Local Government Association

6 Top Tips for Resilience Planning in Adult Social Care and Health Commissioning

Care and Health Improvement Programme

1. Working with providers
2. A system wide approach
3. Availability and range of provision
4. Workforce
5. Pathways and processes
6. Information

1. Working with Providers

- Providers are key partners in care delivery so know your providers and talk with them regularly e.g. at ‘round table’ or other forums. Use these to anticipate and plan ahead and address together upcoming issues on local capacity.
- Encourage partnership working between and among providers e.g. could they get involved in aspects of trusted assessment for each other to enable deployment of resources more quickly for hospital discharge?; coordinate recruitment drives?
- Is 7 day cover readily available from providers to take referrals and start care?
- Check that hospital systems for tracking discharge planning routes are being used to give advance notice to providers in planning for care. Make sure providers have key out of hours contacts across the system.
- Consider being more flexible with providers - for example move from ‘time and task’ purchase, to providers having more flexibility to agree support with service users directly
- Facilitate knowledge of, as well as working between, voluntary and community sector and independent sector care providers to help capacity and effective working and maximise flow of people through the system.

2. A System wide approach

- Have integrated approaches wherever this makes sense e.g. joint commissioning by Councils on behalf of NHS/local system of social care markets.
- Include commissioning and brokerage staff in the hospital discharge planning process e.g. have a designated commissioning ‘trouble shooting’ role to facilitate placements/care packages, working between commissioners, providers, Social Workers and NHS clinicians.
- Include commissioning in key joint NHS and social care teams operational change and improvement planning meetings.
- Regularly liaise with CCG and other system colleagues on commissioning issues and considering impacts of care market demand and supply. Make sure commissioning partners understand each others’ escalation processes. Ideally these should be joint.
- Involve social care commissioning input in health urgent care planning arrangements e.g. steering groups.
- Check with NHS and Public Health colleagues on routes for support and advice for care homes and other providers to help them manage, reduce or prevent unnecessary hospital admissions.
- With NHS colleagues consider adopting learning from the Enhanced Heath in Care Homes vanguards https://www.england.nhs.uk/new-care-models/vanguards/care-models/care-homes-sites/

3. Availability and Range of Provision

- Have Resilience planning as a year round activity not just for winter or holiday periods
- Consider zoning of home care if helps to flex rounds for new needs, reduce travel time and increase available contact time.
- Review use and availability of re-ablement/intermediate care approaches across all care provision.
- Incentivise providers to appropriately reduce care quickly to maintain capacity of home or other care, using outcomes based approaches. Speed up systems to increase care to prevent unnecessary and costly deterioration of the health or welfare of people using services.
- Consider incentivised or subsidised rates in some circumstances e.g. for weekend discharges.
- Think creatively about commissioning other services to prevent or facilitate improved care transfers from hospital
- Review offer and use of assistive technology e.g. providing personal alarm systems on discharge where needed
- Have designated ‘pot’ of monies for small or one-off interventions/micro procurement. Clear guidelines and quick access route for individuals/carers as a Direct Payment as well as for staff e.g. hospital discharge workers.
- In longer term, consider flexible use of available provision to support step up/ step down e.g. convert empty sheltered housing units to supported rehabilitation flats.

4. Workforce

- Check affordability of contracts for providers. Understand their obligations to pay the National Living Wage, travel time (higher in rural areas), sleep-in hours, training, supervision, rostering and quality assurance, and understand what these cost. See ADASS Home Care top tips and CIPFA Working with Providers to Understand Costs
- Consider support to help providers recruit/maintain staff and minimise risk of provider failure e.g. where providers are competing with other sectors such as retail. It can take 8 weeks or more to get staff in place so plan ahead. Encourage providers to use Skills for Care resources and help.
- Consider supporting providers to invest in managers/supervisors availability in homecare and care homes to do assessments and make decisions (including weekend working).
- Consider using any additional funding streams that become available to improve workforce availability (e.g. IBCF).
- Support appropriate use of Adult First DBS checks, rather than full DBS as a quicker route for providers to hire staff, (CQC have agreed this).
- Encourage providers to plan rotas in conjunction with known surge periods in the hospital e.g. post Xmas.
- Work with NHS and public health colleagues to ensure care provider staff can access flu vaccinations in run up to Winter. Social care providers were offered free flu vaccinations for the first time in 2017/8

5. Pathways and processes

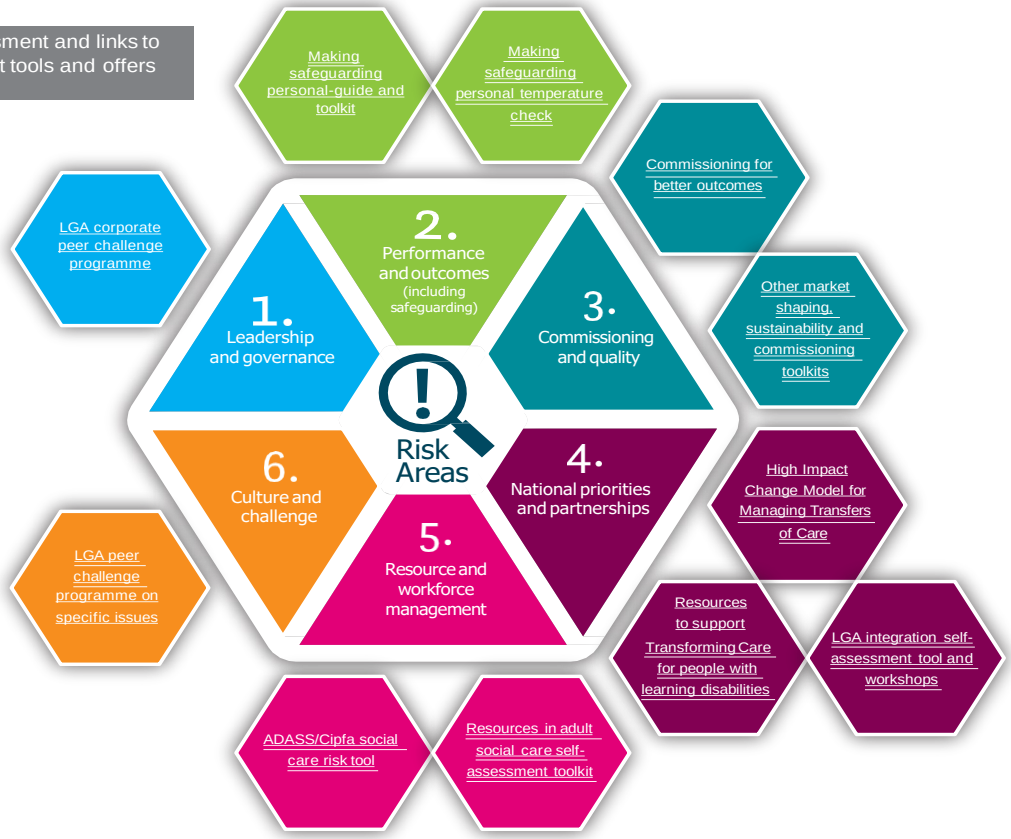
- Ensure there is leadership support for streamlining processes, quick wins and innovation across the system.
- Work across Council and Health boundaries/footprints to share regional market intelligence on availability of provision and capacity. Consider regional commissioning where appropriate, to develop more resilient providers and better outcomes.
- Can contracts be adapted/varied or short-term schemes introduced to meet new situations, allow increased capacity and/or enable discharge? e.g. consideration of block bookings; retainers for care homes or prepaid home care rounds Consider using additional funding streams that become available to implement (e.g. BCF).
- Streamline processes for referrals to/from providers so decisions can be made promptly and in one place on new referrals or changes to care.
- Check ease of access to direct payment/carers support for immediate needs to prevent hospital or care home admission or to allow for discharge.
- Make sure business contingency planning is in place with providers for sudden non availability/reduction of provision e.g. provider failure, safeguarding issues, environmental events such as a flu outbreak, flooding, fire etc. Look at resources available that can help and use available risk self assessment tools.

6. Information

- Ensure there is regular monitoring and reporting on provider availability, quality, sustainability and risks. Know your main providers with significant market share locally and regionally.
- Ensure there are regular reports giving capacity/activity overview across the whole system (not just for transfer of care/DToC).
- Keep abreast of challenges and achievements in the local system and regularly feed these into partners and regional and national colleagues to share the learning and good practice.
- Check public information for people using services and self funders is up to date, widely available and includes general sources of help from charities, community organisations and council services. Could it be co-ordinated and consistent between NHS and social care on websites?
- Don't forget most care is provided by families and not paid carers so involving, informing and communicating with family carers as well as people using services is critically important.
- Consider initiating a preventative information campaign in the local media with the local NHS and Public Health if there is a cold snap forecast or flu outbreak.

Key sector-led improvement resources

Adult social care risk self-assessment and links to other key sector-led improvement tools and offers



Local Government Association
Local Government House
Smith Square
London SW1P 3HZ

Telephone 020 7664 3000
Fax 020 7664 3030
Email info@local.gov.uk
www.local.gov.uk