



Report to Healthier Communities and Adult Social Care Scrutiny & Policy Development Committee

Report of: Sara Storey - Interim Director of Adult Health and Social Care (Sheffield City Council)

Alun Windle – Chief Nurse (Sheffield Clinical Commissioning Group)

Subject: **Winter Planning for the City and a Summary of Operational Delivery of Continuing Healthcare Over the Coming Months.**

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Summary:

This report provides a summary of Sheffield’s overarching approach to winter planning this year through the city’s accountable care partnership and also details a summary of recovery planning and operational delivery for Continuing Healthcare over the coming months.

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	X
Other	

The Scrutiny Committee is being asked to:

Receive the briefing paper regarding the city’s arrangements for winter and the areas of focus for continuing healthcare over the coming months and feedback any comments.

Category of Report: OPEN

Winter Planning for the City and a Summary of Operational Delivery of Continuing Healthcare Over the Coming Months.

14th of October 2020.

1. Introduction/Context

This report provides a summary of the city's overarching approach to winter planning this year through the city's accountable care partnership.

The partnership recognises that the detailed capacity and demand planning and organisational actions required to prepare for winter are best held at an organisational level.

However, it is acknowledged that partnership working is key and so this document highlights system wide priorities that will complement individual organisational plans. These will enable collective signposting of the people of Sheffield to the most appropriate services in the most appropriate and safest places to meet their needs.

Along with shared system priorities the report will also confirm citywide governance arrangements. System triggers and escalation processes will also be outlined providing assurance that planning and responding to the city's needs will continue to be undertaken in a coordinated and timely way.

In addition, it is understood that the committee wish to understand how continuing health care (CHC) is being reinstated and where applicable using and building on the good practice that was developed during COVID 19. A summary of how this is incorporated into recovery planning and operational delivery over the coming months is detailed below.

2. Winter in a COVID19 Context

COVID 19 has obliged winter planning this year has to take a number of additional factors into account:

- Treatment and care environments need to be COVID secure
- The need to minimise the need for travel for both patients, service users and staff
- The requirement to minimise the numbers of people in situ at any one time
- The need to reduce the risk of onwards transmission of infection

The collective impact of these factors has in some cases reduced overall capacity within individual services when compared with previous years.

Mitigating the impact of this reduction in capacity (and returning to historic levels) is a core element of individual partner's operational and winter plans over the coming months.

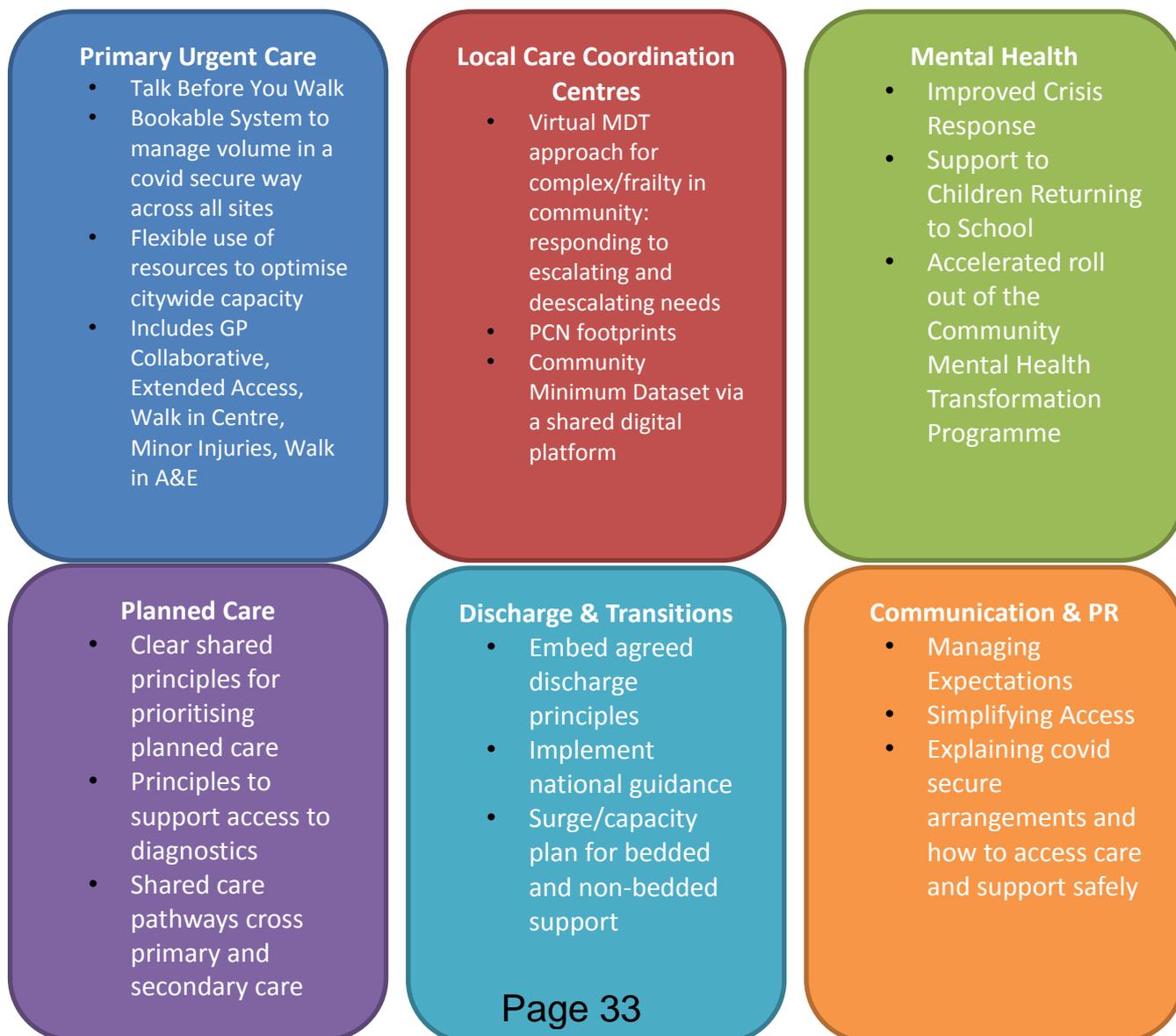
Also, given the potential impact on the wider Sheffield system demand for key services compared with available operational capacity is included in key information shared across the city on a daily basis with system partners (see section below for more details.)

3. Principles and Priorities of the Sheffield Accountable Care Partnership

In order to support effective system wide working and resilience the Sheffield ACP has agreed the following principles of working together:

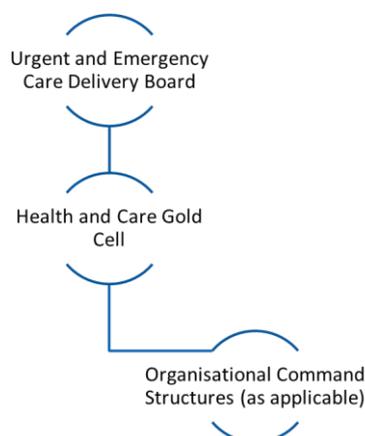
- The ability to move staff across organisational boundaries to support delivering care where it is needed
- Working in a way that provides care that meets patient needs rather than system counting
- Working practices that are open and transparent

In addition, the ACP has also agreed the following priorities:



4. Supporting Governance

Whilst it has been agreed that individual organisations will take responsibility and ownership of internal issues where there is a requirement for wider system awareness and governance the following structure has been agreed:



Overarching oversight and governance (including ownership of system risks and their mitigation) will be provided by the Urgent and Emergency Care Delivery Board which has senior representation from partners from across Sheffield’s health and social care system.

Significant individual organisational pressures that cannot be resolved either internally or via partnership working will be escalated to the Health and Care Gold Cell for discussion with citywide partners for identification and agreement of mitigating actions (also with senior representation from system partners.)

It is also expected that partners will share key internal issues and emerging risks especially those potentially impacting on delivery of their services or on pathways supported by partners with the Health and Care Gold Cell.

In addition, there will also be escalation to the Health and Care Gold Cell on behalf of the Sheffield place (by the CCG) where a number of individual partners are indicating increased levels of pressure which in totality are likely to lead to wider system impact (note see below for more details of triggers and forecasting.)

5. Key Areas for Development and Delivery for Continuing Health Care (CHC)

In line with Government guidance (specifically Department of Health and Social Care) the Continuing Healthcare Framework was reinstated with effect from the 1st September 2020. This was on the basis that from the 19th March 2020 and up to the 31st August 2020 the framework was suspended in response to the covid pandemic and mandates from the government. During this time and in working with the Acute Hospital Discharge Hub, the CCG CHC team managed all new referrals where a health need was present until they could be assessed under the framework, these individuals were classed as “NHS Covid funded”. In

parallel SCC managed all new referrals that were deemed to be social care only.

In recovery planning for the reinstatement of the framework the CCG CHC team will address three specific key work streams (which commenced from the 1ST September) these are:

- 1) The COVID backlog – This is the undertaking of an assessment under the framework for all individuals who were COVID funded during March to August 2020 to determine their eligibility under the framework; specifically CHC fully funded, Funded Nursing Care Only, Joint Package of Care with SCC, Social Care only, or where a contribution to care by the individual is required. This is being actively monitored by NHSEI who are requiring CCGs to work at pace to undertake the assessments in the return to business as normal operational and funding processes for both health and social care. A bi-weekly return is being submitted nationally to NHSEI to monitor and individual CCGs progress against current numbers awaiting an assessment and the numbers of designated staff supporting this work stream.
- 2) The Discharge Support Fund – This is all new referrals under the framework with effect from the 1ST September whereby the CHC Assessment and Care Act Assessment (if individuals are not eligible for full CHC funding) have to be completed within 6 weeks of discharge. Currently the six weeks assessments period will be funded by the government (max) and then will move to business as usual funding streams across health and social care. This process supports the return to operational and legislative guidance under the National CHC Framework.
- 3) The CCG CHC team have a third work stream to address with respect to outstanding assessments pre COVID in line with operational and legislative requirements under the framework.

Both CCG and SCC staff are flexing their workforce in order to respond to the recovery planning and specifically the COVID backlog work stream. The assessments are being undertaken in line with need as a priority and then completed in date order, where possible, and supported by information provided by Care Home and Home Care providers.

In line with NHSEI guidance assessments are being undertaken virtually, where possible, in order to mitigate and manage infection control. Families and individuals are being actively involved in the process but we recognise that this is significantly different and an emotive time and therefore the CCG CHC team are reinstating the post assessment questionnaire to seek family views in order to influence the process and to support communication and understanding.

Work is ongoing with Sheffield Teaching Hospitals as to how CHC continue to support the hub and discharge pathways. This is feeding into the wider discharge planning work of the wider system partners both from an Acute and Mental health perspective and in conjunction with social care. This includes

working with Providers to determine availability and capacity for winter planning and in parallel offering training to ensure referrals are appropriate and right first time for the individual.

The Care managers within the CHC team continue with their care management responsibilities in support of individuals, families and the Providers, both from a Care Home and Home Care perspective. This includes regular communications and risk management of individuals and their families, who are most vulnerable, need support or reassurance during this time. Especially in cases where services may be affected by COVID or additional support may need to be sourced in order to ensure that safety and quality of care is not impacted or compromised.

The CHC will continue to fully represented in the governance structures outlined above and will adapt and respond to the necessary changes required during the COVID 19 pandemic and in association with the wider needs of the system and underpinned by government guidance and legislation.

6. System Wide Pressures - Escalation and Forecasting

Finally, with regard to monitoring system wide pressures each partner organisation will be responsible for managing their own internal operations and also for identifying issues that require escalating for citywide awareness and/or action.

However, given the interdependencies of the Sheffield health and care system a daily oversight report will be shared with all partners. This report will be used to highlight current issues with regard to demand and performance across the system and also to predict building pressure and identify where there may be a need to take a coordinated city wide approach to mitigate.

The report will highlight areas of high demand over the previous seven days in order to highlight areas of sustained pressure and in previous years this has been shown relative to historic demand/activity. However, given the impact of COVID on demand (potentially changing historic demand patterns) and the requirement for social distancing, going forward the tool will reflect demand versus revised and potentially reduced operational capacity (informed by partners as part of their individual winter plans).

The report will also draw intelligence from the Yorkshire and Humber tool provided by NHS England which forecasts demand across the region. This will inform the system with regard to likely increases/decreases in pressure over the coming days/weeks in order to support proactive planning and agreement/implementation of supporting actions.

7. The Scrutiny Committee is being asked to:

Receive the briefing paper regarding the city's arrangements for winter and the areas of focus for continuing healthcare over the coming months and feedback any comments.