



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

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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>