



Date: Monday, 28 March 2022

Time: 10.00 am

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

Contact: Ashley Kendrick, Democratic Services Officer
Tel: 01743 250893
Email: ashley.kendrick@shropshire.gov.uk

HEALTH & ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

TO FOLLOW REPORT (S)

6 Winter Plan (Pages 1 - 40)

- To Review the lessons learned from the 2020-2021 and 2021-2022 adult social care winter plan.
- To Scrutinise any action plan proposed for the following winter

Report from Kate Garner, Local Commissioning Manager – TO FOLLOW

Contact: 01743 252344

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Committee and Date

**Health and Adult Social Care
Overview and Scrutiny
Committee (HASC)**

28th March 2022

Item

Public

Shropshire Winter Plan 2021/2022

Responsible officer

Laura Tyler – Assistant Director, Adult Social Care
laura.tyler@shropshire.gov.uk

1.0 Summary

Health and social care work closely together every year to plan for winter pressures - looking at previous activity and lessons learnt. This informs a comprehensive winter plan of activity to prevent admissions and to support people being discharged from hospital to ensure continual patient flow and good outcomes for our residents.

Shropshire's Winter Plan 2021/22 was based on predicted activity levels and previous experiences, but this winter has been one of the most challenging health and social care have ever experienced. Workforce pressures across all settings have been significant and all partners have been challenged to adapt to continual change, surges in demand and reductions in capacity.

The Department of Health & Social Care published its Adult Social Care (ASC) Covid-19 Winter Plan 2021/22 in November. It built on the previous ASC Winter Plan and set out the key elements of national support available for the social care sector for winter 2021/22, as well as the principal actions to take for local authorities, NHS organisations and social care providers across all settings, including those in the voluntary and community sector.

The Shropshire ASC Winter Plan 2021/22 used these national actions to set out how – by working together as a health and care system - we would ensure that high-quality, safe, and timely care was provided to everyone who needed it, whilst we continued to protect people who needed care, their carers and the social care workforce from COVID-19 and other respiratory viruses.

This Winter Plan provided an update on our activity in winter 2020/21, reflecting our experiences of responding locally to the challenges we faced and described how we would respond to the predicted challenges, e.g., levels of Covid-19 infection rates and a stretched ASC and carer workforce.

Over the winter months, pressures build within our local health and care system as a result of the significant rise in the number of people admitted to hospital. The increased incidence of infectious diseases and conditions such as asthma, are exacerbated during the winter months.

The challenge of managing the impact of Covid-19 when the health and care system is at its busiest continues to require an effective, robust, and co-ordinated effort to ensure that the local system is able to provide high-quality care and support to meet the increased demand and complexity of needs.

The Winter Plan, and the accompanying Action Plan played an important role in describing how we would respond to our local demands and challenges. It described our close working relationship with our care and support providers and the ways we would support people in Shropshire this winter.

This report describes how the lessons learned from previous winter periods have been implemented in the 2021/2022 Winter Plan and how our activity has been adapted to take account of Covid and workforce pressures - particularly around transfers of care and hospital admission avoidance.

2.0 Recommendations

2.1 Members of the Health and Adult Social Care Scrutiny Committee are asked to:

Consider the information and proposed actions within the report below to ensure that the learning from delivering social care and health services in Shropshire over the last two winters is implemented to improve health and care outcomes for our residents.

REPORT

The Shropshire ASC Winter Plan 2021/22 used national actions to set out how – by working together as a health and care system we would ensure that high-quality, safe, and timely care was provided to everyone who needed it, whilst continuing to protect people who needed care, their carers and the social care workforce from COVID-19 and other respiratory viruses.

The Winter Plan, and the accompanying Action Plan also described how we would respond to our local demands and challenges. It described our close working relationship with our care and support providers and the ways we would support people in Shropshire over the winter. As we worked at pace the Action Plan was adapted and updated to reflect the current position and the new mitigating actions.

Demands on ASC and our capacity to respond

In December 2021 the health and social care sector was impacted nationally due to the spread of the Omicron variant of Covid-19. In Shropshire this led to many outbreaks in care homes, a reduction in capacity in both care home placements and domiciliary care as well as significant workforce challenges with difficulties in recruiting and retaining staff.

To increase our capacity to support people being discharged from hospital, Shropshire Council purchased the use of additional care and nursing beds in and out of the county. We utilised our START reablement teams and increased their capacity by working with Green staff agency. We ensured that if people's options for discharge were limited then an alternative would be offered.

Daily meetings were held with our Health Protection Cell to review the Covid outbreak position within care homes and to maximise the opportunities to utilise beds in care homes where it was safe and appropriate to do so. This was communicated daily through both Silver and Gold command governance arrangements to enable planning and risk mitigation across the system.

Our Integrated Care Service (ICS) worked 7 days a week as part of the wider health and care system to identify the right outcomes for patients ready to leave hospital. We increased our staffing capacity and staff volunteered to do additional hours to support the hospitals.

Other challenges included the rapidly changing position with patients becoming not medically fit for discharge, the hospitals experiencing their own workforce pressures and the need for outbreak ward areas.

To support demand and capacity we included our VCS services in IDT meetings to maximise Pathway 0 and Pathway 1 discharges.

We moved two of our staff to Frailty and to A&E, to support admission avoidance through hospital front door discharges. We also had support from the council's Social Prescribing Team. We will continue to work with partners to develop this offer and encourage a multi-disciplinary approach in A&E going forward.

Our data demonstrates that despite a very difficult winter the flow of patients being discharged from hospital remained steady, at times with very favourable peaks which was the result of a dedicated team working tirelessly to support the system.

We increased discharges from community hospitals by holding daily reviews with our senior practitioners. The approach supported the flow of community discharges and therefore the acute discharge flow to community beds.

We continue to work on reducing the length of hospital stay of patients with system partners through daily meetings and more formalised governance arrangements.

We are using the learning from this winter to develop an innovative demand and capacity model that has a reablement and admission avoidance focus. This will lead into developing joint health and care commissioning intentions.

What worked well

- The additional winter beds commissioned across the market worked well and spread the risk of transmission as many settings experienced continued outbreaks and workforce challenges.
- The community based, VCS-delivered Winter Support Service (WSS) led by Age UK and British Red Cross was adapted using the learning from the previous year and received significantly more referrals – particularly from the hospital Patient Flow Co-ordinators. The actions of WSS contributed to admission avoidance as well as supporting people leaving hospital.
- Operational social care practitioners and commissioners worked collaboratively to create capacity in innovative ways to ensure a consistent flow of hospital discharges.
- Staff across health and social care worked across 7 days and organised resources differently to support the health and care system.
- Social care sector recruitment and retention campaigns commenced early November to encourage people to join or re-join the care market.
- The workforce recruitment and retention funding grant for the care market was distributed, which meant that every care worker received an additional payment.
- Financial incentives were offered to care providers to respond to packages of care that could be seen as being more challenging to deliver.
- The capacity of our 2 Carers in a Car scheme was increased to provide additional flexible capacity.
- Additional capacity was put into the START team to support the reablement of people after their discharge from hospital.
- ASC officers attended all meetings escalated by the system across 7 days to respond to the continual pressures.
- Daily risk assessment meetings were held to ensure capacity was available across care homes to support the discharge of people from hospital.
- Weekly demand and capacity meetings were held to model the continual changes across the system with surge planning across the system.

Learning from winter 2021/22
Health and social care to jointly start planning for next winter in early summer to secure additional resources at an early stage.
Utilise data, intelligence and information to inform our commissioning response.
Commission additional capacity across multiple settings at an early stage.
Develop commissioning intentions for additional activity from the voluntary and community sector.
Scope further opportunities to prevent admissions.
Continually run recruitment and retention campaigns throughout the year to ensure sufficient workforce is in place for the winter months.
Consider additional capacity and resources to support recruitment especially for the council's START reablement team.
Ensure resources are in place for Christmas and into the new year and that staff leave is staggered.

3.0 Risk assessment and opportunities appraisal

3.1 The risks and opportunities relating to the activity within the ASC Winter Plan were recorded on a number of risk registers and were regularly reviewed and updated.

- The Corporate Risk Register
- The Health and Care System Risk Register
- The ASC Operational Risk Register

In addition, a Risk Register specific to the ASC Winter Plan was created.

3.2 There was no new activity, or changes to activity that required new Equality, Social Inclusion Impact Assessments or consultation.

4.0 Financial implications

4.1 The activity described in the Winter Plan was delivered directly by our staff, through ongoing commissioned activity and through short-term commissioned activity designed to tackle the specific challenges of winter.

4.2 The activity was funded through core budgets, short-term funding streams from health and grant funding.

5.0 Climate change appraisal

5.1 **Energy and fuel consumption** (buildings and / or travel): how will the decision in the report affect heating and energy bills and the need to travel?

I. Adult Social Care, Public Health and Housing continue to deliver a significant number of appointments virtually, which reduces the need for staff or resident travel.

II. Adult Social Care, Public Health and Housing, and commissioned activity promote the council's energy saving and Warm Home schemes through conversations with residents and support them to take advantage of these opportunities to reduce energy use.

Quantify outcomes wherever possible (how much additional energy in kWh is required or will be saved; how many additional miles or mileage saved will result?)

I. ASC is committed to ensuring that there are energy and fuel savings in our future activities and quantifying the outcome of these.

Renewable energy generation: does the decision create opportunities to generate renewable energy? Quantify outcomes wherever possible (how much additional renewable energy peak capacity will be created in MW).

No.

Carbon offsetting or mitigation: does the decision create opportunities to offset or mitigate carbon emissions through measures such as tree planting or peat soil enhancement? Quantify outcomes wherever possible (how much carbon in kgCO₂e).

No.

Climate change adaptation: does the decision include specific measures which will help Shropshire to adapt to the effects of more extreme weather or improve resilience to increased risks to the health and wellbeing of Shropshire's residents, economy and natural environment? Give examples of outcomes wherever possible.

The Winter Plan confirmed that ASC, Public Health and Housing was connected into the council-wide Flooding Action Plan, e.g., the locations of residential homes and where domiciliary care is being delivered have been overlaid with flood level predictions to enable us to plan, prepare for and avoid the potential impact of flooding on our vulnerable residents.

We created Winter Well resources focused on the top 5 things we can all do to keep well and increase our resilience to the impact of the extremes of winter weather, including –

- Vaccinations
- Infection control and testing
- Staying physically active
- Mental well-being

- Where to go to seek advice and support for a wide range of issues that could affect people more in the winter months, e.g., fuel poverty, affordable food, welfare benefits.

6.0 Background

We refreshed and updated our Winter Plan 2021/22 to reflect what we learnt and developed during the previous winter. Many areas of activity, such as our Winter Support Scheme were in a stronger position as we were able to build on what had worked well, but there were areas of concern, such as care workforce fragility, where we focused our efforts across all sectors and organisations to ensure our most vulnerable residents received the care and support they needed.

The health and care system could not have coped without the efforts of the Covid-support or mutual aid groups that continued to enable people to remain well and independent at home. The system also would not have coped without the thousands of unpaid and family carers who have had to dig deep into their resilience reserves during lockdown. Positive things like our resilient communities, our strong voluntary and community sector, and our dedicated workforce helped all of us maintain our wellbeing through the winter.

Everyone living and working in Shropshire was affected in some way by Covid-19 and the impact of the new Omicron variant over the winter, ranging from a radical change in day-to-day life and how services were delivered, through to a direct experience of the virus. Numbers of those with covid remained relatively high compared to other hospitals which meant the challenges have remained high for a significant period of time.

Periods of self-isolation and regular testing to protect others had become the norm in the run up to winter and there continued to be significant numbers of people in Shropshire experiencing the effects of the virus. There is high uptake of vaccination in Shropshire, which reduces the impact on personal health and our health services, but the virus – specifically the Omicron variant - proved to have a range of impacts on our care and health system; mainly from having to isolate.

Within our care and health organisations there are many sources of advice and support to help staff look after their mental and physical health. We encourage staff to make use of these, as well as supporting them to have their Covid boosters and 'flu vaccinations at the earliest opportunity.

6.0 Additional information

The ASC Winter Plan Action Plan brought together the key actions in the DHSC Plan and Shropshire's local actions. These are organised under the following headings –

Preventing and controlling the spread of infection in care settings

- PPE
- Covid-19 and flu testing
- Covid-19 and seasonal flu vaccinations

- Infection prevention and outbreak management
- Visiting in care homes

Collaboration across health and care services

- Preventing avoidable admissions
- Technology and digital support
- Safe discharge from NHS settings
- Social prescribing

Supporting the people who provide care

- Unpaid carers and respite care
- Workforce wellbeing
- Workforce capacity
- Social work and other professional leadership

Supporting the system

- Funding
- Market and provider stability
- CQC's regulatory model
- Local, regional and national oversight and support

Shropshire's local actions were reviewed regularly to identify barriers and opportunities associated with their successful delivery.

7.0 Conclusion

This winter has been exceptionally challenging for all health and social care sector. The ability to manage the presence of Covid-19 in our communities and provide care and support for those who need it this winter depended on collaborative working within Shropshire's health and care system.

ASC worked with its partners to prepare for the challenges of winter that included an increasingly stretched social care workforce, recruitment continuing to be difficult in many places, and the infection risk posed by new COVID-19 variants of concern.

Shropshire's ASC Winter Plan 2021/2022 and accompanying Action Plan covered a wide range of activity designed to ensure that people were supported to be healthy, independent and safe.

At times it has been difficult to ensure timely care and support that people needed in their own homes and the offer has been a care home placement or live in care to support people to keep them safe.

It is paramount that our staff remained well and resilient and we are providing a range of support, services and activity for our staff to support their mental and physical health and wellbeing. These include online wellbeing assessments, counselling, Winter Wellness resources, bereavement support, Mental Health First Aiders and support to receive Covid and flu vaccinations. This continues to

be challenging with staff tired from the continual high levels of activity not only over the winter period but over the whole pandemic.

Effective partnership working and investment is needed within our health and care system, as we move towards integration, will benefit the people looking to us for care and support. Close working and good communication is particularly important to ensure people leaving hospital have the support to recover at home and avoid needing to go back to hospital. Therefore, the focus must be working to a reablement model of support and working with the system on admission avoidance; as well as investment across the sector to ensure a stable and resilient care sector.

Much of this activity involves Shropshire's, care providers, voluntary and community organisations, community groups, volunteers, and unpaid carers. Their knowledge, skills and experience are a vital element of our health and care system, and the importance of their continued support for our communities should not be underestimated.

<p>List of background papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</p>
<p>Cabinet member (portfolio holder) Cllr Simon Jones, Portfolio Holder for Adult Social Care and Public Health</p>
<p>Local member</p> <p>All local members</p>
<p>Appendices Shropshire ASC Winter Plan 2021/22</p>

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Shropshire Council

Adult Social Care

Winter Plan 2021/22



A winter's view of Shropshire's Area of Outstanding Natural Beauty

Introduction

Everyone living and working in Shropshire continues to be affected in some way by Covid-19, ranging from a radical change in day-to-day life and how we do our work, through to a direct experience of the virus.

Periods of self-isolation and regular testing to protect others has become the norm and there continues to be significant numbers of people in Shropshire experiencing the effects of the virus. Thanks to the high uptake of vaccination in Shropshire, the impact on personal health and our health services has reduced, but the virus is proving to have a number of serious effects within our care and health system.

2021 has been another tough and challenging year for us all, and for those of us whose job it is to provide support and care to others it continues to be particularly difficult. We have worked hard to protect vulnerable people, provide care, and support our teams. At the same time, we have been affected by increased numbers of Covid cases, the impact of long Covid, juggling home schooling and caring responsibilities whilst trying to find time for much-needed breaks to rest and recharge.

We have refreshed and updated our Winter Plan 2021/22 to reflect what we learnt and developed last winter. Some areas of activity, such as our Winter Support Scheme are in a stronger position as we have been able to build on what worked well last year, but there are areas of concern, such as care workforce fragility where we must focus our efforts across all sectors and organisations to ensure some of our most vulnerable residents are receiving the care and support that they need.

The health and care system could not have coped without the efforts of the Covid-support or mutual aid groups that continue to enable people to remain well and independent at home. The system also would not have coped without the thousands of unpaid and family carers who have had to dig deep into their resilience reserves during lockdown. Positive things like our resilient communities, our strong voluntary and community sector, our excellent services and committed workforce will help all of us maintain our wellbeing through this winter.

Within care and health there are many sources of advice and support to help us look after our mental and physical health, such as <https://staff.shropshire.gov.uk/policies-and-guidance/coronavirus/> and we would encourage you to make use of these. We also strongly encourage you to receive your 'flu vaccination at the earliest opportunity.

Shropshire will continue to work through these challenging times together and by looking out for each other. The activity described in this plan that many of us will be involved in, is invaluable to people staying safe and well this winter.

With best wishes,



Tanya Miles
Executive Director of People

Councillor Simon Jones
Cabinet Member for ASC, Public Health

Background

The Department of Health & Social Care published its ASC Covid-19 Winter Plan 2021/22 in November. It builds on last year's adult social care winter plan and sets out the key elements of national support available for the social care sector for winter 2021 to 2022, as well as the principal actions to take for local authorities, NHS organisations and social care providers across all settings, including those in the voluntary and community sector.

The Shropshire ASC Winter Plan 2021/22 uses these national actions to set out how – by working together as a health and care system - we will ensure that high-quality, safe, and timely care is provided to everyone who needs it, while we continue to protect people who need care, their carers and the social care workforce from COVID-19 and other respiratory viruses

This Winter Plan provides updates on our activity in winter 2020/21, reflects our experiences of responding locally to the challenges we faced and describes how we are building on last year's activity to respond to this year's current and predicted challenges, e.g., levels of Covid-19 infection rates and a stretched ASC and carer workforce.

Over the winter months, pressures build within our local health and care system as a result of the significant rise in the number of people admitted to hospital. The increased incidence of infectious diseases and non-infectious conditions such as asthma, are exacerbated during the winter months. In the run up to this winter we have experienced increased numbers of people with complex care and support needs seeking support from care and health services.

The challenge of managing the impact of Covid-19 when the health and care system is at its busiest will continue to require an effective, robust, and coordinated effort to ensure that the local system is able to provide high-quality care and support to meet the increased demand and complexity of needs.

The Winter Plan, and the accompanying Action Plan plays an important role in describing how we will respond to our local demands and challenges. It describes our close working relationship with our care and support providers and the ways we will support people in Shropshire this winter.

Our Partnerships

Shropshire Council continues to work closely with its neighbouring local authority of Telford and Wrekin Council. We are partners in one Integrated Care System (ICS) along with Shropshire's Clinical Commissioning Group (CCG), the Shrewsbury & Telford Hospital Trust (SaTH), other health services providers and the voluntary and community sector. Partner organisations continue to closely monitor and follow national guidelines and putting appropriate support in place. This, along with our effective processes to plan, action and respond to issues as they arise is resulting in a high level of confidence in our winter period system response.

Shropshire Council has its own comprehensive approach to winter planning which includes -

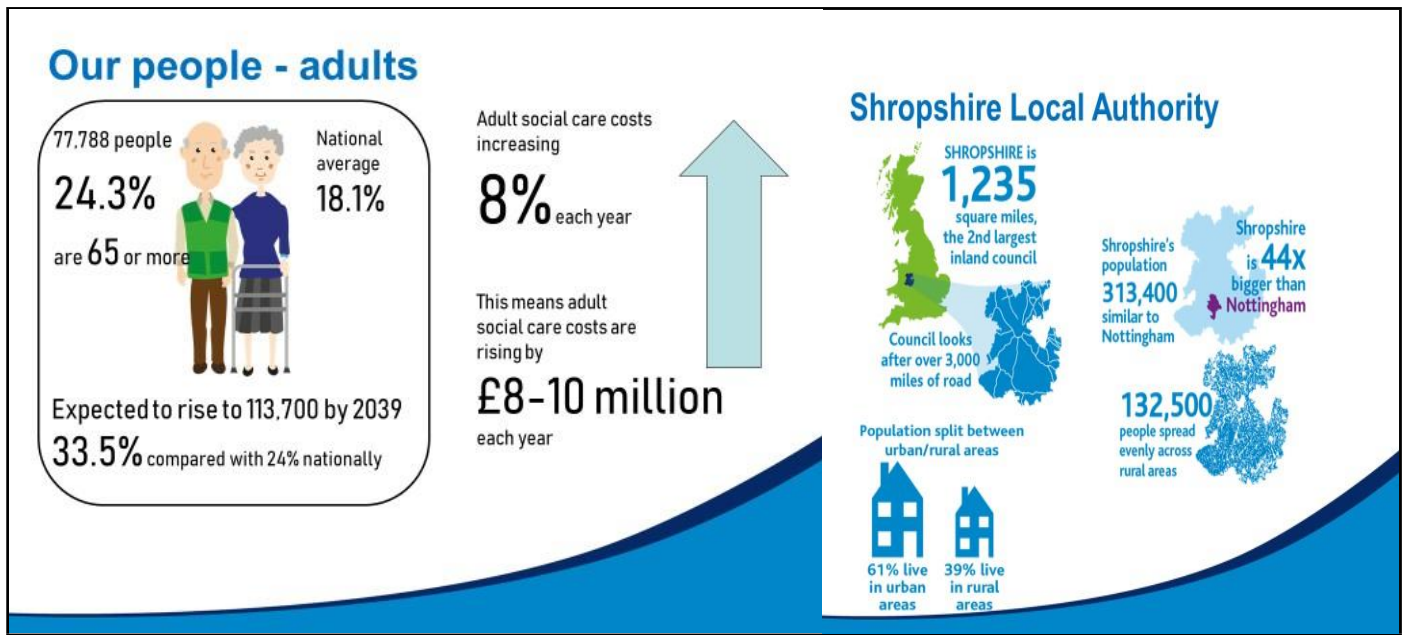
- This local Winter Plan
- A Winter Plan action plan.
- Shropshire's Local Outbreak Management Plan
- Shropshire and Telford & Wrekin ICS Winter Plan

Shropshire is fortunate to have a strong and resilient voluntary and community sector, which complements the activity of statutory health and care organisations. The Shropshire Voluntary and Community Sector Association (VCSA) is effective in how it represents the sector and regularly works in partnership with the council to achieve shared objectives and common goals.

We commission and grant fund a number of voluntary and community organisations and consortiums to deliver local wellbeing, independence and preventative services and this activity is a cornerstone of the Adult Social Care delivery model based on people being able to stay well and independent at home supported by staff and volunteers from their communities.

We are committed to involving the people who make use of services in their design and delivery. We engage, consult, collaborate and co-produce services and practice the principles of Think Local, Act Personal. We have a Making It Real Board and a variety of themed Partnership Boards, with expert by experience members, who work alongside us to develop policy and strategy. Current examples of our co-production approach are the transformation of Direct Payments and the development of our Supported Living framework.

Profile of Shropshire



Shropshire is the second largest inland rural county in England, and one of the most sparsely populated. Shropshire is approximately ten times the size of all the Inner London Boroughs put together (31,929 hectares; source: ONS Census 2011).

There is just one person per hectare (1.02 persons; 325,415 population; source: ONS mid-year estimates 2020), for a terrain covering 319,736 hectares. 97.5% of Shropshire is classified as rural with around 57% of Shropshire's population living in rural areas. 2.5% is classified as urban and contains 43% of the population. For comparison England consists of 84.6% rural and 15.4% urban.

There are 17 market towns and key centres of varying size, including Ludlow in the south and Oswestry in the north. Shrewsbury, the county town, is in the central band and has the largest population. An additional dynamic is that unlike for example Cumbria, the population is dispersed across the entire county rather than there being any large areas where no one lives.

24.9% of the population is aged 65+ significantly higher than 18.5% for England

3.3% of the population is aged 85+ compared to 2.5% for England

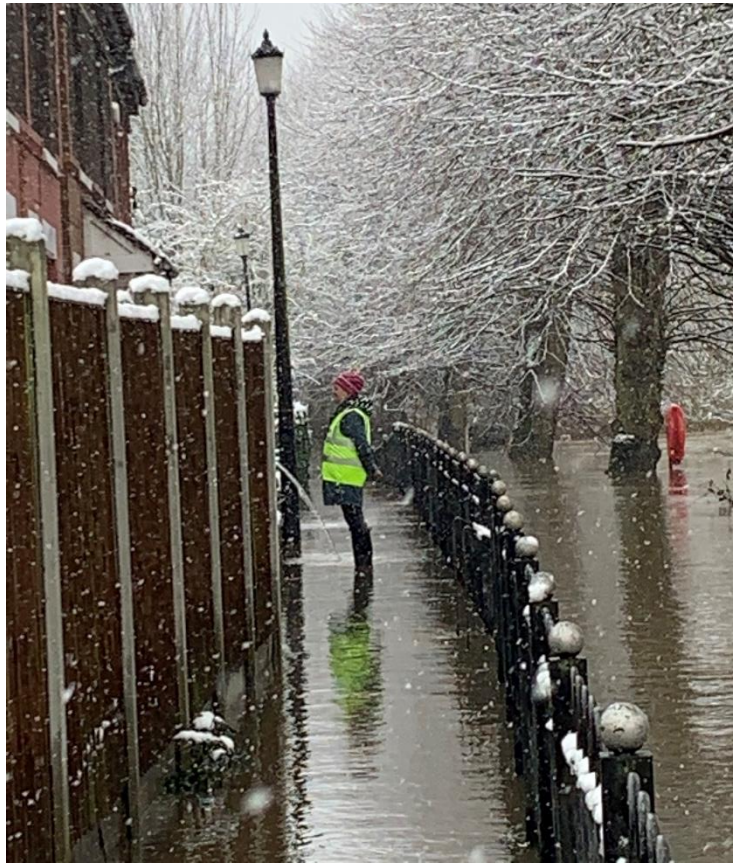
By 2043 it is forecast that 33.2% of the population will be aged 65+ compared to 23.9% for England.

There are 3233 miles of highways in Shropshire of which 2944 miles (91%) are classed as rural. Residents have a greater reliance on access to their own transport. 84.8% of households have 1 or more car/van per household compared to 74.4% in England and Wales.

There is an even greater reliance for own transport in the rural households of Shropshire – 89% of rural households have access compared to 78.3% urban.

Key challenges of winter 2020/21

- More people needing to go into our hospital setting, meaning that on discharge, more people needed adults social care support.
- Our care and support providers, experienced difficulties in staffing, as the need for track and trace, saw staff self-isolating.
- Care homes having to change the home environment to support people who had been tested positive with Covid 19.
- Adults Social Care resources, at times, being stretched, often working five days over seven days, through our hospital discharges support.
- Pressures on our mental health services, as more people experiences mental health.
- Severe flooding incidents for the second year in a row



Shropshire experienced severe flooding in February 2021

Drivers for change this winter

The White Paper, Integration and innovation: working together to improve health and social care for all (Feb 2021) highlights the demand pressures that we face, which will impact on service delivery going forward.

Shropshire is moving towards the creation of an overarching structure which supports a single system wide ICS as described in the White Paper. Pathways provided within the following service areas, each with separate processes, are sometimes fragmented not aligned.

- Integrated Care Services (ICS) Acute and Community Hospital Team
- Short Term Assessment and Reablement Team (START)
- Admission Avoidance (Pilot and Countywide)
- Sensory Services

ICS is future-proofing the way in which it delivers the operational elements of the service and enable the service to achieve excellent outcomes. There has been a reconfiguration of the service, which provides an efficient and collaborative approach to hospital avoidance, discharge planning and intermediate care. This has been a joint and collaborative approach, with reference alongside our health and system partners.

Examples of what worked well in 2020/2021

Shropshire's vaccination programme

Vaccine roll-out has been led by the NHS but Public Health, Social Care and other council, departments have provided active support to the programme in particular to ensure equitable uptake of vaccine roll-out across all population groups. Council departments supported the NHS in establishing vaccination services in a range of community settings across the County – for example through providing logistical and project management support.

A council run call centre was established to support the local population in booking and re-arranging vaccination appointments as required and had a role in providing advice to the public. A bespoke transport offer was provided by the council to ensure that those unable to reach vaccination services – particularly the old and vulnerable – were supported in doing so. The communications team have reinforced NHS promotion of vaccine roll-out using a vast range of channels and data insight colleagues have worked closely with NHS colleagues in refining the data such that uptake could be more closely monitored by populations of interest.

Through evidence from other vaccination programmes, it was recognised that certain population groups would be less likely to benefit from vaccination than the rest of the population. This includes individuals from lower socio-economic groups, ethnic minority populations, and certain vulnerable groups such as the homeless, those with mental illness or a learning disability. A joint programme of work to tackle vaccine hesitancy has been taken forward across Shropshire, Telford and Wrekin focussing on the need to build confidence in the vaccine, reduce complacency (the belief that COVID is not a threat) and increase convenience so that all population groups can benefit.



Vaccination clinic at the Prince Rupert Hotel

Shropshire Public Health and Social Care have worked together with NHS colleagues to directly support Health Care Workers, those with a Learning Disability or Autism and those with Mental Illness bringing NHS colleagues and third sector organisations together to identify problems and find solutions to enable access to vaccinations. Outreach work has been undertaken by the Community Reassurance team with community groups across the county providing information about the benefit of vaccinations and dispelling myths.

This has been taken forward through close liaison with representatives of target communities – for example by working with 'champions' from Eastern European communities.

In order to increase convenience in accessing vaccination services a mobile vaccination service has been established ('Bob the Bus'). Regulatory services colleagues led conversations with employers in the first instance – particularly those employing populations known to be more vaccine hesitant and more recently the mobile service has been deployed in a range of community settings always targeting support on those groups known to be under-vaccinated. The bus has been used at Shrewsbury Town's first football match of the season and is being used at other events, particularly those that attract young and/or ethnic minority groups. Plans are currently being taken forward to deploy the bus to support venues operating in the night-time

economy incentivising young people to take up their vaccination (e.g., Free night-club entry for those vaccinated).

Provision of Personal Protective Equipment (PPE)

As a result of the Covid-19 pandemic, the requirements of Personal Protective Equipment (PPE) were ever more important. Care providers were anxious about managing infection Control and relied on the reassurance of knowing how to access the PPE they required and frequent, ongoing supplies. In a very short space of time, Adult Services recognised the need to make urgent contact with the care provider market to establish their requirements and potential levels of use of PPE, to predict demand moving forward.

To facilitate the management of PPE requests and stock levels, an online platform was developed using a range of Microsoft products that enabled the Shropshire Council ICT team to rapidly implement a solution. Through the Local Resilience Forum (LRF), Shropshire Council were able to secure regular supplies of a range of PPE that were available through the online platform, to the provider market.

Having quickly identified a core working group consisting of the Shropshire team, members from our neighboring local authority and members from local health authorities, we were able to plan, design and review. This process continues today to ensure that we are continually evaluating and making adjustments where required. We agreed on the core aims of the project:

- To enable providers to make a request for PPE
- To efficiently respond to all requests – within 24hrs
- To maintain PPE stock levels
- To have clear reporting on demand and distribution
- To be reactive to all Government guidance and changes
- To provide mutual aid to health partners
- To meet regularly to support and review stocks.

We engaged with providers and issued a questionnaire to establish the PPE needs for each provider, capturing information such as no of staff members and users of their service. Using this data, we were in a strong position to predict future PPE demand and the stock levels required to ensure sufficient supplies to the provider market.

The online system collates the requests, enabling us to allocate collective supplies and generates automated notifications to the provider confirming their supply collection dates and times. We facilitated collections twice weekly and engaged with the charity Blood Bikers to action emergency requests for out of hours deliveries.

This approach and system continues today, providing access to PPE to the care provider market, personal assistants, and also unpaid carers.

Supporting Shropshire residents during the pandemic

- Testing systems were set up and run to deliver a locally responsive cross partnership Covid-19 testing.
- Cross border working was active throughout the pandemic particularly with Public Health Wales and Powys Public Health teams
- Establishment of a comprehensive local testing strategy including lateral flow testing (LFT) was set up and run to deliver a locally responsive cross partnership approach.
- The council developed a multi-agency Covid-19 Health Protection Cell to support the Test and Trace system locally, and to provide Covid-19 health protection support to partners and our residents.

- A Contact Tracing Partnership was put in place with national contact tracing partners.
- Effective management of outbreaks in various settings including care homes, schools, and local businesses with multi-disciplinary teams to support a specialist response.
- Successful implementation of a local vaccination programme to vaccinate priority groups, including local solutions to increase uptake such as bespoke transport offers for residents.
- A Covid-19 Infection Prevention Control service was put in place by the CCG to support partners.
- A PPE system was set up and now includes a multi-agency reporting dashboard to manage risk.
- A Shropshire-wide Community Reassurance Team and Covid-19 helpline was put in place to support people who were shielding and particularly vulnerable members of the community to access food, medicines, and other support.
- Covid-19 information for the public, including current guidance, sources of support, a business re-opening toolkit and a suite of resources for community use including posters in multiple languages.
- Support for looking after our mental health and bereavement support increased across the County
- A successful Step up for Shropshire communication campaign.

Shropshire's approach to Hospital Discharge to Assess (D2A)

Covid-19 challenged the way in which we work and our delivery of services. In March 2020, as a response to the national Covid-19 pandemic, the Government directed that all health and social care systems were required to implement changes to the complex hospital discharge pathway to support rapid step down to community services in line with a Discharge to Assess model. Government guidance stated that systems must implement a Discharge to Assess (D2A) model to speed up hospital discharge times, helping patients get home quicker.

Development of the Integrated Discharge Hub (IDH)

The Integrated Discharge Hub (IDH) was set up in March 2020 in response to the National Requirements for Discharge. The IDH brought together personnel from different parts of the system to implement the requirements and implement fast tracked changes that otherwise may have taken the system longer to achieve.

The IDH ensured that once a patient is ready for discharge, all discharge arrangements were organised by the multi-professional team, with the patient, family and carers all being informed. The aim is to discharge on the same day, with the focus being to support patients to return home first, whenever possible.

Covid-19 caused personnel who would normally be practicing through face-to-face contact with other professionals to be immobilised and find other ways to communicate and make decisions. Some of these have been successful such as the use of virtual meetings to enable team members to access each other in a time efficient way, others have been less successful such as much reduced interaction with discharge experts within the ward environments.

All partners working as part of the IDH were initially either co-located at the Royal Shrewsbury Hospital, or worked remotely, providing a seven-day service.

In July 2020, the government released further requirements stating that following the success of the changes made to complex discharge pathways nationally all local systems now need to stabilise their improvements to secure ongoing delivery as we enter Winter 20/21.

A gap analysis of the IDH was undertaken in December 2020 and the key areas highlighted were

- Focus on ward-based processes and supporting discharge
- Further development of integrated commissioning for Pathway 1
- Reviewing of Pathway 2
- Focus on reablement and recovery on Pathway 3
- Workforce development relating to upskilling and interdisciplinary

For the system, there was a total of 6,714 Fact Finding Assessments (FFAs) that were completed in 2020/21.

- June 2021 saw 771 FFAs completed, which is an increase of 294 in comparison to June 2020 and an increase of 81 from the previous month.
- 60% of all completed FFA's in June 2021 resulted in a Pathway 1 discharge.

A System Discharge Alliance group was set up in March 2021 to identify and improve issues that impact on safe and timely discharges and those that affect patient experience. The group meets at three weekly intervals with membership from system partners and part of the role of the group is to monitor discharge performance metrics using data to drive improvements.

Shropshire responsible patients account for 61% of all completed FFA's, an increase of 6.27% in the number of FFAs received in 2021 against the same period in 2020.

Overall, the Length of Stay has **decreased by 22.40%** (17.68 days vs 21.64 days) in 2021 against the same period in 2020.

A number of working groups and Task and Finish groups are in place to address the key issues, and they report into the System Discharge Alliance group, which in turn reports to the Urgent Care Operational Group.

The group monitors the progress of these groups and manages escalations and risks identified from the associated action plans.

Homelessness and Rough Sleepers



All those sleeping rough were provided with hotel accommodation early in the pandemic as per 'Everyone In'. Shropshire Council's Rough Sleeper Team worked with the Prince Rupert Hotel and Shrewsbury Ark to ensure that every Rough Sleeper was in accommodation before lockdown hit.

As well as a safe warm bed, we provided food and support and ensured that clients (or guests- as the hotel called them) were able to access Mental Health and Substance Misuse support. The guests were able to access GP services via 'Zoom', they were supported by the team that comprised of public, private and charity workers. The 5 * hotel was staffed 7 days a week 24 hours a day.

The work of the Rough Sleeper Team has been recognised by the MJ Achievement Awards 2021 with the team reaching the finals of the Best Council Services Team category.



Work of the Rough Sleeper Team Winter :

Our support for care homes

At the start of the pandemic, in recognition of the challenges that care providers would be likely to face, Shropshire Council wrote to all providers to offer assurance, support and flexibility in how care could be delivered. Since this time and as set out in various sections of this document significant levels of support have been given to the market to help them manage through this challenging time.

In summary –

- Shropshire Council has given significant levels of financial support to the care market.
- We have ensured that communication is clear and consistent and in a way that busy market providers are able to focus on the most important messages.
- We have created specific support teams for the individual elements of the market: there are teams who are specifically supporting domiciliary care providers, care home providers, day services providers and the voluntary sector. Providers have named individuals that they can go to with any issues or support needs.
- We have ensured that providers have access to PPE
- We have ensured that providers are fully informed about how they can access testing and we make sure that we escalate any issues that they are experiencing.
- We have created specific system-wide care sector group that escalates and resolves any care market issues that occur and we work closely with CQC, Healthwatch and our system partners to ensure that there is wrap around support for the market.

Community Reassurance Team

At the start of the Covid-19 pandemic the council swiftly created a Community Reassurance Team (CRT) from staff who would usually be working in services across the organisation, including ASC and Housing. Many team members came from our Culture & Leisure services, which had to suspend their activities during lockdown. The team has provided crucial support to vulnerable residents to ease the impact of lockdown and the virus itself.

The activity of the CRT included –

- Creating and maintaining a digital directory of community support groups and activity
- Working closely with over 480 local community groups, town councils, parish councils and businesses to provide crucial support to vulnerable residents.
- Creating partnerships that help the council reach vulnerable people countywide and ensure everyone has access to the support they need
- Running grant funding programmes for the voluntary and community sector
- Running the Food Hub to deliver top up supplies to the vulnerable, including those with special dietary requirements. The Food Hub will also deliver food parcels for people who are newly unable to afford food due to the impact of coronavirus and works closely with Shropshire's Food Poverty Network.
- Buying and delivering food and essential supplies to vulnerable residents
- Providing practical support to communities affected by Covid outbreaks
- Running information, advice, and reassurance events in our communities
- We also created a Telephone Reassurance Team to proactively phone residents who we felt could be vulnerable, along with those on the Clinically Extremely Vulnerable (CEV) list. Where the need for support was identified this was passed to the CRT to action.

The CRT is moving into a new Community Wellbeing Team and continues as a vital element of Shropshire's response to the pandemic and has been making plans to support our most vulnerable residents over winter. The team works closely with the voluntary and community sector to ensure complementary activity

and avoid duplication or gaps and is a huge support to those working in specialised parts of health and care system when they are seeking support for the vulnerable people they are working with.

Enabling people to stay well and independent at home

During winter 2020/21, Shropshire Council, in partnership with its health colleagues commissioned a Winter Support Service that supported vulnerable, and potentially vulnerable Shropshire residents. The service aimed to prevent residents from experiencing a health and care crisis over the winter period and worked by connecting local residents to a range of support offered locally by the voluntary and community sector.

The service was an enhancement of the current well-being and independence service commissioned by the council and delivered by the Wellbeing & Independence Partnership, Shropshire (WIPS).

The provision offered assessment and ongoing support for 166 people identified as needing assistance with matters of both a practical and/or emotional nature.

The service wasn't placed to provide a crisis response or personal care but functioned as a conduit into the health and social care system, ensuring that people were connected to the support that they need through appropriate referrals and signposting.

Following an evaluation of the service, data collected demonstrated a positive impact on the wellbeing of vulnerable and frail people living at home.



The Winter Support Service - CUSTOMER
The Winter Support Service - REFERRER FI

Support for Unpaid and Family Carers

In February 2021 the Carer Support Service was brought into the council and the Shropshire Carers Support team was created. The team delivers the service throughout Shropshire providing individual support in a variety of ways - phone, email and digitally as appropriate.

In February 2021 the call for unpaid carers to receive their Covid-19 vaccination was issued, which led to unprecedented levels of telephone calls to the team during February and March.

While speaking with carers during this period - many unknown to any services - permission was obtained to put their names into our developing Carers Register. The register enables us to share information quickly with unpaid carers quickly by their preferred method of communication and to receive a carer ID/emergency card, information, support to complete an emergency plan and the option to complete an email carers course, a guide to getting the basics right as a carer, delivered by Mobilise.

Shropshire's plan for winter 2021/2022

As described in the plan overview, the council works closely with its ICS partners - our neighbouring authority in Telford and Wrekin, the CCG, the acute hospital trust and community health trust. The ICS is strong and robust, and partners are working together effectively through the pandemic. As statutory partners and commissioners, the councils and CCG have closely followed guidelines and put support in place in line with these, which in some cases has been above and beyond expectations. This gives us a good level of confidence in our system response, and we have effective processes in place to plan, action and respond to issues as they arise, particularly in relation to the county's care homes. A joint action plan and risk management process has been agreed system-wide and is a clear and practical guide to wrap around market support.

Winter beds to facilitate and support hospital discharges

This winter we will be commissioning winter beds again to support hospital discharge, we continue to have discharge to assess beds where people can be assessed safely for their ongoing needs. In a supportive care home environment and we are also currently considering whether designated setting beds are going to be needed for the coming winter [The Adult Social Care Winter Plan 2020-21](#), published on 18th September 2020, set out a requirement for local authorities to identify 'designated settings' for people being discharged from hospital who are Covid-19 positive. The requirement also requires local authorities to notify the Care Quality Commission (CQC) of the settings in each area, and work with CQC to assure their compliance with standards through an Infection Prevention Control inspection.

We are enhancing the existing Discharge-2-Assess (D2A) bed-based provision for Shropshire Council by providing county-wide provision of up to 16 winter pressure stand-up beds and social workers to maintain throughput and flow.

This scheme is in line with community demand and capacity modelling which shows the need for additional capacity over the winter period to support flow from hospitals. The scheme will comprise of a block contract arrangement that is open to the provider market to tender with the CQC standard of the home provider level 3, good. These commissioned bed-based provision will be procured across different settings to mitigate risks caused by outbreaks. This will enable us to have the commitment from home providers to transfer the patient/s from the acute hospitals within 3 hours in line with the [Discharge to Assess process](#).

The plan is to have a varied number of block-contracted beds across the county to support patients closer to their own homes. This also offers more flexibility rather than have one home provider, which supports the acute hospitals patient flow.

In order to support this model, there will be a requirement for additional social care staff who will be aligned to the additional beds to manage patient flow.

Scheme objectives

The scheme contributes to the following health and care system priority areas -

- Alternatives to A&E or admission
- Support for discharge from acute hospital
- Respiratory
- Frailty
- Support to primary care

The expected impact of the scheme: -

- To track the patient on admission with an exit plan
- To reduce the patient length of stay in hospital and on the Medical Fit for Transfer list.
- To support reduction in the length of stay
- To avoid unnecessary hospital admissions
- Once medically optimised to achieve the timely and safe discharges within three hours.
- To manage and maximise throughput in the block contracted beds.
- To continue to achieve good outcomes for patients.

Integrated Community Services

[The Integrated Community Service](#) (ICS) is county-wide and offers a service to adults (aged 18 years or over) to safely discharge people from hospital and maintain people safely in the community. The service also deals with emergency and non-emergency situations to promote hospital avoidance.

The team ensures that any Shropshire resident who is admitted into an acute or intermediate care/enhanced assessment setting, is discharged with appropriate support in a timely manner. Relevant and proportionate assessments are undertaken to establish the most appropriate support on discharge.

ICS works alongside system partners to provide a range of high quality approaches which support people to: -

- Avoid unnecessary hospital admissions (Admission Avoidance),
- Adopt the discharge to assess (D2A) model to facilitate hospital discharges
- Ensuring that people access short term interventions for regaining independence (Reablement).

These approaches enable people with short or long term conditions the opportunity to maximise their recovery and regain competence and confidence to promote independence at times of transition in their health and social care needs.

Support for domiciliary care and care homes (residential and nursing) providers

In partnership with the CCG, we have been supporting the comprehensive [vaccination programme](#) across our market. We have high rates of vaccination uptake in our care market and people have worked really hard to understand the benefits of vaccines in protecting vulnerable people and having them to keep themselves their families and the people they care for safe. For [care homes legislation](#) was approved by Parliament on 14.07.2021 and will come into force on 11.11.2021 for all employees and professional visitors to have received both doses of the vaccine.

The new regulations apply to all workers employed directly by the care home or care provider, agency workers deployed to the care home and volunteers.

The regulations will also include people entering care homes to carry out other work such as healthcare workers, trades people, hairdressers, beauticians and CQC inspectors, unless they have medical exemption.

Shropshire currently have only 4 homes who are under 85% for all staff to have received their first dose and this is constantly increasing The STW update on 10.09 showed a 1.5% increase for Shropshire who are now at 95.6% of staff having received their first dose.

All Shropshire homes who have under 90% uptake in staff and residents for dose one of the vaccines will be contacted by 16.09.2021.

Information will be collected and we will specifically ask how many staff and residents are exempt (where these staff are working) how many have refused the vaccine and the reasons for refusal and what mitigations and contingencies are in place.

Information has and will be continued to be gathered to support homes to encourage staff to have the vaccine - myth busting comms and webinars and continued promotion for completion of the National Capacity Tracker.

The impact of the vaccine to the workforce sector is significant with providers across the whole care market (inc. Dom Care) seeing staff leaving their jobs and the care sector. We are working closely with providers and partners to specifically focus on recruitment and retainment with events through September and a wider project in development.

Additionally, we will be asking providers through welfare calls about their protocols and diligence around ensuring allowing people into the building have received both doses of the vaccine and asking them to feedback if they have any concerns.

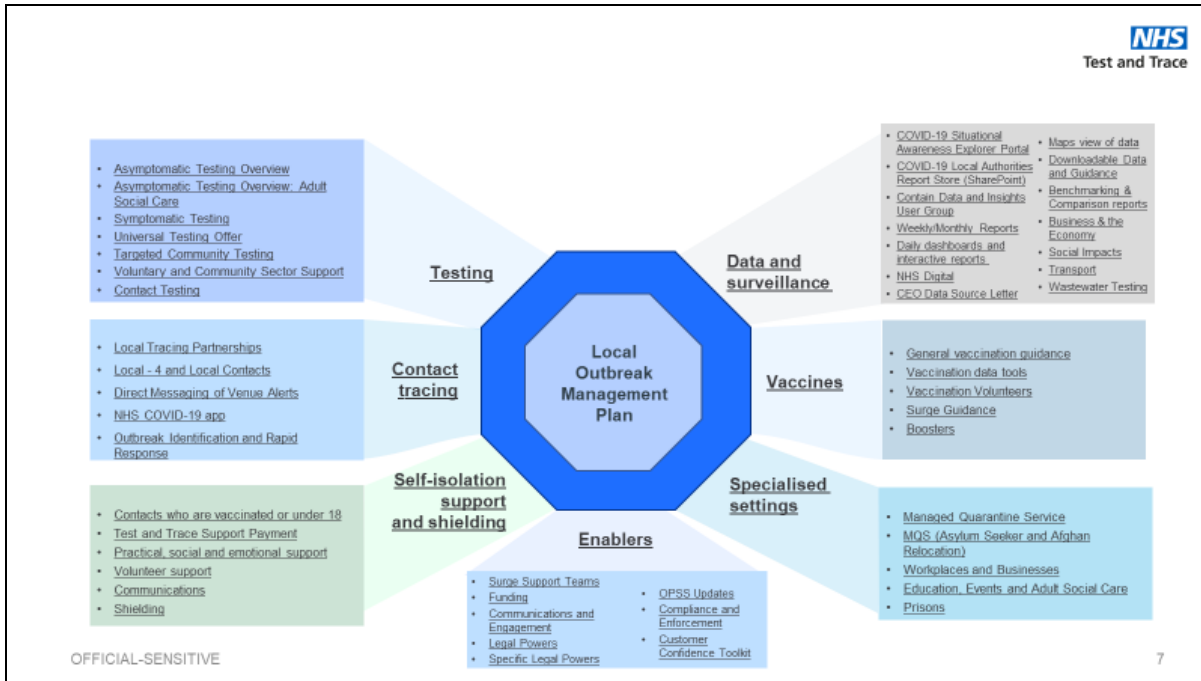
Arrangements for testing in care homes

Residential and nursing homes in Shropshire are conducting both PCR & LFT tests in accordance with government guidance.

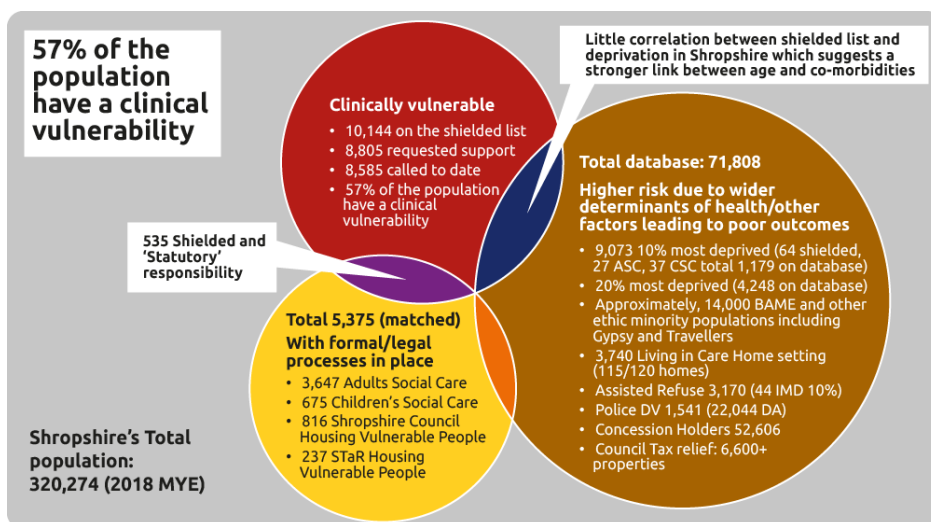
Advice on how to access test kits and step-by-step guides on how to use PCR and rapid lateral flow test kits for regular and outbreak testing of residents, staff and visiting professionals is available here.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/999240/02-020721_Adult_Social_Care_Testing_Guidance_visual_DIGITAL.pdf

Shropshire's Covid outbreak management plan



Covid-19 has been of particular concern to the significant numbers of our population over 65 and the nursing and residential homes in Shropshire. Significant effort has been made across all sectors to keep people as safe as possible. Through the pandemic, Shropshire infection rates tended to lag behind other more urban parts of the country and did not have as high numbers of both cases and mortality. The diagrams below provide an idea of vulnerability and the covid numbers to 5th September.



Number of cases

24, 605 cases to September 5th 2021
1,070 cases in the last 7 days from here

Number of deaths

647 hospital deaths to 5th September 2021
6 deaths in the last 7 days from here

Long Covid

3,690 Shropshire residents are estimated to have Long Covid (1 in 6 or 15% of cases)

Number of contacts with Shropshire Council

Covid Cell: 2,094 enquiries

Covid helpline: over 14,000 calls

Regulatory services: 4000+ service requests & 5000 advisory visits

Outbreaks to week ending Sunday 05 September 2021

Summary

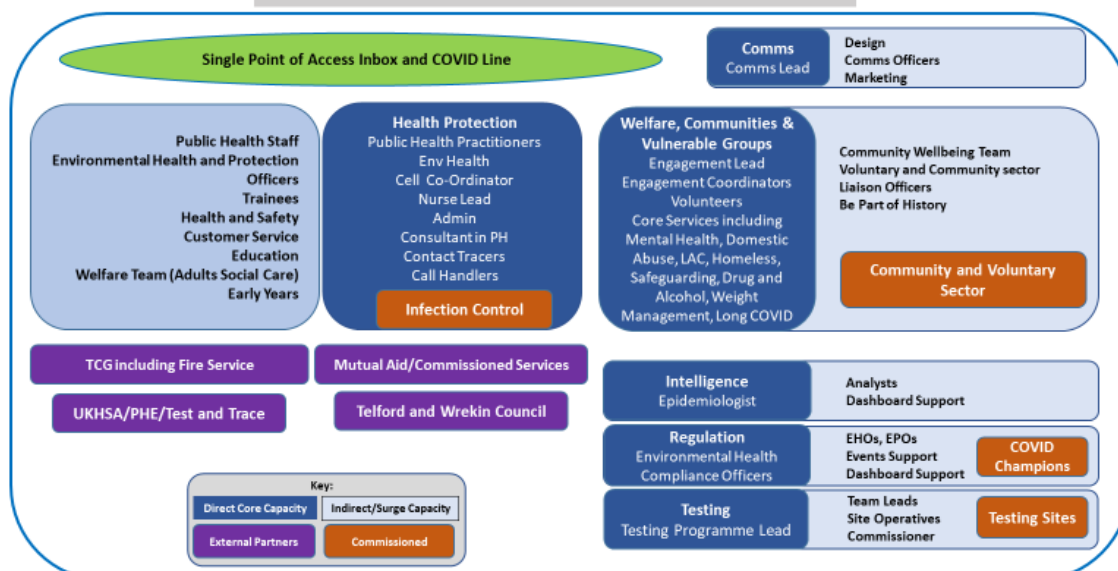
Setting	New Exposure	New Outbreaks	Total
Care Home	67	152	219
Workplace	35	152	187
School	37	90	127
Children's Home	9	18	27
Hospital	4	19	23
Other	4	11	15
Total	156	442	598

The Covid-19 pandemic confirmed that community groups, volunteers and residents, and community activity both old and new, are able to provide the bulk of the support needed, in local communities. The pandemic also resulted in Shropshire Council and partners working in different ways to ensure that community groups and people living in Shropshire had what they needed to keep safe. The response to the pandemic demonstrated that as a Council area, we have a wealth of good will and support for people and we are flexible, agile and are stronger by working together (across directorates, and across organisations and community groups).

As we emerge from the pandemic much of the infrastructure created to support people, remains in place. The diagram below highlights the continued effort and investment as part of 'Living with Covid, and forms part of our Outbreak Management Plan.

There is significant focus on health protection, community and welfare, communication, data and intelligence, regulation, vaccination, and testing.

Shropshire Council: Living with COVID Capacity



Covid-19 testing in Shropshire

Shropshire has a comprehensive testing offer to ensure that people are regularly testing. It can be found through the following link:

[COVID-19 testing in Shropshire | Shropshire Council](#)

Rapid access to high quality testing at scale is vital to containing and controlling the spread of coronavirus. The local approach to testing is described in this plan and outlined in Shropshire's local testing strategy; delivery is through the Testing Cell. For both PCR and LFD tests, the access locations are targeted to provide maximum accessibility across the rurality of Shropshire, targeted to areas of greatest need though local governance. Additionally, postal testing is a vital channel in Shropshire with over 40% of tests accessed this way.

Testing is available for individuals with symptoms, for testing contacts without symptoms (asymptomatic) as part of outbreak management and for routine asymptomatic testing.

Symptomatic PCR Testing is available through two routes Pillar 1 and Pillar 2.

Pillar 1: Outbreak management, NHS Providers. Through Public Health England (PHE) labs or in Shropshire, through Shropshire Health Community. Swabs are processed in the SaTH lab and the results fed into the national testing portal. Positive cases of COVID are contact traced.

Pillar 2: wider population, follows Government guidance, booked online at www.gov.uk or via 119. In Shropshire, Telford and Wrekin is delivered by a Regional Testing Unit (RTU), two Mobile Testing Units (MTUs), Local Testing Sites (LTS) and via Postal Testing Kits. Positive cases of COVID are contact traced

Lateral Flow Testing (LFD)

Around 1 in 3 people with COVID-19 having no symptoms, it's essential that those who have to go out to work are regularly tested with rapid Lateral Flow Tests.

Shropshire Council offer Lateral Flow testing through Community sites, pop up sites, pharmacies, libraries, leisure centres and other places. The Council also supports, Extra Care and Supported Living, Support for schools and Early Years and Schools and early years settings.

Supply of PPE

The national PPE portal will continue to deliver supplies to care providers who signed up for it until March 2022 and the council will also continue to manage our emergency supply portal.

Social work and other professional leadership

Our social work and occupational therapy teams have been responding to a surge in demand that began as lockdown restrictions eased. The teams are also responding to changes in the domiciliary care and care home market as we have moved from a position of our providers having capacity to a situation of staff shortages and some challenges in sourcing care to support people at home.

We have strengths and value-based practice embedded across the teams. We have a loyal and dedicated workforce who are both flexible and open to change. New ways of working have been adopted, such as undertaking remote assessments through the use of a range of technology and IT has been provided to staff enabling them to work from home. Measures have been put in place to track both workforce availability and service demand.

Social work and occupational therapy teams are experienced at applying legislative frameworks to their practice. The paperwork processes direct practitioners to work in a legal and strengths-based manner and there are quality assurance processes in place to measure this, e.g., assessments have to be approved by the worker's line manager. Thematic audits are carried out of practitioners' work and action is taken to address any areas for improvement.

The principles are –

- Respect
- Reasonableness
- Minimising harm
- Inclusiveness
- Accountability
- Flexibility
- Proportionality
- Community

Social work practice recognises inequality, oppression and discrimination and aims to challenge, address and where possible redress this. All social workers commit on an annual basis to working to the standards of the regulator which includes 'Recognise differences across diverse communities and challenge the impact of disadvantage and discrimination on people and their families and communities.' Quality assurance processes are in place to measure the quality of social work practice within adult services.

The council works in partnership with health and care system colleagues to support the best outcome for individuals. The local system also works together to ensure data intelligence about the sufficiency, suitability and sustainability of care and health services to maximise the effectiveness of services, outcomes for individuals and populations and the overall use of resources.

Our ASC teams work from a person centred approach and we seek to get the best outcome for individuals.

Winter Support Service

For the second year ASC will be commissioning and funding a **Winter Support Service** delivered by Wellbeing & Independence Partnership Shropshire (WIPS) and connecting with the British Red Cross Home from Hospital Teams. The Winter Support Service is designed to support people to stay safe and well at home by providing practical support, friendship networks and social activities. In turn, this can lower their need to ask for help from their GP or even unexpectedly be admitted to hospital. The service can also support people when they are discharged from hospital to ensure they are able to settle back home again.

Building on the success and learning from last winter's pilot, the WIPS led provision for 2021/22 can be seen as both a consolidation and enhancement of the winter 2021/22 service.

The design of this updated service will enable us to:

- work in partnership with British Red Cross ICS Co-ordinators and Home from Hospital volunteers to directly connect it with hospital discharge and admission avoidance activity.
- strengthen the links into primary care to ensure people at risk of falling into crisis and acute care are referred to the service for support that will keep them well at home
- increase the number of connections made between people receiving support from the WSS and community groups within their community so some of their ongoing support is local and sustainable
- place emphasis on supporting Shropshire's vulnerable residents to maintain their physical and emotional wellbeing throughout the winter period, by addressing matters such as:
 - Shopping and delivery of essential supplies
 - Connecting people to local support groups (e.g., hot meal delivery)
 - Collecting and delivering medications
 - Telephone companionship for isolated or lonely people

The expected impact of the scheme:

- Increase the number of people discharged from SATH on Pathways 0 and 1 to be supported at home in the community
- Greater numbers of residents being offered this service and taking up the offer of support
- Ongoing support from VCS organisations for individuals where needed beyond the 31st March 2022 (self-funded or free of charge)
- Improved wellbeing for residents in receipt of the service
- Reduction in the instances of unpaid/family carer breakdown
- Reduced demand from residents requiring support from ASC/primary care/A&E
- People feeling more knowledgeable and confident about knowing where to turn in the future for support and guidance



Support for unpaid and family carers

The council now has its own **Carers Support Team**, which has close connections with community activity and assets. We are supporting local carer support groups to start meeting again in person. Unpaid and family carers and professionals looking for information, advice or support can contact the Shropshire Carers Support Team on **01743 341995** or by email shropshire.carers@shropshire.gov.uk

We have continued to commission Mobilise, an online carers support service that provides light touch, preventative support for carers. In the past year we have worked in partnership to complete joint pieces of work, such as the email course for the register; a joint Q&A of most often asked questions from carers in Shropshire hosted on our individual websites; training for teams, as well as continue our individual support work to help carers. Mobilise provide us with oversight of the most pressing current issues concerning carers who access their service through their monthly Mobilise Moments giving us valuable information so that we can adapt our services to provide the best support. For more information visit <https://www.mobiliseonline.co.uk/>

The Carers Support Team is ascertaining how carers feel about meeting face to face to provide peer support and are encouraging carers to think about digital as well as traditional methods of keeping in touch and establishing groups to reduce isolation and ensure that carers are better placed to receive support by a variety of methods in the future.

The Carers Support Team work closely with the Integrated Care Services (ICS) hospital carer support workers, who are included in our team meetings and updates, to ensure we have a two-way sharing of information and we are all aware of best practice and the issues carers are experiencing. We also meet, on a bi-monthly basis, with the Lead for Patient Experience at SaTH to ensure that carers, whose cared for person is in the hospital setting, have access to the information and support they need and to raise awareness of carers and the support available with hospital staff.

In our promotion of Carers Rights day (25th November) we will be encouraging carers to enrol on the Carer Register as the best way to stay in the know and keep in touch, as well as promoting our Preparing for Winter guide, which will include a wide range of information from contingency planning and obtaining PPE to self-care.

Day Opportunities



Our day opportunities services for adults with learning disabilities and older people continued all the way through the pandemic, albeit in different ways, and we are very happy to see people returning to groups in person. The pandemic has changed everyone in some way and it has given us the opportunity to think about what day opportunities should be like in the future to ensure we're all doing the things that are right for us, in the right way.

Enjoying the cycle track at Greenacres Farm

Community Wellbeing Team

This winter, the Community Wellbeing Team (formerly the Community Reassurance Team) will work to support communities remain as healthy and well as possible. The team is central to our success, in connecting families and carers with practical support, advice and access to resources, activities, groups and other community programmes that will sustain, as far as is possible, peoples' independence, promoting healthy lifestyle and relationships.

The team will act as a local resource for organisations working with people who are disadvantaged (for example those living with mental health or other health condition); helping organisations to build the right support for local need.

The team will work closely with First Point of Contact, Social Care, the Voluntary and Community Sector to support people, and also to deliver a range of innovative community outreach and engagement activities around Shropshire local communities.

Social Prescribing

Throughout the pandemic, and planned for this winter, social prescribing has been receiving referrals from GP practices, social care, DWP, Shropshire Customer Services, the VCSE and other partners. Individuals are offered a personalised approach to working through and improving their wellbeing. The Social Prescribing Advisors have worked closely with primary care to support the Clinically Extremely Vulnerable, and in the wake of Covid 19 those who might have concerns or anxiety about venturing out again.

Voluntary & Community Sector activity

Adult Social Care (ASC) and Public Health continues to commission and fund Voluntary & Community Sector organisations to deliver community based activity that supports people to remain well and independent at home. The **Wellbeing & Independence Partnership Shropshire (WIPS)** – led by Age UK, and the **Advice, Advocacy & Welfare Benefits (AAWB)** service – led by Citizens Advice Shropshire have worked tirelessly throughout the pandemic to ensure that our more vulnerable residents are supported and are adapting the ways they work to ensure they are connecting with people in different ways. ASC and Public Health are staying connected with the **community groups and the Covid Mutual Aid Groups** that sprang to life during the pandemic – the RCC is providing infrastructure support to them and we are looking for further opportunities to provide small grants to support their important work in communities.

ASC and Public Health are working very closely with Shrewsbury Food Hub and have also been able to provide small amounts of funding to our community-based food banks and hot meals groups. The availability of affordable, nutritious food and the delivery of home-cooked hot meals is so important to people's wellbeing, especially during the winter.

Let's Talk Local - Shropshire's Front Door into Adult Social Care

ASC is committed to working from spaces within our communities and we do this through Let's Talk Local. The pandemic has completely changed the way ASC works locally and telephone/video calls have replaced the local face to face appointments. These have been working well but we want to go back to having local places that people can come to. We are looking at a different way of doing this that could involve voluntary and community groups.

In Shropshire, residents can be supported by adult services in a number of ways. Upon calling First Point of Contact, highly skilled Advisors will be able to determine the most appropriate next steps for a resident or their

carer to take. Broadly speaking these options fall into three categories, which is sometimes referred to as our 'three conversations model'. This includes:

1. Phase 1: Advice and information – provided by a FPOC Advisor. This may include a referral or signpost into the community, which will be followed up after 14 days.
2. Phase 2: Let's Talk Local – if a resident requires more support with their enquiry or particular circumstances then they will be offered a virtual Let's Talk Local appointment. This will be conducted by a Social Care Practitioner, ideally within a 2-week period. Additionally, a phase 2 intervention could include a referral to the Carers Support Team or Shropshire's Social Prescribing service.
3. Phase 3: - if a resident's needs are thought to be of greater complexity and/or of a more urgent nature then they may be referred directly through to the relevant locality team for further triage and subsequent assessment of care needs.

In addition, residents can seek information and guidance independently via [Shropshire's Support Finder brochure](#) or via the relevant webpages hosted within the council website - <https://www.shropshire.gov.uk/adult-social-care/>

Safeguarding

Shropshire's Safeguarding Adults service will continue to work as business as usual. We are a small countywide service that receives on average 125 -175 referrals each month over the winter.

The team itself is relatively small but works closely with all partnership agencies to respond in an effective, timely manner to ensure people with care and support needs feel that their experience with the service is personal to them and tailored to their wishes and strengths.

Homelessness, Rough Sleepers and Temporary Accommodation

Shropshire Council will continue to operate 'Everyone In' for verified rough sleepers over the winter months and will where necessary and safe to do so also operate a Severe Weather Emergency Provision. Those that have refused offers of accommodation will continue to be supported via outreach to access permanent housing as well as support for substance misuse and physical and mental health.

The Shropshire Council Rough Sleeper Team, alongside Shrewsbury Ark, will complete outreach support daily across the county ensuring ongoing support for those who have refused offers of accommodation. The team respond within 24 hours to any reports of new rough sleepers.

Housing Services will work jointly with a number of agencies to ensure Covid and 'flu vaccinations for those who are at risk of rough sleeping and in temporary accommodation are carried out.

Housing Services has tripled the size of their support team to ensure additional support to those in temporary accommodation, recognising that the use of B&B presents its own challenges, both to services and to the individuals accommodated.

The council has established a Temporary Accommodation Programme Board to explore a range of different temporary accommodation options to provide better outcomes for clients requiring temporary accommodation as well as a more cost effective way of the Council meeting their statutory duty. There are 3 projects in the pipeline that will help meet approx. 50 bedspaces by the end of 2021.

Mental Health Social Work Team and Advanced Mental Health Practitioners

As we head into winter months different pressures arise. Mental Health is impacted in many ways by many factors. The tipping point is different from one person to another.

People generally come in to contact with Mental Health services when they have experienced trauma either an episode or enduring period of trauma.

Our services and interventions from mental health social work team range from preventative work, through to short-term support, through to longer term work. Mental health social work's role with individuals referred into our team is about promoting resilience and social inclusion, but primarily the provision of the statutory functions of the local authority.

We will ensure we have appropriate level of staffing over the winter period to maintain Shropshire councils duty to carry out Mental Health Act assessments.

We will continue to work proactively to prevent deterioration of our current people with who we work with and engage at the earliest opportunity new referrals.

Social prescribing

Social Prescribing in Shropshire is a positive collaboration between the council, Primary Care Networks, and the Voluntary & Community Sector. The service has been well evaluated and demonstrates positive outcomes for people along with a reduction in the use of primary care services. During the pandemic the service has been adapted to continue to support people in the safest way.

The service is for –

- Individuals aged 18 years or over
- Shropshire residents
- Those who would benefit from regular and on-going support to cope with their anxieties and concerns caused by social isolation and Covid-19
- Those who require more time and support from a Link Worker to plan how their practical needs will be met during social distancing
- Those who require additional support to help and motivate them to take action to improve their health and wellbeing and adhere to social distancing requirements.

Over the winter the Link Workers will be -

- checking clients have access to and understand the latest Covid-19 advice and provide information where needed.
- discussing how people are managing practically with shopping and medication and helping them to find support from family, friends, and their community.
- helping them to plan how they will deal with their practical and emotional concerns, link with family, neighbours, friends, and local groups.
- helping with motivation to build and maintain different forms of social support e.g., phone, digital, face to face
- discussing people's needs for emotional support and wellbeing advice
- offering advice and motivation to be physically active within guidelines and according to capabilities
- making sure they have numbers for support e.g., Age UK, Mind, 111, pharmacy for medication

Supporting the well-being of the workforce

Health and social care staff are being encouraged to have a Covid and flu vaccination and ASC staff have been issued with flu vouchers to facilitate this. There continues to be a range of wellbeing services on offer to council staff to support their health and wellbeing.

All staff can access free and confidential counselling for any concerns or support they may require through the Increasing Access to Psychological Therapies (IAPT) service.

Cari is a wellbeing tool that offers wellbeing support in a range of ways. Staff complete a free, confidential Cari consultation to access tailored free support.

'Togetherall' is an online community for anyone aged 16 and above to share experiences about their mental and emotional health in confidence, offer peer to peer support, utilise creative tools and is accessible 24/7 with trained professionals always available. There are also options to participate in a range of free self-guided courses to do at your own pace covering topics such as managing sleep problems, stopping smoking, stress and worry, social anxiety, and anger management as well as access to self-assessments and resources to help people look after themselves, take control and feel better.

Our bereavement support offer is free for anyone who lives in Shropshire and has experienced a bereavement (whether recent or previous), including bereavement by suicide. There are online resources including a booklet exploring what is bereavement and grief along with a secondary booklet outlining the practical steps that need to be completed following a death and how this has changed during Covid-19.

The council has Mental Health First Aiders to support and signpost staff to resources.

The STP is coordinating a range of wellbeing support measures for health and care staff. Cohorts of employees are being trained as TRiM practitioners to support the workforce.

Trauma Risk Management (TRiM) is a proactive, peer delivered, cognitively based, human resource management initiative for supporting individuals following exposure to traumatic events. Its purpose is the early identification of the symptoms of stress. TRiM is not a treatment for stress, however, processing and talking about the event has a therapeutic advantage.

In addition to this, virtual support sessions are available weekly via MIND Shropshire and a number of staff wellbeing resources are hosted on the SPiC website <https://www.spic.co.uk/resource-category/resources-for-staff/>

Winter flooding preparedness and resilience

We are working closely with colleagues across the council and the Environment Agency to ensure that our action plans for times of flooding are joined up with, and part of the wider response. Shropshire has experienced significant flooding for the past 2 years and we now have a well-developed approach to mapping the locations of potentially vulnerable people using forecasting data and contacting them to check their own preparation plans and any support needs they have.

Winter Well Campaign and Communications

We are creating Winter Well communications focused on prevention and wellbeing and early intervention – the top 5 things to keep well over winter.

This will include –

- Vaccinations
- Infection control and testing
- Staying physically active
- Mental well-being
- Where to go to seek advice and support for a wide range of issues that could affect people more in the winter months and with the impact of the pandemic, e.g., fuel poverty, affordable food, welfare benefits.

Communications

We continue to communicate well with the care market with regular Frequently Asked Questions (FAQ) bulletins now available on the SPiC website. We send out weekly briefings to the whole provider market and in response to information requests from the market we are holding virtual provider forums, which draw in expertise from various system partners. We will continue to communicate through emails and newsletters with the people who are part of specific services, e.g., carers, Direct Payment recipients and day services. We will continue to send fortnightly updates to the Covid- support groups and use the excellent Voluntary & Community Sector Assembly newsletter to share updates and information. We will encourage people to sign up to the .GOV email service. As a wider council we will continue to explore the range of ways we can effectively communicate with our residents. We have a lot of information on the council's website, we use social media to dynamically share information and have a good relationship with our media partners who support us in getting important messages to residents and businesses.

Summary

Shropshire's ASC Winter Plan 2021/2022 and accompanying Action Plan covers a wide range of activity designed to ensure that people are supported to be healthy, independent, and safe this winter, that our care settings provide excellent care for the people they support, and that our staff remain well and resilient.

Effective partnership working within our health and care system, as we move towards integration, will benefit the people looking to us for care and support. Close working and good communication is particularly important to ensure people leaving hospital have the support to recover at home and avoid needing to go back to hospital.

Much of this activity involves Shropshire's voluntary and community organisations, community groups, volunteers, and unpaid carers. Their knowledge, skills and experience is a vital element of our health and care system and the importance of their continued support for our communities should not be underestimated. We are sincerely grateful to our voluntary organisations, community groups and everyone who gives their time and energy to support others.

If you need specific advice from Shropshire Council, you can contact us in the following ways
General enquiries – 0345 6789000

ASC First Point of Contact (including the Care Home Support Team and Safeguarding) –
0345 6789044

Emergency Duty Team – 0345 6789067

Remember to [Step Up Shropshire](#) to keep yourself safe and well and to protect others. Find out more about what you can and can't do during the coronavirus outbreak by following [the government guidance](#).

Stay safe, be responsible and together we can reduce the spread of coronavirus.

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