

Adult Social Care Winter Plan 22/23 - Mid Winter Position Report

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Introduction

The Council puts plans in place each winter to ensure that Adult Social Care needs are responded to effectively during the winter period when demand is usually higher.

Planning

The Council has followed the guidance set out by the Department of Health and Social care in 2021 when devising the plan which sets out the key actions that have or will be taken to ensure citizens continue to receive the care and support they need.

Those key actions, the City Council will be taking in collaboration with the NHS, care providers, citizens with care and support needs and their families and carers. Working together will ensure that high-quality, safe and timely care is provided to everyone who needs it, whilst protecting people who need care, their carers and the social care workforce.

Position going into winter

- Pre October waits for Social Care Reablement had peaked at 177 people.
- Pathway 1 business case, funded by the Integrated Care Board to support timely supported discharges to a citizens own home, to increase capacity in Adult Social Care services was drafted.
- Temporary posts linked to non-recurrent funding remained vacant.
- Revision of the thresholds for the Operational Pressures Escalation levels to match current demand pressures. (Opel)
- Significant pressure across social care in terms of assessment and providers reflective of the national landscape.
- Overall Management of discharge flow remains good.
- Continued use of interim beds in residential care to support flow from discharge and waits for Social Care Reablement.
- The Gateway team (formerly TEST) has been made a permanent feature of the Reablement service to support flow from the community and hospital into homecare.

Delivery of Adult Social Care Winter Plan

- Engagement with partners through existing system calls, Discharge cells, Market Management Cell and the greater Nottingham/shire joint bulletin.
- Reablement from Hospital continues to be the preferred option for supporting people on pathway 1 (supported discharge) to promote independence.
- Additional capacity created within homecare through block contracts, brokerage and spot contracting with providers who would not usually meet contract requirements.
- Engagement with system at daily system calls for review and escalation of current pressures.
- There is a strong working relationship with system partners across all strategic and operational levels of the Council.
- Supporting the resilience, health and well-being of our workforce through regular and meaningful engagement with Managers and senior leadership.
- Non recurrent funding has been annualised to enable permanent recruitment of vacant temporary posts.
- Strength Based Practice continues to be promoted within services with learning now being fed back into the adult social care Transformation Programme for review and development.

Impact of winter pressure planning

- Significant reduction in citizens waiting for Reablement through optimization of additional capacity and brokerage within the Care Bureau.
- Additional staff resource has been agreed giving assurance to staff in temporary contracts and creating additional posts.
- Winter mitigation planning creating additional homecare capacity.
- Continued use of block interim bed capacity and review to support ICS Best value.

Impact of Winter Pressures: Workforce

- Workforce has been a significant risk across all health and social care organisations in Nottingham and Nottinghamshire.
- There has been a reduction in the overall level of capacity due to COVID absence, isolation absence and other illnesses - mirroring community transmission and usual seasonal illnesses.
- A reduction in the efficiency of staff due to having to do things differently to keep settings and services COVID secure.
- Combined with an increase in demand, and the impact of significant backlogs for both health and social care increasing levels of need.

Demand pressures

- Hospitals continue to see significant pressures through unplanned admissions combined with a backlog elective care.
- Demand for Social Care continues to increase in both number and complexity impacting the ability to intervene early/apply prevention.
- Winter pressures from October - however pressures had not really reduced from last winter levels.
- All health and care organisations are impacted – the ambulance service, primary care, etc. as well as acute care.

Achievements

- Agreement of the Pathway 1 Discharge to Assess Business case to create additional capacity within assessment and provider services.
- Adult Social Care has supported NUH to maintain good flow into the community from Hospital and demonstrated resilience and responsiveness at times of critical need.
- Successful implementation of the integrated Transfer Of Care Hub at NUH to promote an effective discharge to assess model, enabling a timely discharge from acute hospital settings on the same or next day following the citizen becoming medically safe for discharge.
- Work through the Adult Social Care Transformation Programme has reduced the number of outstanding reviews significantly.

Next steps

- Recruitment to all posts agreed within the Pathway 1 Discharge to Assess Business case.
- Identify a provider for the additional Block Homecare contract provided by the Pathway 1 Business case.
- Continue to review the operations of the new Transfer of Care Hub to promote efficiency and collaboration that support timely and safe discharge.
- Continued monitoring & analysis of demand & performance is being used to inform our service delivery.
- The Adult Social Care transformation programme is being embedded across all operational levels of Adult Social Care with new programmes that support prevention and promote independence.
- Utilisation of the Government granted, Adult Social Care Discharge Fund to increase capacity in general Adult Social Care workforce, expedite discharge to an appropriate location and free up hospital beds.
 1. Recruit, retain and incentivize workforce.
 2. Use of agency in assessment and community care.

3. Brokerage to support and quality assure providers.
4. Procurement Officer to support commissioning and use of fund.
5. Through the night care to facilitate discharge.