Report to:	Overview and Scrutiny Committee (Adult Social Care and Health)	Date of Meeting:	23 rd January 2024
Subject:	2024 Winter Planning		
Report of:	Executive Director of Adult Social Care and Health	Wards Affected:	(All Wards);
Portfolio:	Adult Social Care Health and Wellbeing		
Is this a Key Decision:	No	Included in Forward Plan:	No
Exempt / Confidential Report:	No	·	

Summary:

This report gives an overview to the Committee of the activity that has taken place to plan additional services and prepare for Winter 2023/24 and the expected increased demand and challenge to service delivery this may bring.

Recommendation(s):

(1) The Committee are asked to receive and note the information contained within this report.

Reasons for the Recommendation(s):

To update the Committee on joint plans between the Cheshire and Merseyside ICB Sefton and Adult Social Care in Sefton for addressing winter pressures and to provide to the Committee with reassurance on the processes involved in formulating plans across the Sefton Health and Social Care system.

Alternative Options Considered and Rejected: (including any Risk Implications)

None.

What will it cost and how will it be financed?

(A) Revenue Costs

Costs associated with specific elements of the plan will be met from funding received from the Department of Health and Social Care to address winter / Health and Social Care system pressures. The report provides detail on an additional funding to the Sefton Health and Care System to support the Discharge process during winter.

(B) Capital Costs

There are no direct capital costs identified through the contents of this report.

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets):

Grant from DHSC has been provided for the current financial year. This has to be spent by 31 March 24 and an expenditure return submitted following that. This funding is non recurrent.

Legal Implications:

Equality Implications:

There are no equality implications

Climate Emergency Implications:

The recommendations within this report will

Have a positive impact	No
Have a neutral impact	Yes
Have a negative impact	No
The Author has undertaken the Climate Emergency training for report authors	Yes

The contents of this report represent a neutral impact on the climate emergency

Contribution to the Council's Core Purpose:

Protect the most vulnerable:

The winter plan proposals seek to ensure that patient experience is improved, and that vulnerable people identified as being ready for discharge from Hospital can do so as soon as possible and receive support to enable them to regain their independence.

Facilitate confident and resilient communities:

The plan seeks to further put in place services which are enabling and support people to regain their independence.

Commission, broker and provide core services:

The plan seeks to ensure that services are put in place which provide the best outcomes for people and support them to regain their independence in the most appropriate environment.

Place – leadership and influencer:

The plan outlines how Health and Social Care partners are working together to address winter pressures and work with the wider sector to put in place services to address pressures and deliver services to better meet people's needs.

Drivers of change and reform:

The plan is an example of how Sefton Place partners are working together to deliver an

integrated approach to dealing with system pressures.
Facilitate sustainable economic prosperity:
Greater income for social investment:
Cleaner Greener:

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD7495/24) and the Chief Legal and Democratic Officer (LD5595/24) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

The plan has been developed with Partners across the Sefton Health and Care System.

Implementation Date for the Decision

Immediately following the Committee meeting.

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Appendices:

There are no appendices to this report

Background Papers:

There are no background papers available for inspection.

1. Background

- 1.1. As outlined by NHS (National Health Service) England it is envisaged that the winter period will be an incredibly challenging time for the Health and Social Care System.
- 1.2. Services are under continued, significant pressure, with challenges including timely discharge of patients impacting on patient flow within hospitals, alongside ongoing pressures in mental health services and increased demand due to Sefton's Ageing population.
- 1.3. Sefton, as with other areas, are required to formulate plans to address these pressures and to ensure that risks are effectively managed through the formulation of a Winter Plan.
- 1.4. Both Acute NHS Trusts in Sefton have already experienced significant challenges. Liverpool University Hospitals NHS Foundation Trust (Aintree site) has been in/out of Full Capacity Protocol over recent weeks; they have not been reporting challenges to the same extent, but over the last few weeks there has been a significant increase in demand and

reported higher acuity of individuals, both of which has had an impact on Long Length of Stay (LLoS).

2. Sefton Winter Planning Process

- 2.1. The Sefton Place winter plan has also been formulated to meet the following objectives:
 - Support Sefton Place urgent care objectives in valuing patients time and improving patient experience.
 - To support system pressures across North and South Sefton in what is expected to be a particularly challenging winter.
 - To strive to meet capacity with demand and ensure resource allocation in the right areas to support patients to return to their own homes as quickly as possible.
 - Collectively ensure delivery of a safe winter

3. The Sefton Place Winter Plan, Intelligence, and Impacts

- 3.1 This increased demand over Winter was expected, and there have been weekly planning meetings to prepare, with system partners, and a submission made to the Cheshire and Merseyside ICB around Key Lines of Enquiry was made in October:
 - a. High-impact interventions (those piece of work that are expected to make the biggest impact based on national evidence bases)
 - b. Discharge, intermediate care, and social care
 - c. Surge plans
 - d. Workforce
- 3.2 It is hoped the implementation of the Winter Plan will also lead to a reduced length of stay in NHS trust and community beds and a reduction in demand for community bed base. We have, since last winter, recommissioned our Domiciliary Care services and have an increased capacity compared to the previous winter period. We have also worked closely with New Directions to see an increased capacity in the reablement service that they offer to Sefton residents.
- 3.3 There has also been investment in additional Reablement beds at James Dixon Court and block-booking of additional Domiciliary Care capacity.
- 3.4 It should be noted that the Department of Health and Social Care would highlight the industrial action by Junior Doctors between the 3rd and 9th January and the impact that this could have.
- 3.5 Longer-term work is also taking place to develop and embed the Care Transfer HUB and the Home First model; this means more focus on community-based services, typically provided by a multi-skilled team to maximise independence and involve an assessment and intervention(s) to achieve goals set with the person. This is the active process of an individual regaining the skills, confidence, and independence to enable them to do things for themselves, rather than having things done for them. It is typically a time-limited service.

- 3.6 With respect to the Care Transfer Hub, first phase of implementation encompasses existing resources working differently to support admission avoidance and discharge with a focus on delivering the principles of HUB and Home First, including elements of integrated and a colocated base for the Hub staff. The second phase will aim to deliver the agreed model with increased capacity and fully integrated system working within the Hub. Patients will be identified for admission avoidance or the earliest possible planned discharge. All patients will be tracked throughout and assigned a case worker, and the Multi-Disciplinary Team will choose the appropriate pathway from Pathway 1-3, and the level of care required.
- 3.7 The above work includes the development of a revised Reablement pathway, linked to the Care Transfer Hub work and additional Care Arranger capacity to support with the timely arrangement of placements and care packages.
- 3.8 There has also been secured additional management capacity in both the Community and Hospital teams and agency staff to bolster the operational teams and help discharge people as quickly as possible. This resulted in more practitioners with the relevant experience deployed over the Christmas Shutdown period than in previous years to ensure an efficient and effective service continues.
- 3.9 The Care Home Market have been fully briefed on the pressures of the winter situation. They have supported to date and are committed to continue to do so through our well-established Sefton Care Home Partnership. Meetings have had a focus on subjects such as Protection and Control measures and supporting Hospital avoidance. Sefton CVS (Council for Voluntary Service) has also supported with home to hospital services which help to ensure people are able to return home safely and comfortably considering things like heating and enough supply of essential food and drink.
- 3.10 The winter metric ambitions were for 92% occupancy levels, 76% 4-hour ED target and <30 minute ambulance handover times, none of which are currently being achieved.

4. Cheshire and Merseyside Integrated Care Board (ICB) Oversight / Risk Oversight

- 4.1. Cheshire and Merseyside (C&M) ICB Winter Planning Operational Group is now established and has in place a C&M Urgent and Emergency Care Assurance Framework and Sefton Place has submitted a baseline assessment of the Winter Plan objectives, and this identified the following risks.
 - Current significant challenge to recruit and retain Health and Social Care Workforce, although a national issue this is causing a significant level of individuals awaiting packages of care.
 - There is a lack of community bed capacity and a budget challenge to resource this.
 - The current Domiciliary care provision is not able to meet demand and there is an ongoing recommissioning process of this.
 - There has been a long-held ambition to expand the Reablement offer in Sefton although working to mobilise this now, there remains a risk to the system that Reablement does not have sufficient capacity to support all that would benefit from it. We have seen an increase in reablement capacity since last winter of 24%, but there is further to go.
 - In a post covid environment there is still significant risk and pressure to deliver the elective recovery programme required.
- 4.2 System Escalation and Ready for Discharge calls are taking place several times a week to discuss system pressures and individual discharge cases, for all partners to work together to ensure people are discharged in a timely manner through the most appropriate discharge pathway for them.

5. How the Winter Plan will be funded

- 5.1 There was additional investment in high impact areas which included new investment in reablement growth and in domiciliary care support with a strong focus on Discharge to Recover and Assess. There was a strong focus on Long Length of Stays with each case being allocated a link Social Worker who ensures that every action possible is being taken to progress this is reported as working well.
- 5.2 In acknowledgement of these pressures the government has issued Local Authority's an Urgent and Emergency Care Support Fund, which is managed by the Department of Health and Social Care (DHSC). Sefton Council has secured £715,436 revenue funding from this support fund as of the 4th of December and outlined that the monies will be used to:
 - Provide additional services to support with discharges for people who are homeless and/or require housing in-reach support.
 - Increased one-off payments to support families/carers to support with timely discharges.
 - Securing of short-term care home placements

6. Next Steps

- 6.1 The Health and Care system in Sefton continues to work closely together to ensure the greatest impact possible is made to support people to return home from Hospital safely and quickly, and to remain in their own home for longer. This is a challenging time to deliver high quality Care and Support; the contents of this report reflects the considerable work undertaken to ensure the Care Market and Social Care workforce are equipped to meet these challenges. It is hoped its content provides reassurance whilst recognising that the demand in the system remains high.
- 6.2 The Committee is asked to note the contents of this report and that further reports will be provided to the Committee on agreed priorities and updates on the implementation and delivery of them.