Operational Pressures Escalation Plan

Adult Social Care and Health

Adult Social Care

Kent County Council
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1. Introduction

In August 2023, NHS England published the Operational Pressures Escalation Levels (OPEL) Framework 2023/24. The framework aims to provide a consistent approach in times of pressure. The 2023/24 publication supersedes all previous version of the national framework which has been in operation since 2016.

On 19th March 2020, NHS England published COVID-19 Hospital Discharge Service Requirement with the aim of maintaining enough capacity to support people who have acute healthcare needs due to coronavirus (COVID-19) in hospitals. These requirements were subsequently revised by the Hospital Discharge Service: Policy and Operating Model (21st August 2020) and Hospital Discharge and Community Support: Policy and Operating Model (5th July 2021). KCC ASCH Directorate responded to COVID-19 Hospital Discharge Service Requirement and subsequent revision in August 2020 and July 2021 by transforming the way Local Authority teams operate to support the safe and rapid discharge of those people who no longer need to be in a hospital bed. Whilst these sets of guidance no longer apply the changes made to the way local teams operate remain.

On the 31st March 2022, the Department for Health and Social Care published Hospital Discharge and Community Support Guidance which superseded the previous policy and operating model. The expectation is that local teams should adopt discharge processes that best meet the needs of the local population. This includes the 'discharge to assess, home first' approach, which is well established in Kent. It is expected that systems work together across health and social care to jointly plan, commission, and deliver discharge services that are affordable within existing budgets available to NHS commissioners and local authorities, pooling resources where appropriate. This is a current area of development across Kent and Medway. Multi-agency partners are working together to develop the model within existing resources, and agree any investment to reshape provision towards more home-based, strengths-based care and support, and with less reliance and expenditure on bed-based provision.

Transfer of Care Hubs, are now established countywide as the local health and social care system-level coordinating centres linking all relevant services across sectors to aid discharge, recovery and admission avoidance.

This Plan describes how KCC continues to operate within the revised 2023/24 OPEL Framework, building on local plans and practice which are well established and embedded through operational experience since the implementation of NHS England (South) Surge Management Framework which predates OPEL. This Plan operates against the backdrop of the Hospital Discharge and Community Support Guidance (31st March 2022), and will continue to be updated as health, care and other public services move towards more integrated, multi-disciplinary working, and to reflect future funding arrangements.

2. Aim and Objectives

2.1 Aim

The aim of this Plan is to ensure KCC Adult Social Care and Health Directorate responds appropriately to surges in demand across the Kent and Medway Health and Social Care System.

2.2 Objectives

The objectives of this Plan are;

- To provide information about the national operating frameworks and services requirements
- To describe the monitoring and reporting arrangements in place to provide early warning of surge pressure
- To inform staff about the national, regional, and local processes and procedures to be used to manage a surge in demand
- To identify roles and responsibilities for services, teams, and individuals
- To describe the actions required in response to surge in demand

3. National Operating Framework

3.1 Operational Pressures Escalation Levels (OPEL) Framework

The OPEL Framework 2023/24 replaces all previous versions of the NHS OPEL Framework. The current framework aims to:

- Provide a unified, systematic and structured approach to detection and assessment of acute hospital Urgent and Emergency Care (UEC) operating pressures – achieved through standardisation of parameters and assessment within acute NHS trusts. These parameters have been identified through consultation and collaboration with operational and clinical leaders from across the country. The parameters are designed to reflect the key drivers of operational pressures.
- Provide a consistent framework for the proportional representation of each acute trust hospital's OPEL score toward the corresponding Integrated Care System (ICS), NHSE Regions, and NHSE Nationally.
- Provide guidance to acute hospital trusts, ICS and NHSE regions that that supports an effective, integrated and coordinated response to acute trust operational pressures.
- Provide guidance on the alignment of, and interaction between, the OPEL Framework 2023/24 and the national Emergency Preparedness, Resilience and Response (EPRR) framework

The OPEL Framework 2023/24 focuses on assessment of an acute Hospitals' operational pressures and how this assessment contributes to the OPEL score of their corresponding NHS trust, ICS and NHSE region, and NHSE nationally.

The following core parameters make up the OPEL assessment for each submission. Each acute hospital must complete their own OPEL assessment based on these

parameters. Full descriptions and definitions of these parameters can be found at Appendix 1: Core OPEL parameter definitions

1. Mean ambulance handover time.
2. ED all-type 4-hour performance.
3. ED all-type attendances.
4. Majors and resuscitation occupancy.
5. Time to treatment (TTT).
6. Percentage of patients spending >12 hours in ED.
7. General and Acute (G&A) bed occupancy as a percentage.
8. Percentage of open beds that are escalation beds.
9. Percentage of beds occupied by patients no longer meeting the criteria to reside (NCTR)

The parameters above can be supplemented with other parameters for use within locally agreed process by the acute trust, ICS and NHSE regions. Other non-acute (hospital) providers of health and social care may utilise escalation or OPEL systems, and are encouraged to continue localised escalation and response using these tools in daily operations.

As a minimum, an OPEL assessment must be completed by each acute trust once per 24-hour period or in response to changes in OPEL status. The first assessment must be completed no later than 10:00, 7 days per week. Scores range from 0 to 44 – with the lowest pressure assessment being 0 and the highest-pressure assessment being 44 (Table 1: OPEL score and corresponding level).

Table 1: OPEL score and corresponding level

Aggregated OPEL Score	**OPEL**	**Clinical Risk**
0-11	OPEL 1	Low
12-22	OPEL 2	Medium
23-33	OPEL 3	High
34-44	OPEL 4	Very High

The acute hospital's OPEL assessment (per parameter) and overall OPEL score must be submitted to the ICS which will aggregate all trust scores within its geographical boundary. ICS must, in turn, submit this to NHSE regions to establish the NHSE regional OPEL score.

3.2 Hospital Discharge and Community Support Guidance

Hospital Discharge and Community Support Guidance applies to;

- all NHS trusts,
- community interest companies and private care providers of acute, community beds and community health services,
- social care staff in England.

It is expected that NHS bodies and local authorities should agree the discharge models that best meet local needs and are effective and affordable within the budgets available to NHS commissioners and local authorities.

Where somebody is admitted to hospital for elective treatment their likely short-term care needs upon discharge should be considered and discussed with them prior to their admission. Where somebody has been admitted to hospital as an emergency admission, their likely short-term care needs on discharge should be considered as soon as possible after their admission.

Where a patient is likely to need an interim package of care on leaving hospital, pending any assessment of their longer-term care needs, the Transfer of Care Hub assesses the appropriate discharge pathway and any immediate support the person will need on being discharged, including any issues relating to safeguarding and housing.

Care Act assessments to determine the long-term health and social care needs should take place after someone has left hospital and after an initial period of recovery.

It is the responsibility of acute and community hospitals to refer patients to the Transfer of Care Hub as soon as it is clinically safe to do so.

It is expected that no one has to transfer permanently into a care home for the first time directly following an acute hospital admission - everyone should be offered the opportunity to recover and rehabilitate at home or in a bedded setting before their long-term needs and options are assessed and agreed.

Acute hospitals are responsible for leading on the discharge of all patients on pathway 0. Providers of community health services lead on pathways 1-3. The model operates at least 8 am – 8 pm 7 days a week.

For 95% of patients leaving hospital this means that (where it is needed), the assessment and organising of ongoing care will take place when they are in their own home.

The Transfer of Care Hub assesses the suitable level of care support, visit patients at home on the day of discharge or the day after to arrange what support is needed in the home environment and rapidly arrange for that to be put in place. If care support is needed on the day of discharge from hospital, this is arranged prior to the patient leaving the hospital site, by a care coordinator.

Social Care Services are expected to be an active participant in Transfer of Care Hubs.

Mental Capacity

Duties under the Mental Capacity Act 2005 continue to apply. If a person is suspected to lack the relevant mental capacity to make the decisions about their ongoing care and treatment, a capacity assessment should be carried out before decision about their discharge is made. Where the person is assessed to lack the relevant mental capacity and a decision needs to be made then there must be a best interest decision made for their ongoing care in line with the usual processes. If the proposed arrangements amount to a deprivation of liberty, Deprivation of Liberty Safeguards in care homes arrangements and orders from the Court of Protection for community arrangements still apply but should not delay discharge.

4. Activation and Escalation

The OPEL score for each acute trust is determined by the core parameters (Appendix 1: Core OPEL parameter definitions). These parameters may be supplemented with other parameters for use within locally agreed process by the acute trust, ICS and NHSE regions. Other non-acute (hospital) providers of health and social care may utilise escalation or OPEL systems, and are encouraged to continue localised escalation and response using these tools in daily operations.

Health and Social Care organisation across Kent and Medway are expected to maintain robust, up-to-date local escalation plans signed off at Board level which dovetail into up-to-date overarching system-wide plans.

All local escalation plans should have clearly defined escalation triggers. Kent County Council has agreed the following indicative descriptions of pressure on Social Care services for each escalation level.

Table 2: KCC Escalation Levels

Operational Pressures Escalation Levels for Kent County Council	
OPEL One	• The number of referrals received by KCC from Community Health providers after a discharge from an acute or community hospital is within normal expected level • KCC Short-term Pathway staffing levels are sufficient to meet current referral rate • KCC Short-term Pathway Service appropriately represented at Transfer of Care Hub were emerging issues can be discussed and actions agreed • There is capacity in the residential and nursing home market to accommodate the current demand for placements • There is capacity in the home care market to accommodate the current demand for care packages • There is capacity within the Kent Enablement at Home service for all eligible people after discharge from acute or community hospital settings • Care reviews are taking place at the end of Kent Enablement at Home service • There is capacity within the existing Assessment Bed service for all eligible people at discharge from Community Health provision • The number of cases in the Area Referral Service triage workflow is within business-as-usual capacity • All Continuing Health Care Decision Support Tool Assessments are taking place within agreed policy timeframe • The number of referrals from rapid response / ICT is within normal expected level • All Care Act assessments following discharge from an acute or community health setting are completed within 3 to 6-weeks of discharge date • All reviews following KCC community Assessment Bed placement or short-term care package are taking place with 6-weeks of start date • All cases that cannot be resolved at first contact are being review within an acceptable timeframe • Scheduled case reviews are completed as planned • There are no cases waiting for Practice Assurance Panel decision
OPEL Two	• In some areas number of referrals received by KCC from Community Health providers after a discharge from an acute or community hospital is above the normal expected level

	• In some areas, KCC Short-term Pathway staffing levels are not sufficient to meet current referral rate • KCC Short-term Pathway Service is not appropriately represented at Transfer of Care Hub were emerging issues can be discussed and actions agreed • In some areas there is insufficient capacity in the residential and nursing home market to accommodate the current demand for placements • In some areas there is insufficient capacity in the home care market to accommodate the current demand for care packages • In some areas there is insufficient capacity within the Kent Enablement at Home service for all eligible people after discharge from acute or community hospital settings • In some areas, care reviews are not taking place at the end of Kent Enablement at Home service • In some areas there is insufficient capacity within the existing Assessment Bed service for all eligible people at discharge from Community Health provision • In some areas the number of cases in the Area Referral Service triage workflow is above the normal expected level • In some areas, Continuing Healthcare Decision Support Tool Assessments are taking place outside agreed policy timeframe • In some areas, the number of referrals from rapid response / ICT is above the normal expected level • In some areas, Care Act assessments following discharge from an acute or community health setting are not being completed within 3 to 6-weeks of discharge date • In some areas, reviews following KCC community Assessment Bed placement or short-term care package are not taking place with 6-weeks of start date • In some areas, not all cases that cannot be resolved at first contact are being review within an acceptable timeframe • In some areas, scheduled case reviews have been de-prioritized • In some areas, a small number of cases are waiting for Practice Assurance Panel decision
OPEL Three	• County-wide number of referrals received by KCC from Community Health providers after a discharge from an acute or community hospital is above the normal expected level • County-wide, KCC Short-term Pathway staffing levels are not sufficient to meet current referral rate • KCC Short-term Pathway Service is not appropriately represented at Transfer of Care Hub were emerging issues can be discussed and actions agreed • County-wide there is insufficient capacity in the residential and nursing home market to accommodate the current demand for placements • County-wide there is insufficient capacity in the home care market to accommodate the current demand for care packages • County-wide there is insufficient capacity within the Kent Enablement at Home service for all eligible people after discharge from acute or community hospital settings • County-wide, care reviews are not taking place at the end of Kent Enablement at Home service • County-wide there is insufficient capacity within the existing Assessment Bed service for all eligible people at discharge from Community Health provision

	• County-wide the number of cases in the Area Referral Service triage workflow is above the normal expected level • County-wide, Continuing Healthcare Decision Support Tool Assessments are taking place outside agreed policy timeframe • County-wide, the number of referrals from rapid response / ICT is above the normal expected level • County-wide, Care Act assessments following discharge from an acute or community health setting are not being completed within 3 to 6-weeks of discharge date • County-wide, reviews following KCC community Assessment Bed placement or short-term care package are not taking place with 6-weeks of start date • County-wide, not all cases that cannot be resolved at first contact are being review within an acceptable timeframe • County-wide, scheduled case reviews have been de-prioritized • County-wide, a significant number of cases are waiting for Practice Assurance Panel decision
OPEL Four	• The number of referrals received by KCC from Community Health providers after a discharge from an acute or community hospital is beyond business as usual capability County-wide • KCC Short-term Pathway is experiencing a critical staff shortage and is unable to meet current referral rate • Available capacity in the residential and nursing home market across Kent and Medway is exhausted • Available capacity in the home care market in Kent and Medway in exhausted • The Kent Enablement at Home service is unable to take on any new people County-wide • There are currently no Assessment Beds available and the situation is unlikely to improve • The number of cases in the Area Referral Service triage workflow is beyond business-as-usual capability County-wide • Continuing Health Care Decision Support Tool Assessments have been suspended • The number of referrals from rapid response / ICT is beyond business as usual capability County-wide • All actions to ensure Care Act assessments following discharge from an acute or community health setting are completed within 3 to 6-weeks of discharge date have been exhausted • Reviews following KCC community Assessment Bed placement or short-term care package have been suspended • Care reviews at the end of Kent Enablement at Home service have been suspended • Cases that cannot be resolved at first contact are not being review within an acceptable timeframe; risks to people's safety remain unresolved. • Scheduled case reviews have been suspended • Practice Assurance Panel has been suspended

4.1 Status and Monitoring System

The Single Health Resilience Early Warning Database (SHREWD) is used across Kent and Medway to provide online reporting to support decision-making and the operational management of the whole health and social care system.

The system allows immediate identification of pressures and delays in the system which means that conference calls are more focused and corrective actions are agreed from a position of knowledge, enabling decision makers to be proactive rather than reactive. It facilitates a collaborative whole health economy approach to working to reduce system pressures.

The system includes built in teleconferencing and action tracking functionality that acts as a paperless electronic audit system.

SHREWD is the default mechanism used by Kent County Council for sharing Operational Pressures Escalation with Health partners. All teams with access to the system update their indicators on a daily basis to ensure that the most up-to-date and accurate information is available to decision makers.

Within Adult Social Care and Health, the information system Mosaic is used to monitor operational pressure. Team Leaders and Service Managers use Mosaic to identify pressure points in their workflows, to inform the prioritisation of local resources and escalation, as appropriate, using this Plan as a guide.

4.2 Indicators

The KCC indicators currently reported using SHREWD are:

- Staffing of Short-term Pathway Team (%)
- Integrated Care Centre / In House Provision Assessment Bed availability (including dementia bad availability)
- KCC case load (per Area) – total case load currently managed by each Short-term Pathway Team
- Referrals (per Area) – total cases currently in Health provision pending assessment outcome
- Kent Enablement at Home (KEaH) daily capacity
- Discharge to Assess Pathway One: number of patients discharged yesterday
- Discharge to Assess Pathway One: Total availability remaining against week capacity

4.3 Triggers

Trigger levels are set for each indicator and reviewed regularly to ensure status levels are appropriate.

A colour coding system applies to each indicator aligned to the OPEL Framework; Green for OPEL 1, Amber for OPEL 2, Red for OPEL 3 and Black for OPEL 4.

Staffing of Short-term Pathway Team
When Teams are staffed at 70% and above allowing for sickness, annual leave and training the status is Green. When staffing falls below 70% and above 50% status is Amber. Red status is triggered when staffing falls below 50% and above 35%. The status of Hospital teams staffed below 35% is reported as Black.

Integrated Care Centre / In House Provision Assessment Bed Availability
Assessment Bed availability is a product of the total number of beds at each location minus the current number of beds occupied.

This indicator has been included to provide at a glance availability information County-wide. Trigger levels have been set in line with Assessment Bed Occupancy.

The number of dementia beds available is also reported daily.

Case Load
Trigger levels for the Case Load indicator are currently under development.

Referrals
Trigger levels for the Referrals indicator are currently under development.

Kent Enablement at Home (KEaH) daily capacity
Triggers levels are set for Kent Enablement at Home to identify current capacity within the service to support people discharged by acute/community hospitals. Indicators and thresholds provide improved granular detail across 9 KEaH operating patches;

- Black - no capacity
- Red - very limited capacity
- Amber - limited capacity
- Green - good capacity

Discharge to Assess Pathway One: number of patients discharged yesterday
The following trigger levels are indicative and apply to West Kent only.

When the number of patients discharged yesterday is 6 or 5 the status is Green. When the number of patients discharged yesterday is 4 or 3 status is Amber. Red status is triggered when the number of patients discharged yesterday is 2 or 1. If no patients were discharged yesterday status is reported as Black.

Discharge to Assess Pathway One: Total availability remaining against week capacity
The following trigger levels are indicative and apply to West Kent only.

When the total availability remaining against weekly capacity is between 42 and 35 the status is Green. When the total availability remaining against weekly capacity is between 34 and 15 the status is Amber. Red status is triggered when the total availability remaining against weekly capacity is between 14 and 6. If the total availability remaining against weekly capacity is between 5 and 0 status is reported as Black.

5. Command and Control

A range of multi-agency and single agency groups exist to maintain oversight of OPEL and ensure timely actions are taken to de-escalate the health and social care system when needed.

5.1 Multi-Agency Groups

Whole System Escalation Teleconference Calls
Multi-agency System Resilience / Whole System Escalation Teleconference Calls are established to anticipate and mitigate risk caused by operational pressures

across each Health economy particularly those relating to capacity and transfers of care.

Teleconference calls are held and increased and decreased in frequency according to the operational pressures being faced by each site. The aim of the teleconferences is to:

- anticipating and mitigating risk caused by pressures across the Health Economy particularly those relating to capacity and transfers of care
- agreeing local actions to be taken, including communication with partners and the public on the current status of services
- provide updates to relevant stakeholders.

Whole System Escalation Teleconference Calls are attended by the Short-Term Pathway Service Manager and / or Short-Term Pathway Team managers during office hours, Monday to Friday.

Urgent Care Delivery Boards

Urgent Care Delivery Boards has been established to provide whole system oversight and leadership to drive improvement in A&E performance and ensure high quality Urgent Care Pathways for patients in the context of the Sustainability and Transformation Plan (STP).

Each Board includes representatives from Acute NHS Trusts, South East Coast Ambulance Service (SECAMB), Kent Community Health NHS Foundation Trust (KCHFT), Kent and Medway NHS and Social Care Partnership Trust (KMPT), Integrated Care 24 (IC24), NHS 111, G4S (patient transport) and Kent and Medway Integrated Care Board. KCC is represented at each Delivery Board by the appropriate Assistant Director for Adult Social Care.

Urgent Care Delivery Board areas operate OPEL 1 when operating within normal parameters. At OPEL 1 and 2 operations and escalation is delegated to the relevant named individuals in each organisation across the Delivery Board. At OPEL 3 and 4 senior involvement across the Delivery Board is expected.

Operational Pressures meeting the criteria for OPEL 2, 3 and 4 are escalated to the respective Urgent Care Delivery Board:

- East Kent – including William Harvey Hospital, Queen Elizabeth the Queen Mother Hospital and Kent and Canterbury Hospital
- West Kent – including Tunbridge Wells Hospital and Maidstone Hospital
- North Kent – including Darent Valley Hospital
- Medway and Swale – Medway Maritime Hospital

Local Health Economy (LHE) Teleconference Calls

Local Health Economy (LHE) Teleconference Calls (previously referred to as D2A) are business-as-usual for health and social care services. The frequency of these teleconferences are agreed locally according to the operational pressures being faced by each site. The aim of the teleconferences is to maximise throughput and prevent bridging.

During office hours, Monday to Friday LHE Teleconference Calls are attended by Kent Enablement at Home, Purchasing, Social Care Discharge Co-ordinator and Discharge to Assess Provider(s).

5.2 KCC Operational Pressures Escalation Group

On occasions when despite the application of local actions the pressure on capacity and the need to mitigate against the possibility of compromising patient care, requires additional support from other service providers, including those which cross locality boundaries, the KCC Operational Pressures Escalation Group may be initiated.

The Group will be chaired by the Director of Adult Social Care (East / West) and will include Assistant Director(s), Short-Term Pathway Service Manager(s), Head of Kent Enablement at Home, Access to Resources Manager and Commissioning Manager(s). The Group will consider current position, actions required to alleviate pressure and support required from other agencies.

The KCC OPEL status on SHREWD may be escalated based the Group's assessment of current pressures.

If necessary, the NHS 111 Directory of Service (DoS) Capacity Management Protocol will be activated based the Group's assessment of current pressures.

6. Capacity and Demand Management Measures

The Local Authority has established a range of measures which contribute to reducing demand, increasing capacity and maintaining through-put within health and social care services.

6.1 Reducing Demand

Cold Weather and Heatwave Actions

KCC Adult Social Care and Health has well-established action plans designed to reduce the avoidable impact on health from periods of extreme weather (Adverse Weather Plan). These Plans cover:

- Long term planning
- Seasonal preparedness
- Alerting and activation
- Response to severe weather

Cold weather and heatwave action plans are inclusive of contracted providers and include public messaging.

Covid-19 / Flu Vaccination

Considering the risk of flu and COVID-19 co-circulating in winter, the national flu immunisation programme is essential to protecting vulnerable people and supporting the resilience of the health and care system.

All frontline health and social care workers should receive a vaccination. This should be provided by their employer, to meet their responsibility to protect their staff and service users and ensure the overall safe running of services. Employers should

commission a service which makes access easy to the vaccine for all frontline staff, encourage staff to get vaccinated, and monitor the delivery of their programmes.

It is the ambition of the Department of Health and Social Care (DHSC) that 100% of frontline health and social care staff are offered the vaccine.

The Authority has arrangements in place to encourage all frontline social care staff regardless of their risk status to be vaccinated against seasonal flu. Seasonal flu vaccination arrangements are publicised to staff through the Authority's intranet and staff communication channels.

Risk reduction awareness, information and education are key elements of the Authority's communication strategy through print media, online and directly with contracted providers, the community and voluntary sector.

NHS 111 Directory of Service (DoS) Capacity Management Protocol
The NHS 111 Directory of Service (DoS) Capacity Management Protocol allows Health and Social Care providers to notify NHS 111 of service pressures and seek to reduce referrals by providing members of the public with other suitable options depending on need.

When services provided by KCC are experiencing pressure, new referrals from NHS 111 can be reduced by providing members of the public with other suitable options depending on need.

Social Care services provided by KCC have been categorised as Band B / C meaning that implementation of the protocol will have a medium / low impact the Health and Social Care System. As such, the protocol can be implemented without ratification by ICB Director on Call.

When indicated by the OPEL status level the Short-Term Pathway Service Manager will take the following steps to activate the Protocol:

a) Call NHS 111 on 01233 363020 to change the service capacity status
b) Inform the ICB commissioning lead in hours or NHS Director on Call out of hours
c) Review escalation status after 4 hours and if pressure remains repeat step A and B.

Admission avoidance
KCC Adult Social Care and Health continues to support admission avoidance schemes designed to reduce the pressure on the health and social care system, promote independence and wellbeing, including:

- Crisis intervention
- Emergency / unplanned respite and support to carer breakdown
- Support to Rapid Response with personal care
- OT equipment
- Kent Enablement at Home (KEaH)

6.2 Increasing Capacity

Resource Planning
Locally agreed resource plans account for known periods of operational pressure such as holiday periods to ensure staff are in place ready to support when required.

Each service will prioritise workload and where there are excess resources, considering interdependencies, offer mutual aid to other service(s), to ensure continuity across the county in line with existing Business Continuity arrangements.

Staff Redeployment Process
At times of pressure, the Short-Term Pathway Service Manager will notify the appropriate Assistant Director of additional resource requirements.

The Assistant Director will assess available resources within existing staff group and redeploy staff to alleviate pressure where appropriate.

Where existing resources cannot be redeployed, the Assistant Director will contact the Director of Adult Social Care (East or West). Where necessary the Director may make time limited arrangements.

Extended Access
The KCC Out of Hours Service continues to provide a central point of contact during evenings, weekends and public and Bank Holidays.

Kent Enablement at Home (KEaH) through Careline and our commissioned service across health and social care, Hilton Nursing Partners, facilitate and support social care discharges on Pathway 1 (Home). Assessment bed provision, in-house for Pathway 2 and our external provision is used for Discharge to Assess Pathway 3. This support efficient, quick, and safe discharges outside office hours.

Contracts outside framework
Where necessary, KCC continues to negotiate individual contracts with providers, outside the framework, where this is required to meet the needs of the individual or where framework providers are unable to meet current demand such that maintaining through-put within health and social care services is compromised.

Supporting the Market
The Authority continues to provide support to the market by:

- Circulating and promoting guidance to all social care providers, the voluntary and community sector
- Working with partners to encourage those who are eligible to access free flu vaccine
- Supporting providers to develop, review and update visiting policy in line with visiting guidance issued by the Director of Public Health
- Monitoring market position through the capacity tracker and CQC survey

The Authority maintains close working relationships with contracted and non-contracted providers. Partnership working between care providers to cover packages of care is well established.

6.3 Maintaining through-put

Practice Assurance Panel

The frequency of Practice Assurance Panels may be increased at the discretion of the Assistant Director of Enablement and Support Services to maintain through-put if diarised panels are not deemed sufficient. Decision to hold extra-ordinary Practice Assurance Panel will be informed by current OPEL Status.

Assessment Beds

Placement Co-ordinators provide daily reports on progress of each assessment bed placement. The aim of the report is to reduce drift and increase throughput. Assessment bed placement exceeding 3-week period are escalated for immediate action.

On the eighth week of a twelve-week disregard period, providers are notified to allow sufficient time for arrangements to be made for discharge or funding to be agreed at the end of the disregard period.

Contracted Residential and Nursing Provision

Where system pressure has been exacerbated by lack of capacity in contracted provision of planned and emergency respite, assessment bed and long term residential and nursing care, this is escalated to commissioners for immediate action.

7. Roles and Responsibilities

The roles and responsibilities of key staff are described below. Staff with specific roles and responsibilities should know where to go and what to do when this plan is implemented. A training programme is in place to support key staff in this regard.

All Social Care staff have a potential role in managing and responding to operational pressures.

This document is made available in a place to which all staff members have access. All staff should be aware of the plan and where the plan can be located.

Actions described to deescalate operational pressures will be triggered by the OPEL status of Kent County Council, the Area or region.

The roles and responsibilities of local leadership forum(s), Integrated Care Board and NHS England are provided at Appendix 3: for ease of reference.

7.1 Directors of Adult Social Care (East / West)

The leads for Operational Pressures Escalation are the Directors of Adult Social Care.

The Directors of Adult Social Care will:

- be informed of current OPEL status, capacity and demand through SHREWD
- receive updates provided by Assistant Directors, Short Term Pathway Service Managers and Team Managers
- seek assurance that actions required are implemented in accordance with agreed procedures

- where required, consider use of additional resources, or redeployment of existing resources in line with agreed Business Continuity arrangements
- initiate the KCC Operational Pressures Escalation Group, as and when required
- initiate discussions with health partners on use of available beds at community hospitals or funding options to support spot purchase of short-term placements.

7.2 Short Term Pathway Operational Manager

The Short Term Pathway Operational Manager will:

- be informed of current OPEL status, capacity and demand through SHREWD
- receive regular updates from the Short-Term Pathway Team Managers
- attend Urgent Care Delivery Board teleconferences, providing a position statement on behalf of the Local Authority to multi agency partners
- maintain oversight of the redeployment of staff resources, to alleviate pressure for a time limited period
- escalate resourcing pressures to the Assistant Director who will consider use of additional resources or redeployment of existing resources, in line with agreed Business Continuity arrangements across service area boundaries.
- initiate the KCC Operational Pressures Escalation Group, as and when required

7.3 Short Term Pathway Team Manager

Short Term Pathway Team Managers will ensure that all indicators are updated on SHREWD on a daily basis.

Short Term Pathway Team Managers will:

- be informed of current OPEL status, capacity and demand through SHREWD
- receive regular updates from the Social Care Discharge Co-ordinator
- update the KCC OPEL status on SHREWD based on the current indicators for KCC
- look to see whether people in Community Hospitals or cared for by Community Health can be supported in their own home by Kent Enablement at Home on occasion when doing so will reduce pressure in the system and prevent escalation
- seek agreement to use contracted care in the home providers to facilitate discharge, bridging the gap until Kent Enablement at Home carers are available
- When KEaH has very limited or no capacity and notification to decline is received within 2 hours, progress to Purchasing and request commencement of enablement package within 2-week timeframe
- explore alternative capacity to bridge the gap when a care in the home package start date has been agreed but there are insufficient resources within Kent Enablement at Home
- consider the use of residential or nursing home placements from non-contracted providers and those in other areas were capacity is available

- consider redeployment of staff resources, to alleviate pressure for a time limited period
- attend Operational Teleconference Groups
- initiate the KCC Operational Pressures Escalation Group, as and when required

On occasions when discharges are delayed due to assessment bed availability, the Short Term Pathway Team Manager may alert Integrated Care Centres and in house provision to current pressures, to agree flexibility (in advance where possible) for accepting patients later in the day and prioritise referrals from Short-term Pathway.

7.4 Senior Practitioner / Social Care Discharge Co-ordinator

Senior Practitioner / Social Care Discharge Co-ordinators will ensure that all indicators are updated on SHREWD on a daily basis.

Senior Practitioner / Social Care Discharge Co-ordinators will:

- ensure that actions are implemented in accordance with the current OPEL status
- attend LHE Teleconference Calls as required
- escalate resourcing pressures to the Short-Term Pathway Team Manager
- escalate any delays in acquiring a Kent Enablement at Home care package to the Short-Term Pathway Team Manager
- explore alternative capacity to bridge the gap when a care in the home package start date has been agreed but there are insufficient resources within Kent Enablement at Home
- consider the use of residential or nursing home placements from non-contracted providers and those in other areas were capacity is available
- alert In-house Provision to developing pressure to ensure actions are implemented to increase capacity and throughput.

7.5 Arrangement Support Teams

The Arranging Support Hospital Team collate current availability of Integrated Care Centre / In House Provision assessment beds and update Assessment Bed Occupancy indicator on SHREWD daily. In addition, the Hospital Discharge Team maintain up-to-date details of vacant beds in older person's residential and nursing homes County-wide. This includes planned and emergency respite, assessment beds and long-term placements in residential / nursing care.

Arranging Support Teams may negotiate individual contracts with providers, outside the framework (see Contracts outside framework). Rigorous processes are in place to ensure contracts outside the framework are only used when absolutely necessary; this may result in a delay to care package start date.

Arranging Support Teams may operate a skeleton service during bank holidays on request.

7.6 In-house Provision

In-house residential and domiciliary provision will:

- expand capacity wherever possible when this action is triggered by the OPEL status
- consider use of agency staff to increase staffing capacity where necessary whilst limiting all staff movement between settings unless absolutely necessary to help reduce the spread of infection
- support the safe, but immediate discharge of patients

Kent Enablement at Home (including KEaH Plus) will:

- receive information from Registered Practitioners and Case Officers about potential care package requirements for people at triage
- pre-plan resource requirements and identify any issues by exception the Short-Term Pathway Team Manager to be included in status reports
- For all referrals where a start date cannot be found in the next 24 hours inform the referrer with 2 hours of receipt
- Ensure that all eligible people referred who cannot be accepted for a start date within 24 hours are followed up in the community

Registered Managers of In-house establishments will:

- ensure the vacant beds indicator is updated manually on a daily basis and increase this frequency to twice daily where indicated by the OPEL status
- prioritise referrals for people on the hospital discharge pathway
- co-ordinate additional board rounds daily

7.7 Team Managers – Community / Locality Teams

Team Managers will use Mosaic and Power BI reports to identify pressure points in their workflows on a regular basis:

- Cases in the triages workflows coming through Adult Social Care Connect, KEaH and other referral sources
- Continuing Health Care Decision Support Tool Assessments within agreed policy timeframe
- Referrals from rapid response / ICT
- Reviews following Assessment Bed placement or short-term care package within 6-weeks of start date transferred from Short-term Pathways
- Care reviews at the end of Kent Enablement at Home service
- Scheduled case reviews

In response to operational pressure Team Managers will liaise with Senior Practitioners to:

- Re-allocate work / cases across the ASCH workforce
- Risk assess and prioritise contacts / reviews
- Where Continuing Health Care Decision Support Tool Assessments are taking place outside agreed policy timeframe, escalate issue to senior management
- Request prioritisation though Purchasing for Rapid Response referrals

- Increase the frequency of panels where the speed of decision making is contributing to operational pressure
- When KEaH has very limited or no capacity and notification to decline is received within 4 hours, progress to Purchasing and request commencement of enablement package within 2-week timeframe dependent on capacity
- Encourage light-touch / virtual MCA assessment for less complex cases
- Prioritize face-to-face MCA assessment for most complex / unfriended cases
- Deprioritize care reviews at the end of KEaH package
- Deprioritize scheduled reviews
- Ensure that the Risk Register is updated and escalate concerns to Senior Managers

8. De-escalation

The defined roles and responsibilities will be implemented according to the OPEL status of Kent County Council, the Urgent Care Delivery Board Area or region with the aim of de-escalating operational pressures.

The OPEL status Kent County Council is informed by the indicators and triggers described above. The overall organisation OPEL status is updated on SHREWD by the Short-Term Pathway Service Manager on a daily basis according to available trend data for each indicator.

For ease of reference for external organisations Kent County Council actions in support of the wider Health and Social Care economy are summarised at Appendix 2: Kent County Council Operational Pressures De-escalation Actions.

The Authority must ensure that scarce resources are used at an appropriate time and to best effect in support of the Health and Social Care economy. On occasion, the Authority may not respond to status level of wider Health and Social Care Economy where doing so would have no positive impact on it.

Each indicator will be maintained at a lower level, dependent on the current number of referrals, before the step down of appropriate actions. This will ensure that when the actions end the risk of returning to the higher status level is reduced.

Role / Response	OPEL One	OPEL Two	OPEL Three	OPEL Four
Registered Managers / Team Leaders In-house Provision	Business as usual	Business as usual	• Consider the use of agency staff at in house residential units to increase capacity if necessary • Short Term Pathway residential provision to increase admission rate on a daily basis where it is safe to do so and escalate any issues for resolution. • Update vacant beds indicator twice daily. • Co-ordinate additional board rounds daily	• Continue with Level Three Actions.
Kent Enablement at Home Locality Organisers	Business as usual	• For all referral where a start date cannot be found in the next 24 hours inform the referrer with 2 hours of receipt. • Ensure that all eligible people referred who cannot be accepted for a start date within 24 hours are followed up in the community	• Continue with Level Two Actions	• Continue with Level Three Actions
Short Term Pathways Senior Practitioner / Social Care Discharge Co-ordinator	Business as usual	• Work with families to identify suitable options to facilitate through-put. • Consider use of residential or nursing home placements from non-contracted providers and those in other areas were capacity is available. • When a care in the home package start date has been agreed but there are insufficient resources within Kent Enablement at Home explore alternative capacity to bridge the gap. • Where KEaH are unable to commit to a start date in next 24 hours, assess and refer to Purchasing for a care package. • Represent KCC at Length of Stay (LOS) meetings.	• Continue with Level Two Actions. • Alert In-house Provision to developing pressure to ensure actions are implemented to increase capacity and throughput. • Consider use of residential or nursing home placements from non-contracted providers and those outside Kent and Medway. • Ensure Shrewd is updated twice daily by 10.30 am and again between 14:00 and 15:30	• Continue with Level Two and Three Actions. • Represent KCC at Multi-Agency Conference calls
Short Term Pathway	Business as usual	• Represent KCC at Multi-Agency	• Prioritise work to facilitate hospital	• Continue with Level Two and

Role / Response	OPEL One	OPEL Two	OPEL Three	OPEL Four
Team Manager		conference calls. • Represent KCC at Medically Fit / Length of Stay (LOS) meetings. • Consider temporary redeployment of staff across Area	discharge where it is safe to do so. • Consider use of residential or nursing home placements from non-contracted providers and those outside Kent and Medway.	Three Actions. • Represent KCC at Multi-Agency Conference calls.
Short-Term Pathways Operational Manager	Business as usual	• Maintain oversight of temporary redeployment of staff across Area • Represent KCC at Multi-Agency conference calls. • Represent KCC at Medically Fit / Length of Stay (LOS) meetings • When KEaH has very limited or no capacity and notification to decline is received within 2 hours, progress to Purchasing	• Continue with Level Two Actions.	• Continue with Level Two and Three Actions. • Implement Service Business Continuity Plans as appropriate.
Team Managers – Community / Locality Teams	Business as usual	• Re-allocate work / cases across ASCH workforce • Risk assess and prioritise contacts / reviews • When KEaH has very limited or no capacity and notification to decline is received within 4 hours, progress to Purchasing	• Increase the frequency of panels where the speed of decision making is contributing to operational pressure • Deprioritize care reviews at the end of KEaH package • Deprioritize scheduled reviews	• Continue with Level Two and Three Actions. • Implement Service Business Continuity Plans as appropriate.
Assistant Director	Business as usual	• Consider temporary redeployment of staff from Adult Community Team to Short-Term Pathway to manage increased referrals or fill temporary gaps in staffing resource	• Consider the temporary redeployment of staff from across Area boundaries to manage increased referrals or fill temporary gaps in staffing resource • Represent KCC at Multi-Agency conference calls	• Continue with Level Two and Three Actions. • Represent KCC at Multi-Agency Conference calls.
Director of Adult Social Care	Business as usual	Business as usual	• Discuss with health partners use of available beds at community hospitals or funding options to support spot purchase of short-term placements • Discuss with health partners joint funding opportunities to alleviate short-term pressures	

Appendix 1: Core OPEL parameter definitions

1. Mean ambulance handover time		
Mean time from ambulance patient arrival to clinical handover within the last 60 minutes. Clinical handover is defined as handover of clinical information and transfer of patient to hospital trolley.	<15 min	0 points
	15–30 min	2 points
	>30–60 min	4 points
	>60 min	6 points
2. ED all-type 4-hour performance		
Percentage of all type attendances admitted, discharged or transferred within 4-hours since midnight. This is excluding booked appointments.	>95%	0 points
	>76–95%	1 point
	>60–76%	2 points
	≤60%	4 points
3. ED all-type attendances		
The number of all-type attendances at the hospital within the past 60 minutes. This should be compared to the expected or anticipated number of attendances, which must be established and agreed locally based on historical demand. This can be a consistent hourly average or an average that considers varying attendances throughout a 24-hour period.	≤2%	0 points
	>2–10%	1 point
	>10–20%	2 points
	>20%	4 points
4. Majors and resuscitation occupancy (adult)		
Percentage occupancy of adult majors and resus at time of assessment. Occupancy should be calculated as the sum of all patients in adult ED who require a majors space (regardless of whether they are receiving care in a	≤80%	0 points
	>80–100%	2 points
	>100–120%	4 points

traditional space or an escalation area), divided by the maximum number of patients who can be cared for in major and resus areas, as stated in the acute hospital OPEL statement.	>120%	6 points
5. Time to treatment (TTT)		
Median total time between patient arrival at ED and the time that the patient is seen by a clinical decision-maker at time of review. Clinical decision-maker is a care professional who can define the management plan and discharge the patient **or** diagnose the problem and arrange or start definitive treatment as necessary.	≤60 min	0 points
	>60–90 min	1 point
	90–120 min	2 points
	>120 min	4 points
6. % of patients spending >12 hours in ED		
Total number of patients spending over 12 hours in ED from time of arrival to time of review as a percentage of total number of patients in ED at time of review.	≤2%	0 points
	>2–5%	1 point
	>5–10%	2 points
	>10%	4 points
7. % G&A bed occupancy		
Percentage bed occupancy of hospital at time of OPEL assessment. Bed occupancy should be calculated as the sum of patients occupying all open general and acute beds (including assessment units). Below 92% occupancy should not be considered as a target, the correct level will vary locally. This should be considered alongside the other metrics.	≤92%	0 points
	>92–95%	2 points
	>95–98%	4 points
	>98%	6 points
8. % open beds that are escalation beds		
Percentage of escalation beds as a proportion of the general and acute bed base open at the time of OPEL assessment.	≤2%	0 points
	>2–4%	1 point

Escalation beds are those considered in line with A&E SitRep definitions. The denominator should be the G&A beds in the acute hospital SitRep.	>4–6%	2 points
	>6%	4 points
9. % of beds occupied by patients no longer meeting the criteria to reside (NCTR)		
Percentage of open beds occupied by patients NCTR at time of OPEL assessment. Denominator should be the number of beds on the acute hospital SitRep.	≤10%	0 points
	>10–13%	2 points
	>13–15%	4 points
	>15%	6 points

Appendix 2: Kent County Council Operational Pressures De-escalation Actions

Action	OPEL 1	OPEL 2	OPEL 3	OPEL 4
Business as usual	✓			
Review people using assessment beds with a view to 'Step Down' creating capacity.		✓		
Work with families to identify suitable options to facilitate through-put		✓		
Ensure Shrewd is updated daily before 10.30		✓		
Work with families to identify suitable options to facilitate safe discharge whilst waiting for a care package start date.		✓		
Consider use of residential or nursing home placements from non-contracted providers and those in other areas were capacity is available		✓		
When a care in the home package start date has been agreed but there are insufficient resources within Kent Enablement at Home explore alternative capacity to bridge the gap.		✓		
Represent KCC at Medically Fit / Length of Stay (LOS) meetings.		✓		
Consider temporary redeployment of staff from Promoting Independence / Supporting Independence Service to Short-Term Pathway to manage increased referrals or fill temporary gaps in staffing resource		✓		
Consider temporary redeployment of staff from Adult Community Team to Short-Term Pathway to manage increased referrals or fill temporary gaps in staffing resource		✓		
For all KEaH referral where a start date cannot be found in the next 24 hours inform the referrer with 2 hours of receipt.		✓		
Where KEaH are unable to commit to a start date in next 24 hours, assess and refer to Purchasing for a care package		✓		
Where Continuing Health Care Decision Support Tool Assessments are taking place outside agreed policy timeframe, escalate issue to senior management		✓		
Consider the use of agency staff at in house residential units to increase capacity if necessary			✓	

Action	OPEL 1	OPEL 2	OPEL 3	OPEL 4
Short Term Pathway residential provision to increase admission rate on a daily basis where it is safe to do so and escalate any issues for resolution.			✓	
Update vacant beds indicator twice daily.			✓	
Co-ordinate additional board rounds daily			✓	
Use contracted or non-contracted care providers to bridge the gap if Kent Enablement at Home has insufficient capacity.			✓	
Alert In-house Provision to developing pressure to ensure actions are implemented to increase capacity and throughput.			✓	
Consider use of residential or nursing home placements from non-contracted providers and those outside Kent and Medway.			✓	
Ensure Shrewd is updated twice daily by 10.30 am and again between 14:00 and 15:30			✓	
Prioritise work to facilitate hospital discharge where it is safe to do so.			✓	
Increase the frequency of PISI panels where the speed of decision making is contributing to operational pressure			✓	
Deprioritize Supporting Independence reviews at the end of KEaH package			✓	
Deprioritize scheduled reviews			✓	
Consider use of residential or nursing home placements from non-contracted providers and those outside Kent and Medway.			✓	
Consider the temporary redeployment of staff from across Area boundaries to manage increased referrals or fill temporary gaps in staffing resource.			✓	
Discuss with health partners use of available beds at community hospitals or funding options to support spot purchase of short-term placements.			✓	
Use non-contracted home care and care home providers if necessary.				✓
Implement Service Business Continuity Plans as appropriate.				✓

Appendix 3: Actions in response to risk and operating pressure

The national framework provides a set of actions for each OPEL level to be completed by acute trusts, ICS, and NHS England. These actions should be enacted in conjunction with any local, system, and/or regional operating policy, subsequently developed. The core actions, and any additional actions taken, should follow the below guiding principles:

- **OPEL actions are grounded by the acute trust's OPEL assessment:** This means the ICS and NHSE region are expected to take OPEL 3 and 4 actions if an acute trust's OPEL assessment within their boundary is 3 or 4. This is regardless of the aggregated OPEL score for that ICS or region.

- **Making decisions in extremis for crowding and delays will involve risk:** It is recognised that actions within this framework would not routinely be taken. Choosing to enact them should reduce a more significant patient risk in another part of the pathway.

- **Risk is dynamic and everyone sees it in different ways:** For this reason, a more considered safety decision will result from involving those who can articulate and share insights about the risks and courses of action.

- **Decisions about the actions taken should always be recorded:** Along with documentation of any anticipated risks, a consideration of how these might be identified and measured to determine the scale of potential harm must be recorded. This also provides an opportunity for learning and evaluation going forward.

Appendix 4: Version Control and History of Plan Tests

Version Control

Version Number	Revision Date	Status	Summary of Changes	Reviewed / Approved By
0.1	21/09/2020	Draft	• Draft Plan published for consultation	Head of Directorate Business and Planning
0.2	25/09/2020	Draft	• Draft Plan updated for presentation to ASCH Senior Management Team	ASCH Senior Management Team
0.3	01/10/2020	Draft	• Updated to reflect feedback from ASCH Senior Management Team	
0.4	12/10/2020	Draft	• Updated to reflect feedback from Kent & Medway Winter stress test	
1.0	28/10/2020	Approved	• Draft prepared for presentation to ASCH Directorate Management Team	ASCH Directorate Management Team
1.1	18/06/2021	Approved	• Update to section 3 reflecting financial support and funding flows (April 2021 to 30 September 2021) • Minor revision to section 6.2 accounting for potential staffing pressure in summer 2021	ASCH Directorate Resilience Group
1.2	05/08/2021	Approved	• Update to section 1, 3 and 6 reflecting publication of Hospital discharge and community support: policy and operating model in July 2021	ASCH Directorate Resilience Group
1.3	26/09/2022	Approved	• Updated section 1, 3 and 6 reflecting publication of Hospital Discharge and Community Support Guidance in March 2022 • Updated throughout to reflect changes in NHS structure through the Health and Care Act 2022 • Plan approval by Directorate Resilience Group	ASCH Directorate Resilience Group
1.4	11/07/2023	Draft	• Updated throughout to reflect implementation of locality model across operational teams with effect from April 2023	
1.5	30/08/2023	Approved	• Updated to reflect publication of revised Operational Pressures Escalation Levels (OPEL) Framework 2023/24	ASCH Directorate Resilience Group

Version Number	Revision Date	Status	Summary of Changes	Reviewed / Approved By
1.6	05/01/2024	Approved	• Amended roles and responsibilities to reflect outcome of extended working review.	John Callaghan
1.7	01/08/2024	Approved	• Amended to reflect changes to section 82 of the NHS Act 2006 and section 74(1) of the 2014 Care Act made by the Health and Care Act 2022 • Organisational details including reference to Adult Social Care Connect, Arranging Support Teams and role of Short-Term Pathway Operational Manager updated • History of Plan Tests updated	ASCH Directorate Resilience Group

History of Plan Tests

Date	**Exercise / Actual invocation**	**Description of Scenario** (What happened, how long did the situation last)	**Lessons identified** (What went well, what didn't go so well, what could be done better next time?)
24/07/2024	Actual invocation	Maidstone and Tunbridge Wells NHS Trust declared OPE Level 4 status. KCC stepped up to support by reviewing patient flow through the system. Fifteen potential discharges were identified and put through an Extra-ordinary Practice Assurance Panel outside the diarised Panel process to expedite decision making thereby improve through-put.	Extra-ordinary Practice Assurance Panel outside the diarised Panel process now included in this plan as a potential option to maintain / improve through-put.