with support and services or if required will progress to a full assessment with social care with much of the information already provided.

2. Supporting the Care Sector with Digital

Funding has been secured from NHS England to test Feebris with 30 care homes up to May 2025. This is a digitally enabled programme for proactive risk assessment and detection of deterioration of people in care homes. The platform is hardware agnostic, connecting to a range of sensors, and uses Artificial Intelligence (AI) to ensure the quality of information captured and automate the

detection of risks, this empowers proactive management of risks such as falls and deterioration therefore reducing hospital admissions. At present 683 people are being digitally monitored. This is being independently evaluated to measure the impact.

Care providers are also supported to put in place Digital Social Care records which is match funded by NHS England. The aim is to improve work processes for the provider by moving from paper based to digital and improving the quality of information.

3. Technology Enhanced Lives

Technology Enhanced Lives went live on 1 November 2023 and to date 1600 referrals have been made to the service. The service consists of three elements:

- 1) Long term for people who have care act eligible needs
- 2) Short term service, free for up to 10 weeks to support hospital discharge and enablement
- 3) Private pay for people who do not want to come to social care or not eligible

Devices such as movement sensors, smart watches, wearables, falls prevention devices and other technologies will allow people to remain independent for longer and better manage risk when previously they may have needed additional help, for example home care or moving to a care home. These technologies are increasingly connected and integrated to each other and to dashboards to support remote monitoring. There is an opportunity to use data generated from the technologies to enable us to move from a reactive to a preventative approach. There are system wide benefits, such as working with Health to reduce hospital admissions and improve hospital discharge.

4. Social Prescribing Platform

KCC has been asked on behalf of the ICB, using funding allocated from NHS England, to lead on the implementation of a digital platform which will enable Primary Care to connect people to community-based support, services, resources, networks and groups in the local area. This can help to improve outcomes for people, supporting the to stay well, independent and resilient, reducing social isolation and helping to support physical and mental health. The digital platform will benefit partners as there is a role for all organisations across the Integrated Care System to ensure there is a consistent offer for the whole population, ease of access and a way of understanding the uptake and impact of promoting social connections.

6 Financial Implications

In 2024/2025 the financial challenge for the whole of KCC was a £96m funding gap arising from the scale of spending growth of circa £210m, which is far in excess of

the increased funding from central government and taxation, circa £114m. This gap had to be funded from identifying savings and use of reserves.

The scenario is similar for 2025/2026 where we are forecasting £147m growth compared to a £64m increase in funding.

Over half of this spending growth relates to ASCH, and savings must be identified to offset this increased growth, as well as achieving previous years rolled-forward savings. The main financial challenges that ASCH is seeing this year, are in relation to the continuation of increased demand, complexity and costs, meaning the achievement of those savings required to offset the growth is challenging and causing financial pressures.

The Joint Commissioning Management Group will continue to work collaboratively with Kent and Medway Integrated Care Board (KMICB) to ensure best value for money and use of resources across the system.

7 Risk Management

Risk management is a key element of the council's internal control framework and the requirement to maintain risk registers ensures that potential risks that may prevent the Authority from achieving its objectives are identified and controlled. The management of risk is therefore important in underpinning service delivery planning, performance management and operating standards.

The Directorate Management Team (DMT) maintain risk registers at a directorate level to oversee risks to service delivery and ensure appropriate mitigations are put in place. ASCH also holds a number of risks within the corporate risk register for areas under the directorate's portfolio. Risk registers are maintained centrally and reviewed regularly by DMT to ensure actions have been implemented and monitor the outcomes. The risk registers are maintained as live documents and updated with newly identified risks and mitigating actions. DMT will retain responsibility for their oversight and for assuring that actions have been implemented by the identified risk owners.

The risks currently overseen relate to: budget pressures, Deprivation of Liberty assessments, workforce, provider failure, information asset management and information governance.

8 Conclusion

The challenges facing ASCH remain significant in terms of the collective impact of financial, workforce and health stressors on the system. The budgetary challenge for 2024/2025 across both ASCH and the wider Council is significant. This pressure will continue as we go into 2025/2026 whilst simultaneously having to manage increased demand and waiting times for assessments and services due to the workforce

pressures which are being seen across multiple sectors but are particularly acute in health and social care.

Short-term funding boosts from Government in previous years have temporarily helped reduce the number of people waiting for care and increased support for people at home. However, multi-year funding settlements are needed to enable adult social care to provide greater stability and certainty for councils and enable them to innovate and move away from traditional models of care.

According to the ADASS Spring Survey 2024 waiting lists of all kinds have fallen, however figures remain historically high and as of 31 March 2024, there were still a total of 418,029 people nationally waiting for an assessment, care or direct payments to begin, or a review of their care plan. The risk therefore remains that means the health and wellbeing of many thousands of people continues to deteriorate while they wait for assessments, care or direct payments.

ASCH continues to learn from the extreme pressures it has operated under during the last few years and regularly reviews its business continuity plans and mitigations in place to manage risk, it will need to maintain an agile approach to respond to these ongoing pressures.

ASCH will continue to work collaboratively with its partners in both the health and the provider market to respond to the challenges. Partnership working across the system has already demonstrated its efficacy in ensuring that resources can be targeted to where they are most needed, and support ASCH in being able to prioritise the health and wellbeing of the people of Kent.

In order to tackle the pressures of coming months ASCH will continue to deliver ongoing work with partners to manage infection control; hospital admission avoidance and discharge, use of technology and managing end of life care; utilising government funding to support recruitment and retention in the provider market; supporting and development the provider market; and continuing to engage with regional and national partners to support contingency planning and communication with providers.

9 Appendices

The following section contains all relevant appendices to the ASCH Pressure Plan 2024-2025 document.

App A – Operational Pressures Escalation Plan

App B – Equality Impact Assessment

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