

# People and Communities

## **Covid-19 implications and Budget Challenges**

# Adults Recovery & Resilience Plan

*“we have delivered year of change in a few small weeks”*

July 2020

# Recovery and Resilience Strategy

COVID has changed the push for change to a 'shove' and this is now a real opportunity for transformation.

The Future we Seek:

***“We all want to live in the place we call home with the people and things that we love, in communities where we look out for one another, doing things that matter to us.”***

#Socialcarefuture

Whilst we need to respond to the immediate challenges we face over the coming months; including further waves of COVID, winter pressures and the impact on adult social care as the NHS resets to business as usual activity.

We believe that our level of ambition needs to go beyond the immediate short-term 'recovery' process and this document sets out our plan over the next 18-24 months.

We will build on the community mobilisation and response to date to embed the Think Communities principles and evolve integrated place based models of delivery and commissioning. In addition, the impact of COVID on the independent provider market provides us with a key opportunity to reshape the market, to move away from the traditional offering of residential home provision to deliver more flexible, local, person centred solutions based around peoples' homes, that promote independence, such as extra care plus and care suites.

# The Impact of COVID

## IMPACT STATEMENTS

Stepping up of  
BAU services  
will create  
demand  
alongside  
COVID demand

Carers  
exhausted  
due to not  
accessing  
support –  
latent  
demand

Latent demand as  
people not  
accessing support  
at the right time  
to minimize  
impact of poor  
health and  
wellbeing

Isolation is  
becoming the  
new pandemic  
and the  
potential impact  
on health and  
wellbeing

Costs to  
providers will  
impact long term  
as they need to  
continue to  
manage IPC

People want a  
different mode  
of care that  
protects them  
from likelihood  
of further  
infections

# Lessons Learnt



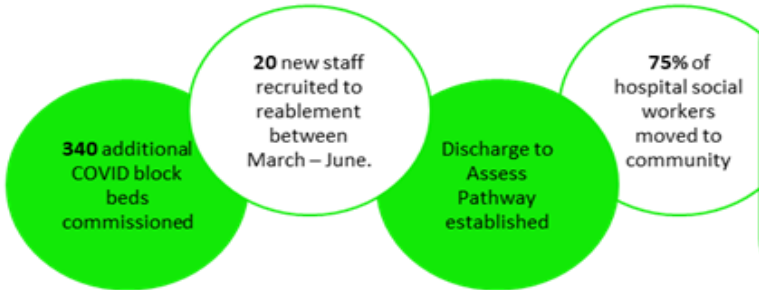
## 1. Community Assets

- Continue to build on the significant community mobilisation response., recognising the importance of a place based approach across health and social care.
- We need to harness the skills and capacity created by the upsurge in volunteering.
- Involvement of the Voluntary Sector is critical. They have connections on the ground and provide vital delivery capability.
- We have done some great work with shielded and vulnerable people, but we need to shift the rhetoric from 'vulnerable and protect' to 'asset based independence'



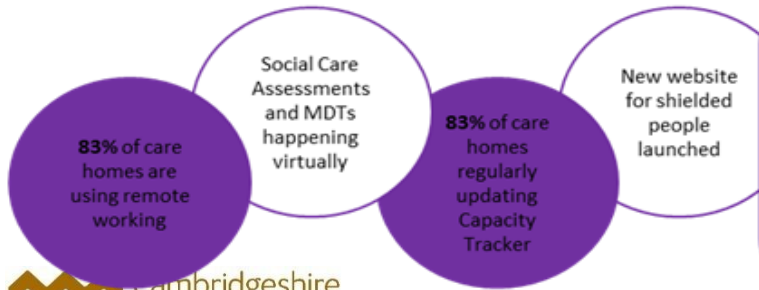
## 2. Collaboration

- Good practice in collaboration should be retained. Barriers between organisations and departments were removed.
- We have worked well as a system to develop an overarching initial strategy and jointly agree priorities.
- Worked as part of MDT teams and shared resources to support critical service delivery.
- Made good in roads to sharing data to build richer intelligence at a person and system level. This includes sharing information on vulnerable people at a local level. We need to build on this to understand root causes of demand at a community level.
- Joint commissioning of additional COVID capacity and joint brokerage arrangements have simplified access to the market and ensured capacity was maximised across health and social care.



## 3. Rapid and Flexible Response

- Local system response was rapid with quick decision making. Core reasons for this were common purpose and removal of funding accountability.
- We have delivered years of change in a few small weeks. We need to continue with rapid test and learn implementation cycle to maintain traction for transformation.



## 4. Technology

- Cultural barriers to the use of technology have been broken down.
- Social care and the NHS has scaled-up the use of technology, particularly by offering remote access to services.
- Workforce is working remotely wherever possible and new ways of working have been adapted.
- We need to harness the use of technology to increase options of support, improving efficiency and access.

# Outcomes & Impact

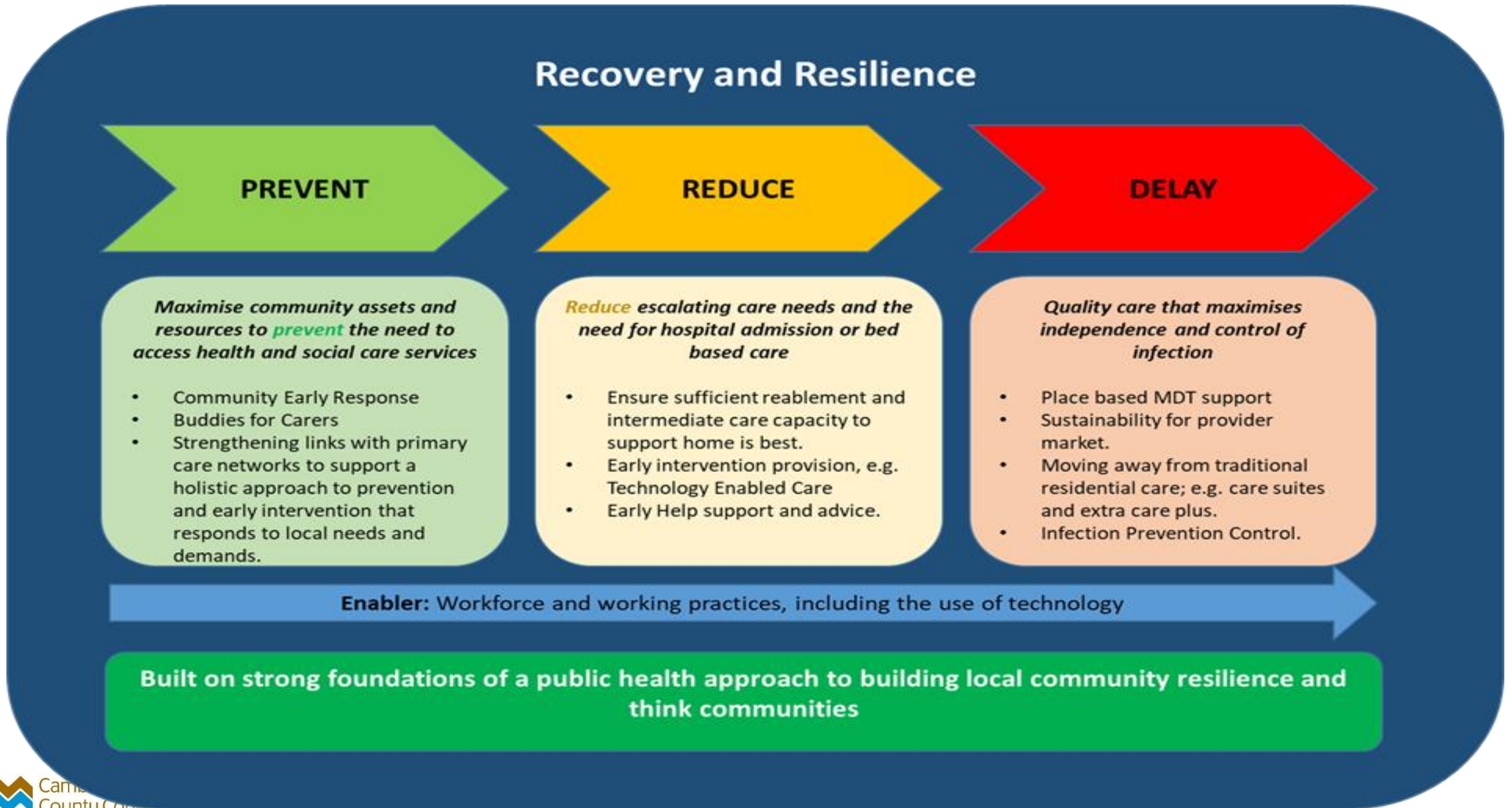
## *Outcomes we want to achieve*

- People access the right support and advice, at the right time, in the right place, by the right people.
- A focus on prevention and early intervention. Reducing demand for more costly interventions
- Maximising independence by empowering people to do more for themselves.
- Fewer hospital admissions and delayed transfers of care.
- Care and support is consistent and joined up, so people are supported in regaining/retaining independence in their usual place of residence.
- Carers (including young carers) are supported within their communities to continue caring for loved ones.
- Stronger collaboration and joint working with the voluntary sector, networks and support in local communities.
- Develop models of care that enable maximum independence and the ability to control infection whilst remaining homely.

## *The impact we will deliver*

- Reduction in overprescribing of care.
- People have greater choice and control over decisions that affect their health and wellbeing – person centred care.
- Improved quality of life, mental and physical health and wellbeing.
- Contribute towards closing the financial gap across the system.
- Optimised resource utilisation as a result of better managed chronic conditions and reduction in preventable conditions.
- More efficient bed use and fewer delayed transfers of care (DTOCs)
- More effective utilisation of the voluntary sector and community assets, including social prescribing.
- Develop community capacity to enable a sustainable solution to manage local health and care needs.

# The strategic framework for Adults Recovery



# **Prevent** - *Maximise Community assets and resources to prevent the need for accessing social care and health services*

We will build on our work with local communities, the voluntary and community sector and other public services, including via the established district/city and county community hubs work, to strengthen the early help community response, through the following:

- Continued re-purposing of library resource, including volunteers, to support carers and adults who are isolated and need emotional and practical support and initiatives such as Stay Stronger for Longer to improve overall fitness and health and staying safe in and out of the home.
- District and City Think Communities help-line that can signpost people to a variety of local voluntary and community sector services and where there are no appropriate services develop individual packages of support to meet needs. This will include deploying local volunteers.
- Build on community and voluntary sector collaboration to support simple hospital discharge pathways.
- Embed skills, knowledge and access to Technology Enabled Care (TEC) within community hubs to increase opportunities for using TEC to support low-level needs.
- Ongoing oversight of volunteer recruitment, training and matching, including alignment of NHS and local authority volunteers.
- Develop 'Buddies for Carers', by utilising volunteers in the community to support carers.
- Strengthening links with primary care networks to support a holistic approach to prevention and early intervention that responds to local needs and demands, including joint approaches to digital solutions; e.g. libraries supporting people to access virtual appointments; and targeted prevention programmes, e.g. falls prevention.
- Working through Primary Care Networks to promote early intervention and prevention with people who are about to step on the path towards care services; adults with learning disability and/or mental health issues, those who are isolated, older people and those with long term conditions who are likely to need care and support with daily living at some point.
- Risk stratification of shielded and vulnerable patients. Linking with district/city and county coordination hubs to ensure appropriate support is in place where needed; e.g. shopping, delivery of medication etc.



# **Reduce** – *Reduce escalating care needs and the need for hospital admission or bed-based care*

***Changing the Conversation:*** A new approach to reviews, including post hospital discharge. Guidance for remote working and video conferencing for assessment and review. How to have end of lock down conversations. Expansion of strengths and asset based approach to wider staff and partners.

***Independence and Wellbeing:*** Sufficient intermediate tier and reablement capacity to support home first and minimise the number of transfers to bed based care. Occupational Therapy and Physical Therapy pathways.

***Connecting People and Places:*** Review and embedding of Community Hubs model. Shape and deliver outputs of day service review, which is currently underway. Explore future options for delivery of day services; building on innovative models delivered during lockdown. Link to social prescribers to ensure they are aware of the wider Adult Social Care offer.

***Technology Enabled Care (TEC):*** Increasing opportunities to embed TEC, building on the breaking down of cultural barriers as a result of COVID. Learning Disabilities Digital Innovation Pilot.

***Carers:*** Continued repurposing of library resource to support carers who need emotional and practical support, to reduce the likelihood of carer breakdown. Reviewing our Carers offer.

***Preparing for Adulthood:*** Changing the conversation for young people and their carers.

# Delay - *Quality care that maximises independence and control of infection*

***Multi-Disciplinary Team delivery based around place:*** Expand the MDT care home model further to deliver a person centred, place based model of integrated MDT provision that enables us to develop and deliver services in an integrated way, based on local community demands and needs, embedding the Think Communities principles.

***Place Based Outcomes Focused Commissioning:*** We will develop a place based commissioning approach as part of the Think Communities approach and work collaboratively with the market to adopt a place-based approach, which addresses need at a local level and maximised opportunities for independence of local residents. This will include place-based commissioning on an outcomes basis, transitioning to local per capita commissioned budgets which maximise opportunities for utilisation of community assets and strength-based provision of support. We propose to develop a place-based pilot which integrates and coordinates local community resources with statutory services including social care provision to deliver person centred, holistic care and support plans for vulnerable older people and working age vulnerable adults living at home in the community.

***Build more care and support around people's homes:*** Moving away from traditional 'residential care, we will explore more sustainable, innovative models of delivery which promote independence; including extra care plus and care suites and wrap around therapy support. We are currently implementing a Care Suite pilot in Huntingdon to test the model, which aims to give people more security of housing tenure, independence and greater choice and control over their care options. In addition to the delivery of the Huntingdon pilot, we are exploring a range of options in conjunction with providers.

***Market Sustainability and Quality:*** The approach to the longer-term sustainability of the market is fundamental. We will increase longer-term financial commitments with providers through a shift to significantly increasing the number of block purchased beds to spot purchased beds ratio, with the block bed tender due to launch in July 2020. The establishment of a dedicated practice social care team of staff will provide professional support to care homes to improve the quality of operational practice that will support improved infection control and personalised outcomes for residents

***Infection and Prevention Control:*** We will provide ongoing support to providers to manage infection prevention and control (IPC), minimising potential outbreaks within care homes and the impact of transmission amongst wider provider workforce and the community in line with our local Care Home Support Plan.

# COVID Costs – 2020/21

COVID has added significant financial pressure to the local authority.

Costs include for example:

- Increased care costs due to COVID
- Market Resilience
- Personal Protective Equipment (PPE)
- Impaired savings delivery, particularly the Adults Positive Challenge Programme.
- Reduced income from service-user contributions for care, due to delays in implementing the revised charging policy

# Summary – Investments and Savings

## Investment:

To deliver this strategy, initial investment will be required to support some areas of transformation and address identified pressures.

COVID has significantly changed the environment we are working in and investment in the following areas is needed to enable us manage future demand and deliver cost avoidance savings. The full cost of investment requirements and savings opportunities are being finalised.

- Think Communities
- Place Based Commissioning
- Market Resilience
- Professional Social Care Resource / Care Homes Team
- Care Suites

## Savings:

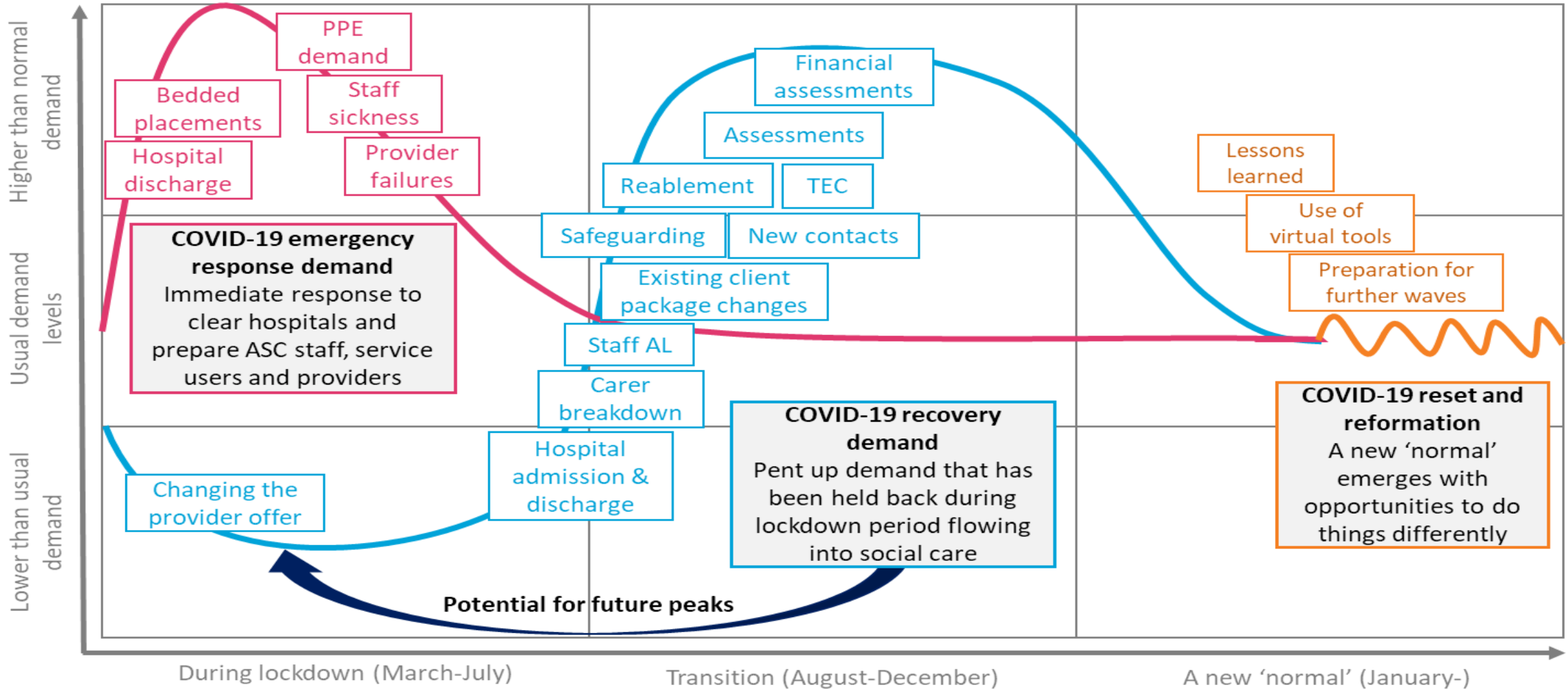
- COVID has severely impacted delivery of savings, especially in relation to Adults Positive Challenge, demography savings and income generation.
- The full impact on savings and opportunities for 2021/22 are currently being reviewed and finalised.

# Adult social care effects now and in the future

## Key points

- Even if Covid hadn't happened, there would be changes in ASC activity due to trends in demography and service usage
- During Covid lockdown we didn't see out of the ordinary changes in activity in terms of demand (although there were changes to health system and hospital discharge pathway)
- More people have died than usual, but there are also some people in Covid block beds that we anticipate needing to provide support for – these things we think will roughly even out
- The main issues arising from the impacts of lockdown that are in the model are on people's health and wellbeing (service users may need more support following such significant disruption to their routines and consequent 'deconditioning' or carer breakdown), and the impact on providers' costs
- We do expect there to be an impact of people making different care choices as a result of concern about Covid in care homes
- We still need to look at safeguarding referrals and the clinically extremely vulnerable group in relation to ASC

Our first go at a model (the pink line) seemed to show growth in demand across the board.



(Thanks to iMpower for the diagram)

Revised approach:

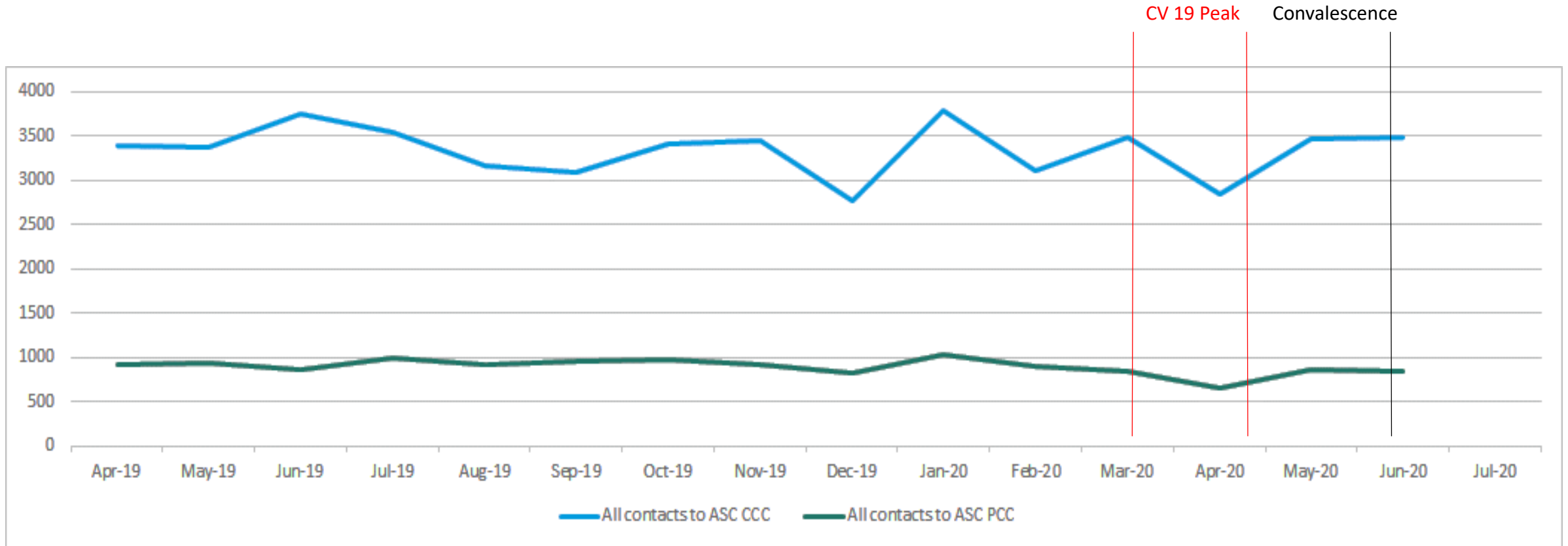
- 1) Review of policy / research elsewhere
- 2) Learning from Adults Leadership Forum
- 3) Review of evidence of activity

We have tried to be really firm in only including things if we had evidence

# Adult social care Covid impact : All Adult Contacts

Peak saw contacts reduce slightly in both councils

Convalescence saw a rise in contacts but not quite returning to the previous levels for this time of year



April 2019

July 2019

Sept 2019

Jan 2020

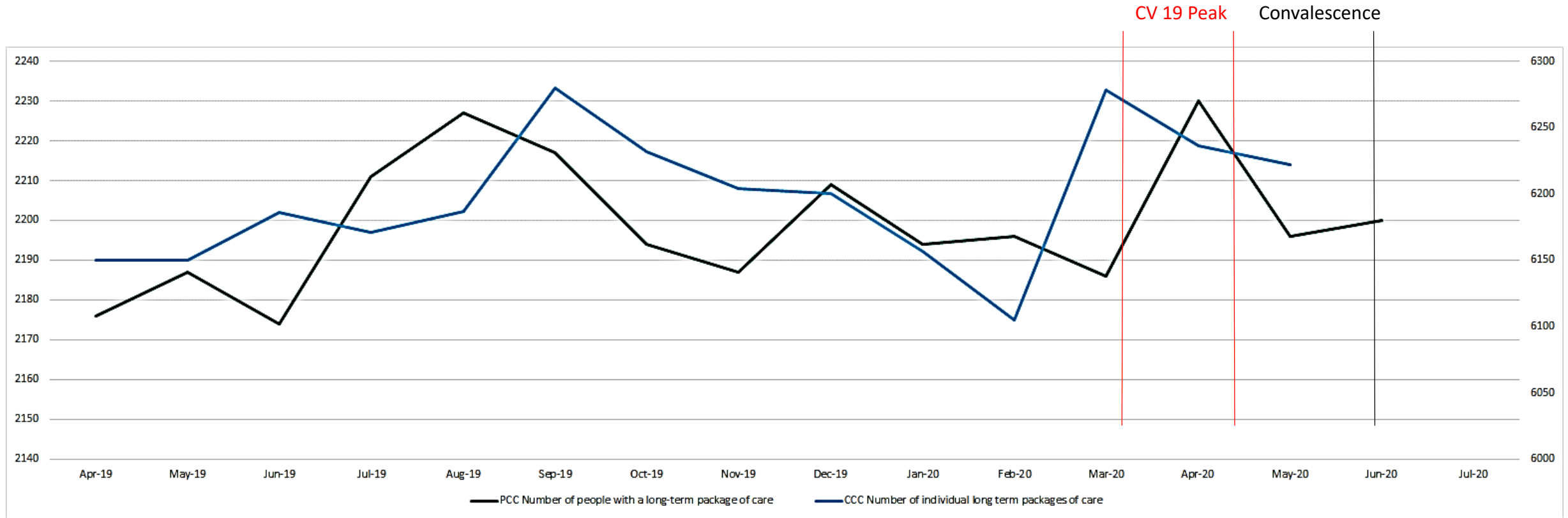
April 2020

July 2020

# All Long Term packages

Peak saw a rise in people in need of long term care (but similar to the numbers in the previous September)

Convalescence saw a decline in numbers heading back towards the expected numbers for this time of year



April 2019

July 2019

Sept 2019

Jan 2020

April 2020

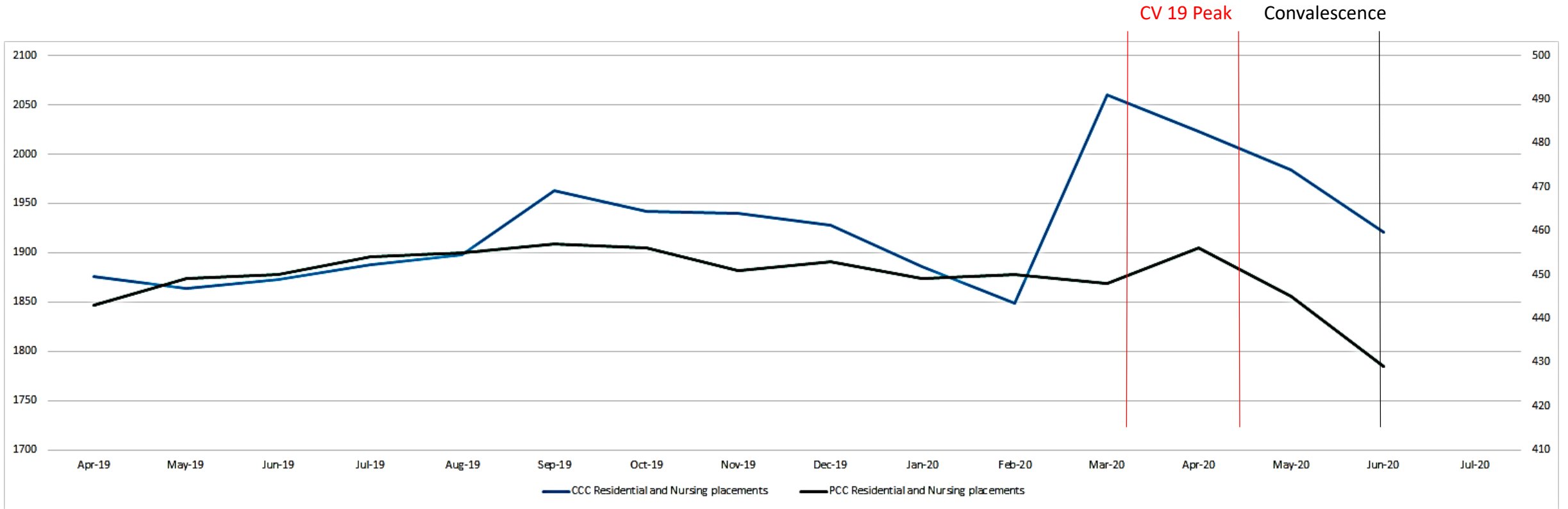
July 2020



# Analysis of Long Term Residential and Nursing care placements over time

Convalescence saw a steady decline in active placements through death or moving to health funding below previous avg levels. Fear of Care homes might be a factor

Peak saw a steep rise in placements



# Long term packages and contributions: CV19 Block beds

- The 370 beds across Peterborough and Cambridgeshire were contracted for on a block contract until the end of September 2020

	Covid-19 Block Total to end September 2020	Profile
Nursing	155	42%
Nursing Dementia	27	7%
Residential	127	34%
Residential Dementia	61	16%
Grand Total	370	

- Demand for nursing dementia has outstripped supply
- Health interim placements have also increased
- New national guidance is awaited on next steps

# Adults and Safeguarding – Covid impact so far

<b>General</b>	<ul style="list-style-type: none"> <li>• There have been a number of deaths amongst older people- more deaths in Covid peak has reduced deaths post Covid</li> <li>• Data being analysed –we think the number of new people coming into social care offsets the people we have lost</li> <li>• Unknowns ahead including the responsibility for funding the people who were discharged into Covid funded beds, impact of lock down in terms of carer breakdown, reduced mobility and independence</li> </ul>
<b>COVID-19 recovery demand</b>	<p>During the isolation period:</p> <ul style="list-style-type: none"> <li>• there was been a drop in demand from both Hospital (after the initial peak) and the community as fewer people were admitted to hospital, people were isolating at home and not seeing the professionals who would usually make referrals and friends, family and neighbours were proactive in meeting immediate needs</li> </ul> <p>As the lockdown is relaxed we have begun to experience the following impacts in operations</p> <ul style="list-style-type: none"> <li>• Increased anxiety and fear about going back into the community</li> <li>• Many older people have reduced confidence and mobility</li> <li>• Safeguarding referrals are increasing</li> <li>• Increasing numbers of requests for respite care from family carers</li> <li>• Demand for residential dementia care difficult to source</li> <li>• Care packages restarting or increasing as family less involved/ back at work</li> <li>• Difficulties accessing community health services essential to rehabilitation</li> <li>• Mental Health Assessments have increased</li> <li>• Complex cases- multiple impacts of lockdown (housing, education, NHS access)</li> </ul>
<b>COVID-19 reset and reformation</b>	<ul style="list-style-type: none"> <li>• The wave in the line indicates both that it will take some time for a new stable baseline to emerge with fluctuations in demand – we expect this to continue for some time</li> </ul>



# Adults Positive Challenge Programme (APCP) Delivery Plans

# Adults Positive Challenge

*Ambition: People are supported to remain as independent as possible in and by their communities*

## Pre-Covid

- Realisation of £5m savings and cost avoidance across PCC & CCC in 19/20
- 20/21 target of £3.8m (c£1.1m unallocated) for CCC, £1.7m for PCC
- 20/21 delivery focused on embedding workstreams in PD/OP & expanding to other client groups, commissioned activity (e.g. Carers contract) and new Connecting People & Places workstream

## Now

- Covid has impacted on workstream delivery with some activity delayed or paused
- Modelling of APCP impaired savings indicates a projected under-delivery for new savings of £3.1m CCC and £1.3m PCC in 20/21 due to the above
- In addition, under-delivery of baseline is expected to be £1.2m for CCC and £240k for PCC due to a reduction in demand coming through the system (*impacting ability to proactively avoid costs*)

## New & emerging opportunities

- A number of new delivery areas have been identified through the recent ALF session and recovery work
- Opportunity areas have been reviewed by SROs and mapped against workstreams

### Adult Positive Challenge – Our demand management programme



# Adults Positive Challenge – APC workstreams: proposed focus for 20/21 & 21/22



Workstream	Delivery Focus
<b>Carers</b>	<ul style="list-style-type: none"> <li>• Further work to identify and agree measures – determine what is possible around how we support carers for longer in their preventative role, reduce carer breakdown and prevent or delay costs for the cared for and how we measure / validate the financial impact of this</li> </ul>
<b>Changing the Conversation</b>	<ul style="list-style-type: none"> <li>• Embedding Changing the Conversation practice into business as usual – Quality and Practice/Change Champions/Managers as change leaders</li> <li>• Ensuring that we have a robust, sustainable savings validation model in place</li> <li>• Focus on LD and 0-25 teams to ensure maximising on strengths based approaches</li> <li>• Focus on CPFT Mental Health and Reablement/OT's and embedding the approach</li> <li>• Focus on external influence – CtC with Care providers – preparation in 20/21 for delivery next year</li> <li>• Focus on end of lockdown conversations – maximising outcomes and benefits potential</li> <li>• New model for post hospital discharge reviews and opportunities around first review and opportunities around focussed reviews team – understanding the impact and tracking</li> <li>• Building in 'Knowing your patch' from Think Communities delivery around place</li> <li>• Enabling Think Communities to deliver the Changing the Conversation approach to communities</li> </ul>
<b>TEC</b>	<ul style="list-style-type: none"> <li>• Real push on TEC to make this more business as usual – using monthly management audits to evidence TEC considerations and identify target areas</li> <li>• Development of TEC on-line offer and roll out plan internally and externally – dashboard needed and accessible on Inform so can target training /support as needed</li> <li>• TEC huddles launched to help ensure all opportunities around TEC are being considered – embedding of this approach</li> <li>• Opportunities around working with dom care providers on TEC</li> <li>• Focus on intermediate care service and assurance that TEC is part of the offer</li> </ul>

# Adults Positive Challenge – APC workstreams: proposed focus for 20/21 & 21/22

Workstream	Delivery Focus
<b>Independence &amp; Wellbeing</b>	<ul style="list-style-type: none"> <li>• Embedding phase 1 of total mobile and oversight of benefits realisation</li> <li>• Hospital discharge and focussed work with the acutes on making sure people are on the right pathway – maximising tier one (i.e. Red Cross/Care Network)</li> <li>• Changing the conversation in Reablement including supporting digital skills in Reablement plans and embedding of Huddles</li> <li>• Potential opportunities post review of Adult Early Help function – yet to be quantified</li> <li>• Mapping of CPFT OT pathways to identify opportunities – linking in with Commissioning &amp; S75 agreement</li> <li>• Phase 2 of Totalmobile rollout and identification of potential new benefits</li> <li>• Falls scope identification and benefits realisation</li> <li>• Supporting digital skills in reablement plans (link with changing the conversation workshops)</li> <li>• Building in a more explicit role with commissioning in relation to bridging</li> </ul>
<b>Preparing for Adulthood</b>	<ul style="list-style-type: none"> <li>• Targeted review in PCC and CCC - PCC have started – early indications from just one case are positive in terms of savings potential.</li> <li>• Linking with TEC workstream and identifying TEC opportunities</li> <li>• Scoping opportunities based on learning from users with what worked well during lockdown</li> <li>• Links with day opportunities and employment</li> <li>• Pathway into adulthood, where are the gaps in sharing information an tracking young people / demand</li> <li>• Training on continuing health care to ensure maximising use</li> </ul>
<b>Day Opportunities</b>	<ul style="list-style-type: none"> <li>• New joint commission/service operations workstream identified</li> <li>• Initial scoping started with meetings planned to begin more detailed scoping and identification of the opportunity</li> </ul>

# Adults Positive Challenge – Our demand management programme

## Proposed New Programme Enablers

### Think Communities

- Mapping of place and offer/roles and cross system prioritisation of potential savings or demand management cost avoidance opportunities
- Role of Place based hubs /defining role of Community Hubs
- Support for Carers: continuing the proactive approach taken during the pandemic in order to ensure that both the carer and the person being cared for can remain independent from increased statutory support
- Buddying for Older People: the value of befriending for those who are isolated and lonely to continue beyond the pandemic and extend into input from our own staff including Library staff
- Increasing the take up of Technology Enabled Care: strengthen, opportunities to promote the use of TEC as a means of maintaining independence for longer - Working with our own services – e.g. libraries – as well as with our place-based partners means we can take opportunities to promote TEC at a very local level
- Work with Commissioning around place based, outcome focussed commissioning
- Directory Development and Comms
- Oversight/governance of implementation of recommendations from the Service Effectiveness review (early intervention/community offer) to ensure alignment Think Communities

### Commissioning

- Leadership in new Day Opportunities workstream and Carers
- Identification of and embedding APC approach in commissioned activity (i.e. S75 agreements/contracts)
- Targeted work with providers (CtC)
- Place based, outcome focussed commissioning
- Market stability & quality

### Information & Advice and Wider Comms

- Comms to staff about commissioned providers and what their offer currently is)
- Information and advice for self-funders

## Existing Enablers

### Enablers

Panels

Improving Financial pathways

Digital and Website

ICT

Case management systems

HR

Workforce Resilience and Development

External Comms & marketing

Internal communications

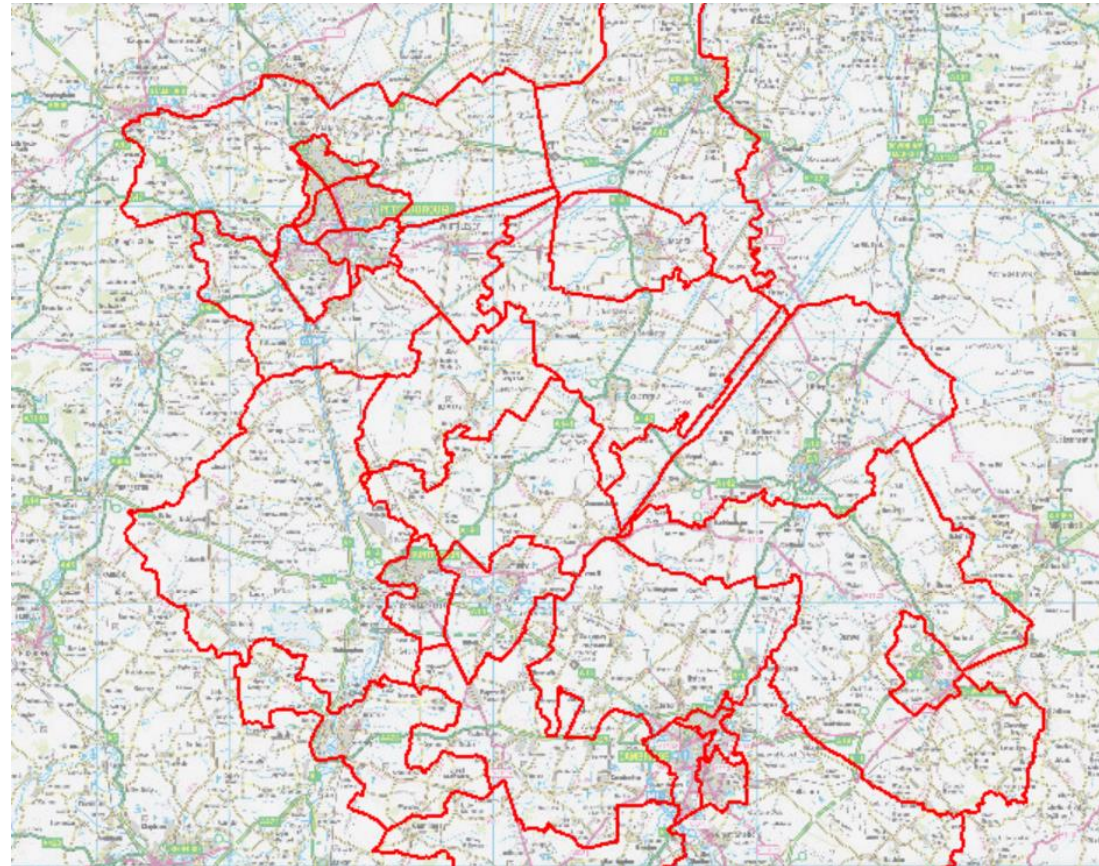
Business intelligence

Trajectory management

Finance



**THINK COMMUNITIES: Creating a Unified Approach that is:  
People-Centred  
Place-Based  
Solutions-Focussed**

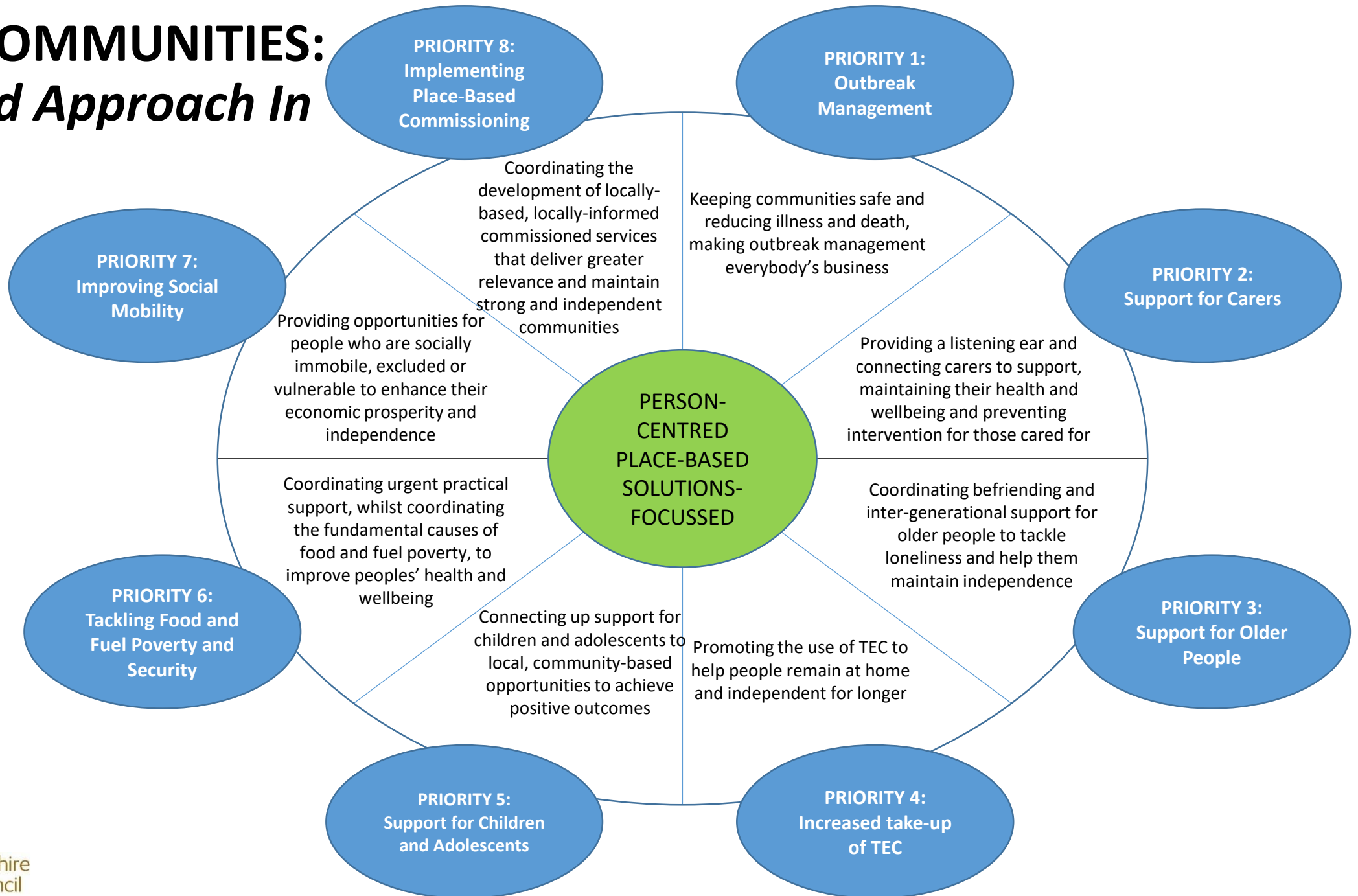


# THINK COMMUNITIES: What Are We Trying to Achieve?

Prevention, reduction and delay of demand for statutory interventions through the creation of a unified approach to the coordination of support for residents, which is place-based, people-centred and solutions-focussed, which:

- ✓ Makes fast, joint decisions and takes rapid creative action to address local issues and prevent escalation
- ✓ Enables decisions to be made at the most local level, as close to communities as possible – working hand in glove with town and parish councils
- ✓ Recognises and builds on the strengths and assets that exist in our communities, avoiding duplication but filling in the gaps
- ✓ Transforms VCS infrastructure support that enables the sector and us to work seamlessly together, supporting volunteers, and ensuring quality VCS voice and representation
- ✓ Achieves timely, meaningful, appropriate, flexible data sharing - to enable a single version of the truth, joined up support and effective problem solving
- ✓ Analyses and interprets data in order to make the right decisions and support a focused partnership approach to real time challenges
- ✓ Transforms our services to evolve to a place-based commissioning model rooted in the community

# THINK COMMUNITIES: *A Unified Approach In Action*



# THINK COMMUNITIES: A Unified Approach In Action

