

# Winter 2024-5 and Commissioner update



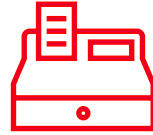
# Winter approach

Principles and schemes

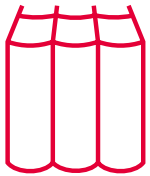
# Progress to date



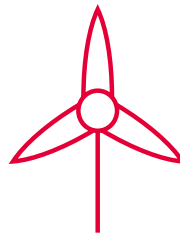
**Discussions held locally to review and plan.** These have taken place over the period since April and have included ECC Directors and joint post holders



**Approach to funding has enabled some continuity.** A number of local and countywide initiatives build on things that are already in place.



**Learning from last winter and previous years informs us.** Sheer number of parallel schemes impacts on ability to evaluate success.



**Our plans reflect the changed dynamics in social care markets.** Domiciliary care workforce position is improved. Pressure is on availability of the right service on discharge.



**Principles of approach agreed.** Recognise that there will be local needs and necessary variation; however, some principles can be applied across our planning.



**The approach goes beyond funding 'schemes'; it includes process improvement.** An example of this is the continued roll out of the Reablement Matrix which supports better use of capacity we have in place.



# Principles of approach

Our preparatory workshops have identified principles of approach based on the learning from previous years. The intention for these was to act as a point of reference to assess proposals as they came forward. The principles agreed were:

## Principles of approach – Winter 24-25

- To comply with the guidance around funding sources
- Do not further complicate systems – build on what’s already there with a focus on ‘home first’
- Bring providers into the planning conversations where possible
- Work collaboratively across Health and Social Care to support design, implementations and visibility of our initiatives
- To explore admission avoidance solutions where funding source guidance allows
- Focus on fewer but larger interventions, which will support clearer evaluation of impact
- Where possible, build in the ability for provision to flex for demand
- Ensure good data collection and systemic sharing of insight



# Countywide capabilities

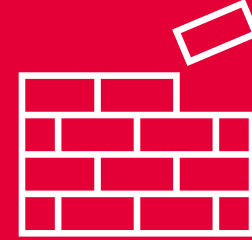
Principles and schemes

# Countywide initiatives

A number of schemes and initiatives cover a countywide footprint. In establishing these, or continuing to fund them from the previous year, we are informed on where pressures have been, or are likely to occur, over winter.

## Key schemes and initiatives are:

- Recovery to Home beds (care home premium and void cover)
- Dementia Discharge Support
- Funding allocated for 'spot' reablement demand
- Implementation of reablement matrix
- Let contracts with easy 'expansion and change' capability – Additional Reablement Capacity (ARC) and ECL.



**60% ECC Discharge Fund allocation dedicated to centrally managed initiatives.**  
A number of these build on existing work and schemes.

# Local schemes

# South Essex

Approved schemes using BCF and discharge fund:

## MSE:

- RTH wrap round
- ARC therapy
- Patient info leaflets

## CP&R

- Alliance roles
- carers roles
- PACT roles
- CPR hospital tech role

## B&B

- Social prescribing initiatives
- Alliance roles
- Care tech facilitation roles
- Dementia scheme

- **B&B - Dementia Scheme, awaiting additional info from the provider to finalise scope.**
- **CPR - Carers Scheme and Care Tech commenced in June.**
- **CPR - INT/ PACT scheme- runs until March 25**



# MSE Winter Campaigns

## **Breathe Easier This Winter – Toolkit for Supporting People with Respiratory Conditions**

The toolkit also addresses the specific risks that winter brings for children with asthma and babies vulnerable to Respiratory Syncytial Virus (RSV), offering guidance for parents and carers.

## **Winter health hub**

Winter comes with a higher risk of health issues, particularly for older people or those with long-term conditions and compromised immune systems. Find information on the MSE Website on how to stay well during the winter months

## **Slipper Swap Campaign (Falls Prevention)**

Older residents and people with frailty in Basildon and Brentwood are encouraged to attend our Slipper Swap events to swap their old slippers for a free pair of new NHS approved slippers. The slippers have secure fastenings and robust soles to help prevent falls.

Walking indoors in worn-out slippers, barefoot or in socks can increase the risk of falls, slips and trips which lead to them spending time in hospital or receiving treatment at home. This can make people feel less independent and more socially isolated

[www.midandsouthessex.ics.nhs.uk/winter](http://www.midandsouthessex.ics.nhs.uk/winter)

[Winter health hub](#)

[Slipper Swap events](#)

# Commissioning update

# Key highlights and updates:



**New procurement regulations delayed.** This will impact on timelines and approach for Live at Home (domiciliary care) in particular.



**Advocacy.** We have recently recommissioned the all-age, all-specialism advocacy service for Essex. This went live in July. The new provider is Voiceability.



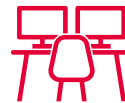
**Live at Home.** Due to delay to new procurement regulations, some workshops scheduled with suppliers for October have been postponed. Our long-term aim remains to improve interface with home care and other services including NHS neighbourhoods



**Supported Living (AWD).** The procurement for the new framework has entered stage 2 of the tender, with a start date for the new service in April 2025. This framework will increase the quality of care and simplify contract process for providers and ECC.



**Care Homes (IRN framework).** A decision for re-procurement of the IRN framework is due to ECC cabinet in December. NHS partners have been engaged with this work and as part of this we are also looking to sharpen our approach to quality assessment.



**Supported Employment.** For Mental Health Supported Employment (IPS), we are due to go out to tender for new contracts to be in place in April 2025. We are also exploring work-ready support for young people up to the age of 25 to support them to achieve employment related outcomes.

# Questions for you!

As a follow up from previous sessions there are a couple of questions we have for attendees:

- Are care home providers aware of the Exceptional Needs payments? Is there any feedback on the process involved and availability of access?
- How have providers used incentive schemes put in place by ECC?

