

Scrutiny Committee Report



30 September 2020

Winter Planning in Adult Social Care

Report Sponsor

Victoria Collins
Director of Adult Services

Report Author

Mick Hancock
Group Head of Commissioning
mick.hancock@milton-keynes.gov.uk

Exempt/confidential/not for publication	No
Council Plan reference	
Wards affected	All wards

Executive Summary

This report outlines the winter plans that are in place for adult social care services in Milton Keynes. Increased pressure on service providers is anticipated as a result of seasonal viruses such as flu, inclement weather and the ongoing impact of Covid 19. It looks at adult social care assessment processes, the Council's own service provision and that of externally commissioned services.

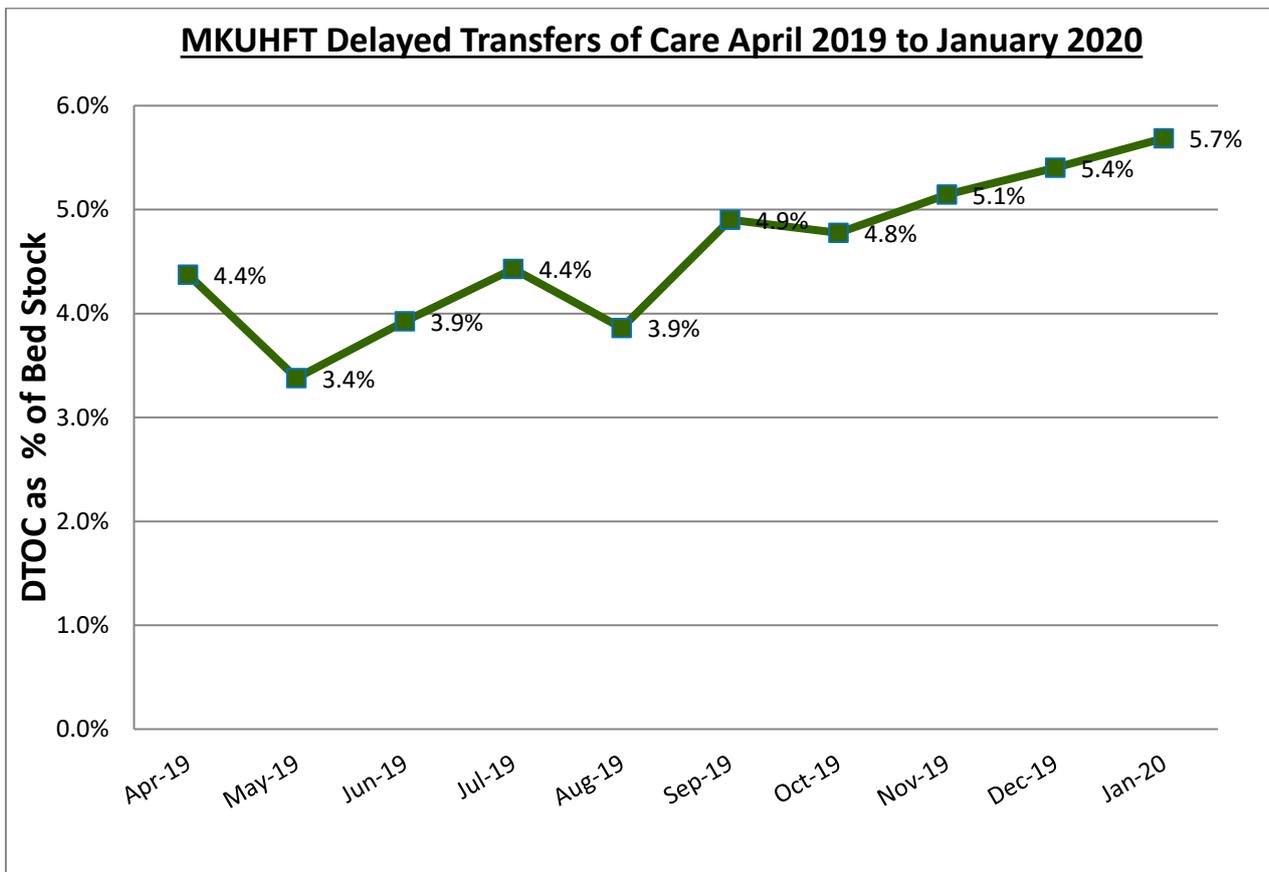
What are we asking the Scrutiny Committee?

To note and review the plans that have been developed for winter.

Background

Over recent years the impact of winter in Milton Keynes has been widely felt across the whole health and social care system. Whilst the weather has tended to be milder over recent years, the pressure on services to deliver has not lessened and has at certain periods become more intensive. For example, the number of delayed discharges has tended to rise during winter months, which requires additional resources to ensure a steady flow of people being discharged in a timely fashion. Whilst adult social care has successfully managed to reduce its proportion of delayed discharges, the total number (including health delays) increased over the previous winter (see Table 1). Demand for acute hospital services can often outstrip supply, especially as frail older people are more susceptible to respiratory conditions and flu during winter. This has seen the use of both health and social care financial resources, such as the Better Care Fund, increasingly focussed on the winter months.

Table 1



Another significant factor is the number of older people admitted into care homes during the winter periods. The annualised rate per 100,000 people (the standardised measure) increased significantly in 2019/20 during the winter months (see Table 2).

Table 2

Indicator	Permenant Residential Admisisons - 2019/20															
	2019/20	April	May	June	Q1	July	Aug	Sept	Q2	Oct	Nov	Dec	Q3	Jan	Feb	Year End
Threshold admissions per 100K pop	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500
Permanent admissions	14	15	17	46	16	13	17	46	17	18	19	54	15	12	173	
Population aged 65+	37032	37032	37032	37032	37032	37032	37032	37032	37032	37032	37032	37032	37032	37032	37032	
Annualised	168	174	184		186	180	184		187	191	195		193	189		
Annualised Rate per 100K	454	470	497		502	493	502		505	514	529		522	510	509.0	
Monthly Rate per 100K	38	41	46	41	43	35	46	41	46	49	51	49	41	32	47	

As winter now approaches adult social care in conjunction with other partners in health have begun to plan for both inclement weather, incidences of the flu virus and the impact from the Covid-19 virus. The resilience of adult social care services is crucial to the wellbeing of many vulnerable people in Milton Keynes.

The response to Covid 19

The effects of Covid 19 in Milton Keynes are mirrored nationally and are well documented. Adult social care has been a key part of the response to Covid 19 and quickly adapted to the changing conditions across assessment and service provision. Business continuity plans, ensuring ongoing day to day delivery of services, were quickly actioned. Throughout the height of the Covid 19 pandemic service delivery was maintained.

The teams involved in either front line service delivery, commissioning or assessment and review adapted to the use of technology for keeping in contact, liaising with management, delivering consistent messages and training e.g. the use of MS Teams. At the same time they had to adapt to the rapidly changing advice and requirements regarding personal protective equipment, in particular the use, advice on and supply of face masks, sanitiser and protective gloves.

The adaptability of teams and the lessons learned from the Covid 19 pandemic are viewed as important in the delivery of services and the potential impact of the winter and additional demand this may place on services.

Winter preparedness

As part of winter planning adult social care makes preparations for the winter months, especially in relation to its business continuity plans. There are expectations that business continuity plans will be made available, be up to date and serve as a guide for managers and staff to work to and ensure that services remain functioning. This clearly takes into account the weather, but also other factors that may arise such as illness, working arrangements during seasonal holidays, alternative accommodation, use of technology etc.

Assessment services

Working with colleagues in the hospital and clinical settings, our assessment services are very responsive to requirements of health care services. We have focussed our attention on ensuring the smooth discharge of patients to community settings, examples include:

- The development of our older people's recuperation pathway which has successfully managed over recent winters the patient flow. Initially ten care home beds, which can be high dependency, were brought on board to deliver a step down recuperation and assessment facility outside of hospital. We have now increased our ten care home beds to sixteen, to allow for an increased level of activity during winter.
- The step down recuperation home care service which was established to provide support in the person's own home following hospital discharge, where dependency may not be high but support and care is still required. Again this allows for an assessment outside of hospital to take place. Both services provide temporary care and support whilst longer term objectives and decisions are considered.
- The provision of two flats in Falaise House, one of our sheltered housing units, for more independent service users discharged from hospital. They may need more time to become accustomed to discharge and need some additional support to return home.

Our assessment teams either in the community or the hospital are structured as follows:

- Eight social workers are based in the hospital on a rotation to maximise infection control. They work as part of the integrated discharge team to support the timely and safe transfer of individuals out of hospital to avoid delays and unnecessary exposure to potential infections. They work closely with the clinical discharge team, attending board rounds that identify people who will require input and support to be discharged. People who are likely to require adult social care support are identified at the point of admission to hospital so that discharge is smooth. This helps to reduce lengthy assessments in hospital, part of the discharge to assess process.
- There is a team of eight social care professionals in the community that will then carry out assessments in the community of people discharged into recuperation and reablement services. Once again, the remit of these workers is to ensure timely.
- Social workers will continue to provide a seven-day support to the hospital to promote discharges over the winter. The extension of the service was in direct response to the Covid 19 pandemic and continues to be applied. Where possible face to face contact with individuals has been reduced to maintain infection control, utilising technology as required.

Adult social care provider services

Council colleagues working in provider services are at the front line of care and support. They have become experienced in finding innovative ways to deliver services in the varying winter conditions we have seen over the years. For example, in previous years home care staff have been able to source 4x4 vehicles and drivers to enable service delivery in inclement weather.

- We have business continuity plans in place to ensure the ongoing provision of internal home care, reablement, occupational therapy, day care, laundry, sheltered housing and the community alarm service. We are focusing on our workforce, especially in relation to getting vaccinated for the flu virus. This is especially important for those front line staff working directly with service users. Close liaison with our Public Health team is now underway to ensure maximum priority is given to staff.
- Measures are in place to rationalise work where possible e.g. to pool staff and combine or reduce home visits to manage the most critical of service users. As a result work is suitably prioritised. This also worked successfully during the height of the pandemic.
- Additional capacity for night visits both planned and unplanned is also being made available to avoid hospital admission and alleviate pressure on acute care services.
- There is also the rapid response carer service, available during periods of high activity to provide emergency cover.
- Work is being undertaken to prepare for the increased usage of personal protective equipment (PPE) during the winter period, as a result of increased incidences of viruses and illness. Staff are now working with suppliers to increase levels of stock and ongoing supply lines. This is especially in the context of the recent supply issues during the pandemic.

Commissioned services

Throughout the pandemic we have worked closely with partners and colleagues including Public Health England, Milton Keynes Council (MKC) Public Health, Milton Keynes Clinical Commissioning Group (MKCCG) and MKC Emergency Planning to ensure ongoing support for care providers. This was invaluable in relation to sharing intelligence, good practice, minimising duplication and developing solutions to issues. It is important that we continue these relationships throughout the winter months. For example, regular dialogue remains in place between MKC Commissioning and the Infection Control team at MKCCG and this has ensured a consistent approach to PPE, training, information and advice. A number of areas are now being prioritised with externally commissioned services:

- There will be an ongoing liaison with all adult social care providers to ensure that their business continuity plans are up to date and that they are able to continue to provide services. Areas of importance include care home provision, home care services, meals on wheels and community equipment services. Each service will be risk assessed and an ongoing RAG rating will be applied to them, much as it was during the height of the pandemic. This will use criteria such as staffing levels, PPE availability, the health status of service users etc. We will ensure appropriate action is taken where the risk is immediate e.g. shortage of PPE.
- Provision of information is a crucial element to ensure continuity of services. This was especially so regarding Covid 19 testing and distribution of guidance. Robust systems are in place to communicate information to all providers.
- Through the use of winter pressure funding from the Department of Health and Social Care, home care providers will be incentivised to ensure that they have sufficient staffing available throughout the winter months. An increased hourly rate is offered, with the assurance from providers that this is passported to staff. Commissioning will also continue to work to maintain the recuperation pathway mentioned above.
- The Community Resource Team (social care brokerage) will continue to work to prioritise decanting from hospital beds, as required. This is especially relevant in the delivery of home care services and care home provision.
- Plans are in place to ensure that the community equipment service is prepared and able to maintain provision. Our provider continues to operate under their existing business continuity plan ensuring delivery continues during inclement weather and seasonal staff shortages. A lessons learned review of the service's response to Covid 19 is also underway.
- An independent care home assessor has been commissioned by MKC to support the hospital discharge process. They work closely with care homes and assess on their behalf. This allows for a much more efficient speedier discharge process, enabling capacity in the hospital to be freed up.

In conclusion, adult social care has established winter plans to maintain the delivery of essential services. However, the impact of both winter and Covid 19 is clearly unprecedented. As a result activity will be closely monitored over the coming months to identify pressure on services, taking the appropriate action as required.