ADULT SOCIAL CARE WINTER PLAN 2020/21

Strategic Lead	Julie Chapman - Service Director for Adult Social Care and Wellbeing		
Content Owners	Adult Social Care and Wellbeing		
Plan Author[s]			
Date signed off	Date Reviewed		



<u>Contents</u>	<u>Page</u>
Background	2
Risks and challenges	2
Intelligence	3
Key Winter Planning Themes and Our Response	6
Prevent and Control the spread of infection	6
Collaboration across health and care services, the Community &	7
Voluntary Sector and system.	
Supporting people who receive social care, the workforce and carers	9
Performance framework	10
Resourcing the Winter Plan	12
Infection Control Funding	12
Winter Pressures Funding	13
ASC- winter pressures spending plan 2020/21	13,15
<u>Appendices</u>	
Appendix 1 - Care Homes Dashboard	16,17

Background:

The Barnsley Council Winter Plan for 2020/21 is unlike any previously prepared winter plan due to the current challenges associated with the COVID-19 (Coronavirus) pandemic. As a council, we need to ensure we have a resilient system over winter, that can adequately respond to the changing levels of COVID-19, the local and national restrictions and the impacts of the pandemic.

There are three overarching priorities during winter for health and social care that we need to focus on:

- Ensure everyone who needs care or support can get high-quality, timely and safe care throughout the autumn and winter period.
- Protect people who need care, support or safeguards, the social care workforce and carers from infections, including COVID-19.
- Make sure that people who need care, support or safeguards remain connected to essential services and their loved ones while protecting individuals from infections, including COVID-19.

In developing this plan, we have considered the following factors:

- risks
- historical, current and projected intelligence

This plan will be brought together with partner winter plans from our health partners to develop a Barnsley Place Winter Plan.

Risks and challenges:

There are several challenges this winter linked to COVID-19, including but not limited to:

- Ensuring timely and safe response to care management as guided by the Care Act 2014.
- Safeguarding our most vulnerable residents.
- Maintaining system flow for hospital discharges to ensure those who are medically fit for discharge are not delayed in hospital.
- Admission avoidance.
- Maintaining the flow of PPE supplies to staff and the provider market.
- Ongoing additional support needed for people in the shielded and vulnerable categories.
- Increased levels of staff sickness absence due to COVID-19 and self-isolation requirements, as well as high levels of fatigue and change overload.
- Preparation for potential spikes of COVID-19 and risk this could coincide with annual winter pressures and seasonal flu.
- Capacity with the care market.

 Responding to changes in government restrictions and impacts on business processes and support options.

Intelligence:

The surveillance cell provides regular COVID-19 intelligence reports which, alongside surge planning data, has assisted with modelling the impact of COVID-19 on Adult Social Care. Some specific areas to highlight are noted below:

External and internal care market:

Barnsley currently has 73 care homes with a total of 2,272 beds. 34 care homes offer residential care (1360 beds) and 12 offer residential and nursing care (587 beds) for older people. The remaining homes offer other specialist provision such residential care for people with a learning disability or those with mental health problems.

For several years Barnsley has had empty beds in care homes across the borough and this has been further impacted by Covid-19. We are currently looking at the demand for residential care and what type of services we are likely to need in the future as well as considering how we use care homes to support our winter pressures.

Like many other authority's Barnsley has seen a reduction in beds for those people with nursing needs. Although the position is stable at the moment if the bed numbers in nursing homes were to decrease by more than 10%, we could find ourselves in a position where we do not have enough beds to meet local need. This is being monitored closely by Commissioners and we are working with care home providers to make sure we have the beds we need now and in the future.

For a number of years Barnsley has had an oversupply of residential care beds with the current data suggesting 30% of residential care home beds are empty. This minimises the risk of not having enough beds to meet local need however if care homes were to start closing and we were to see a sudden increase in demand the position could change quite quickly.

We are continuing to work closely with colleagues in the health service to make sure that we have the right provision to support hospital discharges through the winter period. This includes having access to intermediate care beds and care homes that have been designated by CQC as meeting the requirements to support those residents who have tested positive for covid-19.

Commissioners have taken a number of steps to support the care home market through the current pandemic and winter. A number of financial measures have been put in place and we have supported providers to work together to address issues with staffing due to covid related illness. Government grants have been passed on to providers to support things like infection control and we will continue to monitor the position in care homes on a regular basis.

Due to concerns regarding outbreaks and following their experiences in the first wave of the pandemic many of our residential care providers are not prepared to take residents back from the hospital with a positive or undetermined test result. To address this and in response to the government requirement for all councils to have designated premises,12 beds have been ringfenced at Mapleton Court to take care home residents with positive COVID-19 results. This is modelled on the worst-case scenario presented during the first wave where ten service users were delayed in the system awaiting discharge.

The home care market, although currently stable with available capacity, is more of a concern. A net reduction of less than 10%, will cause sustainability and capacity issues. We are working closely with the market to engage around best practice and infection control to limit the impact on the workforce which is the greatest risk during winter due to infection and self-isolation, with regular monitoring of the position of all providers and RAG rating risks. To further mitigate this risk, we are securing a 'bridging contract' where additional support of 100 hours per week will be available to support hospital discharges. This bridging support contract is based on intelligence from the first wave of COVID-19 and has further potential to support neighbourhood rehab.

Our reablement provision is another important area which could be impacted by winter and COVID-19. This would have a knock-on impact to hospital discharge processes and support. A net reduction of the provision of less than 10% will cause capacity issues and potential impacts with health and hospital discharges. Working with colleagues from the health sector, we're monitoring the situation daily and considering the required resources for reablement and intermediate care support. These could be impacted by pressures on neighbourhood rehab, therapy and community nursing, plus increased demand and higher acuity results in higher caseloads and longer lengths of stay. Ideally, we are seeking to recruit additional temporary Support Workers into the council's reablement service to add hours to the capacity available over winter. However, recruitment is proving challenging therefore to mitigate this and provide resilience an additional reablement contract with an independent sector provider to give an additional 140 hours capacity per week has been created.

Market sustainability:

Commissioners are working closely with the care sector to consider the sustainability of services through the winter period.

In October this year, the council was required by the DHSC to self-assess its risk broken down into key care services such as care homes, home care, reablement and direct payments.

To aid the council in its return and to gain some insight into the current risks felt by the provider market, an extract of the self-assessment was sent to care providers to assess their position. The majority of providers reported being slightly to moderately

concerned about their sustainability between now and March 2021 with the key issues being around occupancy levels and staffing. Two workshops followed this up with care home providers where data relating to expected demand for care home beds were shared.

For home care, we have seen a significant increase in provision – the key risks in terms of sustainability of care home providers are therefore in relation to potential failure as a result of staff absence. For care homes, the key risk is due to occupancy levels. Our modelling shows that there will be little change in the referral rates into care homes in the next six months which means occupancy will remain at the lowest it has been for some time creating challenges in the medium term around sustainability of this sector.

The council has taken several steps to sustain the care market in Barnsley since the start of the pandemic:

- One-off payments to assist with increased costs were made to care providers in late March.
- Between March and August, all care providers were paid to plan, meaning that regardless of service delivery, they were paid for any provisions in place before the first wave of COVID-19.
- Immediate payment terms to support cash flow and removal from the premier supplier scheme to increase income.
- For care homes, the council also committed to covering the cost of voids created as a result of the death of care home residents from March
- We have also ensured that all government funding, such as the IPC grant, has been passed to providers in a timely manner to support rising costs in this area.

Whilst the council cannot maintain this level of financial support indefinitely, it remains committed to supporting those providers facing financial hardship and a process to consider individual requests for financial assistance has been agreed.

Unfortunately, as with many businesses, the care sector will be affected long term by the pandemic. To date, only one care provision has closed its doors in Barnsley, but others may follow in the coming months. We will continue to monitor this through our commissioning function and wherever possible support will be offered.

Key winter planning themes and our response:

The Winter Plan has addressed these challenges through identifying four themes which sets out actions for Local Authorities, CCGs and providers (health and social care) to take. This report will focus primarily on the actions that the council has taken to achieve against the four themes which are summarised below. A more detailed account is within the ASC Winter plan 2020-21 key themes – actions.

Prevent and control the spread of infection:

- COVID-19 specific guidance is monitored and reviewed on a weekly basis by stakeholders from across ASC. Key messages are shared weekly via a bulletin across health and social care, including distribution to the local care market to promote ongoing best practice, updates and key information. An Outbreak Management Board has been established, which is chaired by the Council Leader and information from our local Outbreak Management Group (which includes PH) that monitors local outbreaks and responses including lessons learnt for ongoing quality assurance. PH have links to other regional PH leads to share best practice regionally around IPC.
- The Infection Control Fund is being used to manage the movement of staff to limit risks of cross-infection between establishments. All infection control claims are cross referenced with capacity trackers to monitor movements and appropriate use of the grants. Commissioning managers are actively working with providers to update contingency plans, taking into consideration data from capacity trackers and weekly sitrep data for early identification of emerging risks around infection and staffing issues.
- The care market has been managing their own PPE requirements through access to the Infection Control Fund, with emergency arrangements in place to distribute where needed. In the event of a second spike, arrangements are in place to activate an out of hours offer. PPE availability is monitored via sitrep and capacity tracker at provider level, and this data is RAG for priority/escalation.
- PH are supporting the national testing processes within care homes and escalating any issues to the LRF, DHSC and PHE respectively, with local contingency arrangements in place if the national testing provision fails. All care homes are being supported with testing arrangements, and PH are actively monitoring all positive cases throughout adult social care with direct contact to PH via an email address.
- Flu vaccines have been actively promoted working with CCG and SWYFT throughout the sector, including the care market and contact with direct payment holders.

Collaboration across health and care services, the Community & Voluntary sector & support to the system :

• Integrated processes with CCG and Right Care have been established to ensure safe hospital discharge with an agreed local executive lead. A specific project team has been established to review cases where a potential short stay placement is identified via a multi-disciplinary approach seeking alternative support. Where possible individuals are discharged with a reablement package and testing is completed prior to discharge. Links are also established with PH to support falls and fracture prevention during winter, which will support hospital avoidance.

- Work with care homes to provide digital support through questionnaires to establish need and digital capabilities and how to apply for a tablet device. These will be further supported by our Digital Champions and will have appropriate data sharing agreements in place.
- PH have identified opportunities to support people with learning disabilities to reduce health inequalities and links with social prescribing work.
- Weekly Care Homes network meeting enables regular exchange from across care homes, Public Health, SWYT, CCG and other partners.
- Clear governance arrangements exist (Bronze to Gold) enabling appropriate levels of resolution and escalation.
- To aid our collaborative relationship with the community and voluntary sector, working with Barnsley Community & Voluntary Services (BCVS), we are establishing a new VCSE Strategy Group forum. This will help us have strategic discussions to share the challenges that the sector faces and find ways to overcome them, as well as ensuring that we maximise all opportunities.
- Throughout the pandemic response, we have been engaging with the CVS to ensure that, as far as possible, we provide support to ensure that the sector remains operational and able to survive through the pandemic.
- Since March, due to COVID-19 and the government's 'Everybody In' mandate, the Housing Options Team have worked with all rough sleepers to ensure they're offered accommodation. Throughout the winter period, the team will continue to support rough sleepers to access temporary accommodation to ensure they are off the streets. In previous years this would have been in shared sleeping sites; however, due to COVID-19 restrictions, this is not feasible. Therefore, hotels and other temporary accommodation beds will be used. Some of which may be out of the area. This will include those at significant risk of rough sleeping, i.e. those leaving prison, being discharged from hospital etc. A bed will be offered to anyone found, but there are challenges in sourcing appropriate beds with the risk of hotels closing again during the lockdown.
- Arrangements are in place to provide emergency support for the Clinically Extremely Vulnerable while lockdown arrangements are in place. The new system introduced by government means that people who are CEV are required to register on the National Shielding Support Service database, which generates a request for support to come through to the council. This is then triaged, and appropriate support put in place which can include:
 - o support to access a supermarket priority slot
 - o referral into a financial assessment
 - befriending calls (utilising existing voluntary and community support services where possible)
 - o access to medicine (through liaison with CCG/pharmacies)
 - emergency food package (only as a last resort)
 - o referral to social care where appropriate

 Working with community colleagues in obtaining alternative provisions and support via community groups and the voluntary sector.

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

- Visiting within care homes is an infection risk, but also impacts where
 restrictions are imposed. Work is ongoing with the Outbreak Management
 Group to identify key data triggers to inform decisions around closing care
 homes to visiting relatives. Regular updates shared with care home managers
 from DPH and local intelligence to enable dynamic risk assessments and
 decision making
 - <u>COVID-19</u>: management of staff and exposed patients and residents in health and social care settings
- All service users receiving direct payments will have their assessed needs
 reviewed to ensure that during winter, and with changing government
 guidance due to COVID-19 and restrictions, their care act eligible needs are
 supported. These reviews will include ensuring that the way individuals use
 their direct payments are flexible and within their own control to support them
 to stay safe, well and receive the support they need.
- Support for unpaid carers continues and regular check-ins with carers support
 organisations provides necessary insights and ideas to ensure carers
 continue to be supported as much as possible.
- PH are working closely with services and providers to provide information, advice and guidance regarding people who are receiving and providing end of life support. This includes IPC guidance and advice to families to enable visits.
- Care Act easements are not currently being used. These were not used during the first phase of the pandemic and will only be activated in extreme circumstances.
- Continued support to the workforce via the weekly bulletins and summarised information regarding mental health and wellbeing resources has been circulated to all care providers, including easy read guides.
- Workforce capacity is actively monitored with a dedicated officer via the capacity tracker and sitreps. Any issues regarding provider failure or staffing issues have been mitigated through putting in place a bridging service to provide emergency home care via a block contract.
- Workforce are being supported with regular Covid-19 testing, with results monitored by Public Health to identify early any risks or outbreaks
- Regular Adult Social Care bulletin is circulated alongside & legal bulletins to e ensure practitioners are kept up to date.
- Care App (DHSC) is downloaded to practitioners phones
- Series of Adult Social Care staff briefings held during November.

 Increase the size & capacity of the team over winter, flexing our overall hospital social work capacity in line with changing demand over the winter period.

ASC Winter Planning performance framework:

The ASC Winter Planning performance framework aims to focus on the three principles:

- Ensuring everyone who needs care or support can get high-quality, timely and safe care throughout the autumn and winter period.
- Protecting people who need care, support or safeguards, the social care workforce and carers from infections, including COVID-19.
- Make sure that people who need care, support or safeguards remain connected to essential services, and their loved ones, while protecting individuals from infections, including COVID-19

Therefore, the key objectives and outcomes that we aim to capture activity around are:

- Preventing and controlling the spread of infection.
- Collaboration across health and care services (via sharing intelligence and good practice).
- Supporting people who receive social care, the workforce and carers.
- Supporting the system (care home support, market and provider sustainability).

Performance reports and data will be daily (if required), weekly and monthly (where appropriate). The levels of analysis of data provided will be an overview of the service delivered with key performance indicators, along with trend analysis, to track the service.

Please note that performance indicators are only indicators of performance and to be used appropriately. They need to be supported by additional performance information and intelligence; this may include benchmarking (ADASS) against other authorities.

With the expectation of an increase in demand for services currently delivered and their effectiveness during the autumn and winter months, if issues are identified senior management and commissioning (providers) will be informed to act on the intelligence.

Heads of Service and team managers are responsible for managing and improving performance effectively within their service areas by:

• Promoting the performance management culture within specific service areas.

- Regularly receiving and analysing data and intelligence in respect of the performance of specific services and staff.
- Identifying performance improvement requirements of services and staff and planning accordingly.
- Implementing service improvement plans that are clear, strategic and operational in nature, which informs service delivery.

The winter planning data will be collated and monitored from Thursday 1 October 2020 to Wednesday 31March 2021, and will cover:

- Absences within care homes
- Care home and home care admissions and dischargers
- Care homes infection control reporting on seasonal flu and COVID-19*
- Contacts and referrals (FAR) by team
- D2A / Reablement
- Deaths within a hospital setting
- Home care (via providers data)
- PPE distribution
- Safeguarding
- Timely assessments
- Timely care packages

The performance reporting and data analysis will be in an accessible format to enable appropriate decisions and actions to be taken in a timely manner. One of the areas we will be specifically monitoring will involve the use of the care homes dashboard (Appendix 1).

The Care Homes Dashboard:

The Care Home Dashboard is an important part of our performance picture and as a national product developed via DHSC it provides a daily snapshot of the current situation of COVID-19 infection for both residents and staff. It holds data on staff absences, deaths in care homes, both COVID-19 and non COVID-19 related, as well as occupancy levels. It also gives a visual map of the care homes that have and do not have COVID-19, for all homes in the Barnsley area. Data can be accessed that shows:

- active COVID-19 cases
- new daily cases for both staff and residents
- deaths
- occupancy
- employee absences.

The data source that the dashboard is built up from is reliable (NHS Tracker). It is the care home manager's preferred and appropriate information hub and enables care homes to update data requests all in one data source, thus stopping numerous partners and organisations from contacting the care home. This is a huge benefit for

the care home manager and admin team. The data is inputted daily and is therefore, as live as it can be, giving an accurate picture of the current situation across all care homes.

The care home dashboard will enable ASC to see a visual picture of COVID-19 and its effects on care homes. It will show hotspots of where the virus is present and not present (visual map), and where staff and residents may require support from ASC and partner agencies. It will aid ASC commissioning with occupancy and capacity levels and give a trend of what may be expected within all care homes and individual care homes too.

Resourcing the Winter Plan

Funding has been allocated to support the usual winter pressures and the added pressures of COVID-19 and associated impacts. Non-recurrent funding has been allocated to the council to address some of the pressures through:

- £2.5m Infection Control Funding
- £1.2m Winter Pressures Funding

Budget allocation:

Infection Control Funding:

The Adult Social Care Infection Control Fund was first introduced in May 2020, with £3.0M initially allocated to the council. The purpose of this fund is to support adult social care providers to reduce the rate of COVID-19 transmission within and between care settings, by helping to reduce the need for staff movements between sites.

Due to its initial success, the Adult Social Care Infection Control Fund has been extended until March 2021, with an extra £2.5M allocated to the council for distribution to care providers. This is a new grant, with revised conditions from the original Infection Control Fund must be allocated to care providers and must be used for COVID-19 infection control measures over the winter period and months to 31 March 2021. The table below summarises the expected funding for allocation to care providers:

Total allocation amount (A)	Allocation to care homes (B)	Allocation to community Care providers (C)	Allocation for other care settings (D)
£2,462,158	£1,549,354	£420,372	£492,432

Regular funding claims and reports are completed by the strategic finance manager detailing how specific Infection Control Funding has been spent, including information on the council's website in line with grant conditions.

Winter Pressures Funding:

The government announced on 15 September additional funding for councils of £240m to help alleviate winter pressures on the NHS, getting patients home quicker and freeing up hospital beds across the country. The additional funding, which has been made available in 2020/21, is intended to reduce the number of patients that are medically ready to leave hospital from being delayed because they are waiting for adult social care services. It is expected that the funding to be used by councils would focus on expanding capacity, capability and resilience and reducing risk through to spring 2021.

The funding will be paid as a specific grant to councils and may be used for the purposes of supporting the local health and social care system to manage pressures on the NHS between November 2020 and March 2021. It is expected that the funding would be used to fund adult social care interventions and support, which help people to be discharged from hospital, who would otherwise be delayed while protecting those individuals and the workforce from Covid-19 through additional PPE and testing.

In compliance with the grant conditions, discussions on the proposed use of the funding have taken place with the CCG and other health partners in Barnsley, i.e. Barnsley Hospital and South West Yorkshire Partnership Foundation Trust (SWYPFT). The proposed plan has also been reported to the A&E Delivery Board of Barnsley Hospital.

The details regarding the proposed use (and impact) of the winter pressures funding are detailed in the table below:

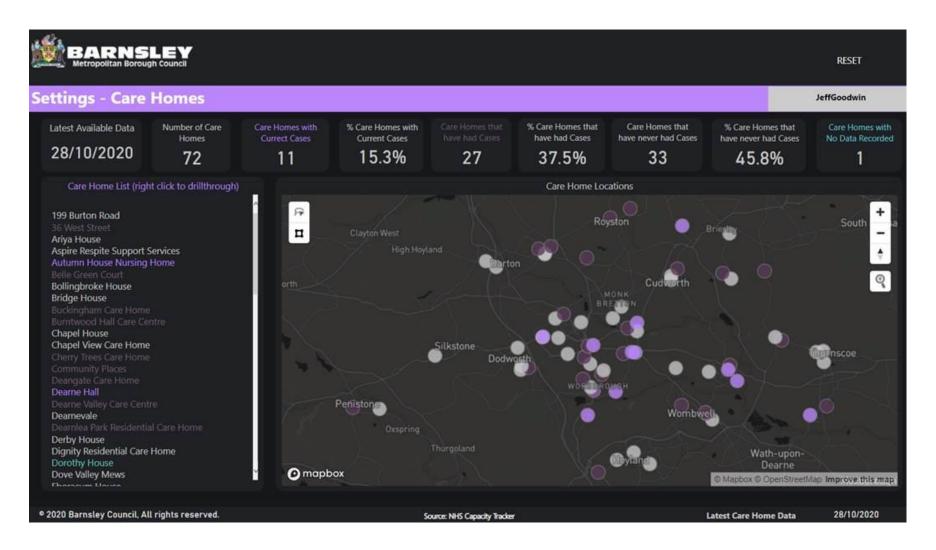
Adult Social Care – Winter Pressures spending plan 2020/21

	Proposal / Theme	Full Year	Notes
		Cost £	
1	Increasing Social Work Capacity	£374,400	Continuation of existing spend / commitments – i.e.
	Increasing social work capacity in the		use of agency staff in lieu of
	following teams, including extending		permanent staff in Locality
	working hours if possible, to ensure		Teams
	hospital discharges cases continue to		
	be prioritised:		
	 Hospital Social Work team (x2 		
	FTE)		
	 OP Locality teams (x2 FTE) 		

	Care Home Review team (x2 FTE)		
2	Additional Hospital weekend management cover This proposal is to ensure there is adequate / proper management cover for the hospital social work team over the weekend and extended hours.	£33,100	Continuation of existing winter pressures spend / commitments
3	Increased Occupational Therapy Capacity		
	Continued funding of existing OT post/capacity in SWYPFT.	£9,667	Until expiry of current staff contract by May 2021.
	Additional OT capacity and support in the Reablement/D2A pathway to ensure hospital discharge cases are prioritised.	£58,000	Work ongoing with SWYPFT for recruitment.
4	Homecare bridging block contract Block contract with selected homecare provider for the provision of additional 100 hours / capacity (could be increased to 150 hours) over the winter months. To act as a provider of last resort in the event of increased demand or where contracted providers are unable to pick up care packages. This contract is to the end of March 2021.	£53,640	Five-month contract until end of March 2021 at an estimated £17.88 per hour.
5	Equipment purchases There is a risk around shortage of beds and mattresses over the winter months. As a safety net SWYPFT would benefit from an additional 15 beds to support hospital discharges.	£21,000	
6	Response / ALT Service increased capacity	£40,000	

	Securing additional capacity within the Responder service on a temporary basis (until March 31st '21) with x4 FTE that will work with the established team.		
7	Mapleton Court block purchase of beds Fund the block purchase of 12 beds at Mapleton Court for the placement of Covid-19 patients discharged from hospital, pending CQC designation of the care home for this purpose. Cost will be picked up by the CCG once designation is confirmed.	£28,757	Funding of £7,189 per week by Barnsley Council is likely, however funding provision has been allowed for four weeks.
8	Buckingham care home – block purchase of IC beds		
	Agreement to create a secure unit at Buckingham and designate exiting CCG funded IC beds for Covid-19 patients following discharge from hospital.	£61,600	Additional cost of £200 per bed for 14 beds until March 2021.
	Funding to meet capital conversion costs for the secure unit – create path to the unit, install new patio door, electrical lighting, ramp, handrail etc.	£13,522	Cost is currently based on estimates for the work to be undertaken.
9	Additional care packages	£544,315	
	Funding to deal with anticipated increase in demand for care support / provision over the winter period (and impact of Covid-19) i.e. additional home care and residential care packages.		
10.	Other TBC		
	Out of hospital provision – warmer homes service		
	Additional Reablement support / capacity		

Appendix 1- Care Homes Dashboard



Appendix 1 (cont.)

