Public Document Pack

Health Overview and Scrutiny Panel

Thursday, 4th March, 2021
at 6.00 pm

This meeting is open to the public

Members

Councillor Bogle (Chair)
Councillor White (Vice-Chair)
Councillor Laurent
Councillor Professor Margetts
Councillor Noon
Councillor Payne
Councillor Vaughan

Contacts
Ed Grimshaw, Democratic Support Officer
Tel:- 023 8083 2390

ADDITIONAL INFORMATION AND PRESENTATIONS

7 **COVID-19 PLANNING** (Pages 1 - 34)

- presentations highlighted at the meeting.

9 **ADULT SOCIAL CARE UPDATE** (Pages 35 - 76)

- presentations highlighted at the meeting

SOUTHAMPTON TEST AND TRACE

LOCAL CONTACT TRACING TEAM

023 8212 8701

NHS Test and Trace

Southampton Primary Care Ltd.

KEEP SOUTHAMPTON SAFE

SOUTHAMPTON CITY COUNCIL

Briefing on Southampton's local contact tracing service

8th February 2021

Public health, Southampton City Council

Key objectives of the service

Wednesday 13th January, Southampton City Council's local contact tracing service, called ***Southampton Test and Trac ice,*** moved into its production phase. The service now covers the whole city and will be in place until June 2021 ding further review.

key objectives of the local service are to…

revent the spread of COVID-19 infection in the city by:

- increasing the proportion of Southampton residents that are successfully contacted where they have tested positi
- reinforcing the message to residents that have tested positive that they should continue to self-isolate, and to ide
- people that they may have been in close contact with so that they can then be advised to self-isolate.

rotect vulnerable residents by:

- identifying individuals and families that require support to self-isolate and/or are vulnerable, provide advice, and facilitate a "warm transfer" (i.e. direct connection with no wait) to the SCC resident helpline to organise the suppo required and/or signposting to other services.

elp inform intelligence on where higher levels of spread of infection may be taking place so that preventative actio n be taken by:

- identifying which settings and places positive cases have visited in the seven days prior to becoming symptomatic, monitoring any patterns, and taking action through community engagement and compliance work.

Two phased roll-out

se 1: A pilot service was set up for one month (December 2020) in the following wards: Bargate, Basset, Bevois, Shir
Woolston. This initially covered approximately a third of Southampton's population.

se wards were chosen on the basis that they had:
ligher incidence of COVID-19 infection
opulations with a higher risk of contracting infection based upon occupation (i.e. work in higher risk settings such as
ealth and social care, education) and living conditions
ligher proportions of younger people where infection rates are higher
ligher proportions of people with clinical vulnerability to COVID-19

ng the week commencing 14th December 2020, the pilot was expanded to cover some additional wards (Bitterne,
erne Park, Coxford, Peartree, Redbridge, Swaythling).

se 2: Following approval of a full business case in January 2021, it was decided to scale up the service to ensure
erage for the whole city (i.e. all Southampton postcodes) and to launch the service for a further five months, until Ju
1, pending review.

How the local service will augment the national service

ational NHS Test and Trace actions

e national NHS Test and Trace service has been operational since 28 May 2020. The testing arm of this service ms to provide rapid access to a test for anyone who develops symptoms of COVID-19, whilst the tracing arm aims identify close contacts of anyone who tests positive for COVID-19 and, if necessary, notifies them that they must lf-isolate at home to help stop the spread of the virus.

ople with confirmed COVID-19 infection are automatically added to the NHS Test and Trace system, known as e CTAS (Contact Tracing and Advisory Service) database. When individuals are enrolled in CTAS the following tions take place:

- An electronic prompt is sent to cases requesting that they enter details about themselves and the "close contacts" (according to a stated definition) that they have had with other people. Cases are given an 8 hour window to complete this.
- If cases do not respond, NHS Test and Trace call handlers attempt to make contact with the case for a further 24 hours.
- Any close contacts identified are then followed up by national NHS Test and Trace call handlers.

he national team have been unable to contact cases within 32 hours (i.e. the 8 plus the 24), they are handed er to the local service to follow up. Local Test and Trace services are therefore responsible for following up those ses that have been hardest to contact; potentially because of issues related to vulnerability or compliance.

How the local service will augment the national service

cal Southampton Test and Trace actions

nce cases have been handed over to the local service (i.e. after 32 hours), the Southampton Test and Trace team will e the data provided to follow-up cases. All data is fed into the same system (CTAS) by both the national and local ams to ensure there is a complete view of how the service is working and how the virus might be spreading.

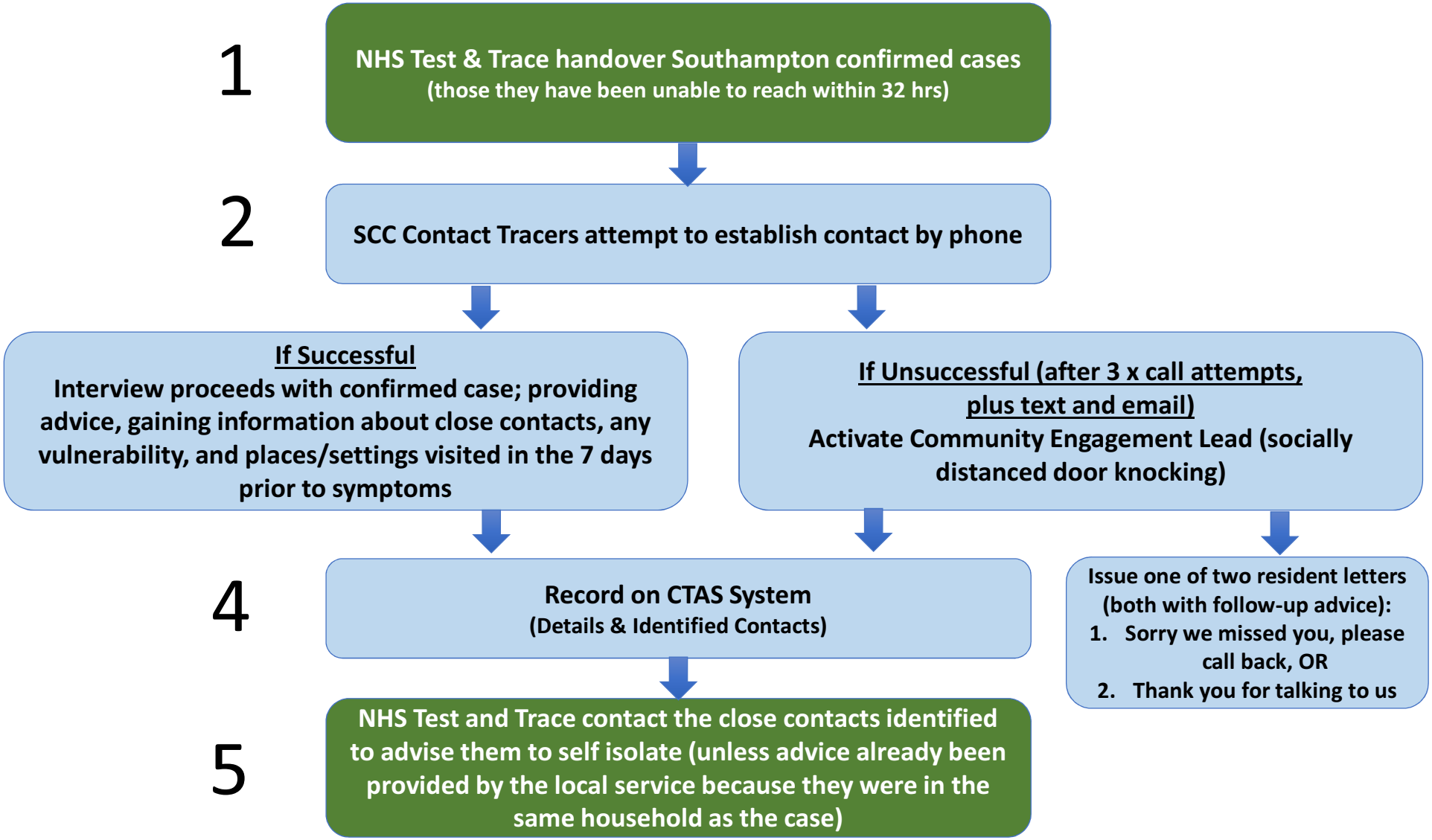
ntact by Southampton Test and Trace will initially be made by phone, text and email. Importantly, the local service es an 023 number, which from the experience of other Local Authorities with local contact tracing services, resident e more likely to answer. Local Authorities are also in a good position to cross-check resident's contact details with uncil Tax and electoral roll information where it is missing or incorrect, again helping to increase the number of sidents contacted.

contact by phone, email and text is unsuccessful, a SCC Community Engagement Lead will visit the resident's home t and make contact. They will facilitate a socially distanced conversation on the doorstep, during which they will mmunicate key information, identify whether the resident is vulnerable (it is possible they could not have been sponding because they are in difficulty), and ask the resident to contact a SCC call tracer by dialling the local numbe

this way Southampton's Test and Trace service augments the national Test and Trace service. Increasing the oportion of Southampton residents that are successfully contacted within as short a timeframe as possible is critical the success of a Test and Trace system. By helping to identify residents in need of support and securing support for em, it also aims to protect those residents that are vulnerable.

Diagram showing interaction between services

agram showing how Southampton Test and Trace interacts with the national NHS Test and Trace service



Monitoring and evaluation

We monitor, evaluate, and review the Southampton Test and Trace service at regular intervals.

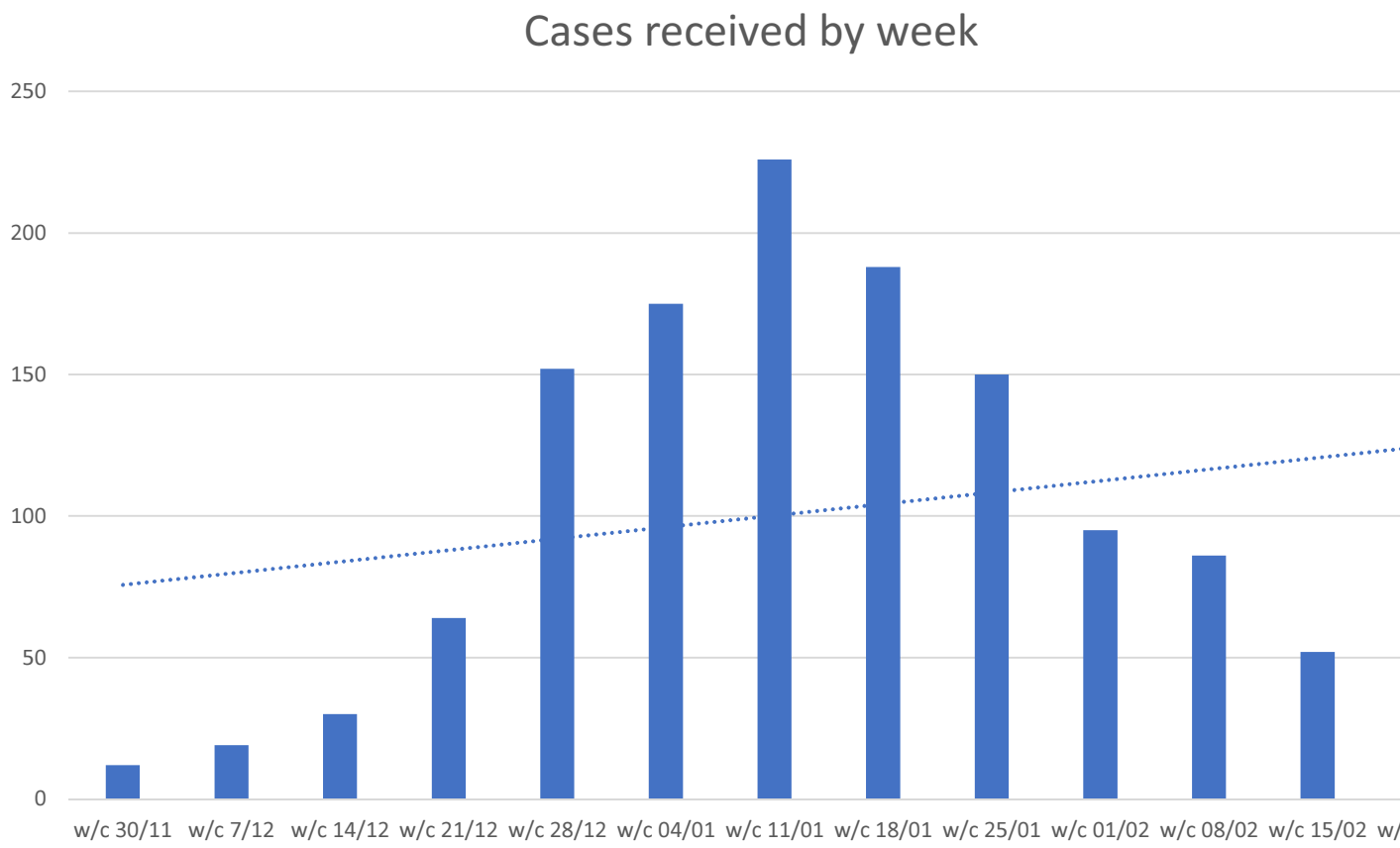
Data on successful and unsuccessful calls and contacts will help us to adapt and fine-tune the service to
local need, and establish whether there are any geographic, community, or employment patterns that w
need to target for preventative work.

The service will need to be responsive to demand. Demand will change in response to changing COVID-1
cases and rates, and national and local testing strategy i.e. asymptomatic testing of teaching and suppor
staff will potentially increase demand.

Monitoring and evaluation – Number of positive cases referred to SCC

The number of positive cases received by SCC each week increased rapidly during December and early January before beginning to decline.

This trend illustrates the expansion of the pilot to cover additional wards in the city, and also reflects the national trend of the COVID-19 infection rate.



*The date range for the above is 30/11/2020 – 28/02/2021, as these are the whole weeks since the start of the pilot on the 3rd December 2020.

Monitoring and evaluation - Overall summary

Overall summary (03/12/2020 – 01/03/2021)	
Total cases received from NHS T&T after 32 hrs (i.e. where the national team were unable to make contact)	1306
Total cases successfully contacted by ST&T (where case provided close contact details)	682
% of cases successfully contacted by ST&T (where case provided close contact details)	52.22%
NB. The above does not reflect all outcomes i.e. where we have made contact with a resident but they state that they have already provided details via the NHS Test and Trace service, and where they are complying.	

- The majority of contacts made via a social distanced community engagement visit result in the provision of information and advice on self-isolating, close contacts, and information on where to go if support to self-isolate is needed. Only in exceptions is this not possible. Community engagement has also resulted in more “call backs” to the service and has proved an important part of the operational model.
- The vast majority of residents that we make contact with, when providing feedback, say that they pick up the phone because it is a local number and/or because we send them a text and email message from SCC asking them to call the local service.
- Additional benefits of the service, including use of different pathways and providing help to residents in accessing support to self-isolate.

Audit of ST&T service

An internal audit was conducted in January 2021 to review the Southampton Test and Trace Service.

Aims:

- Identify areas of good practice.
- Identify areas for further service development.
- Due to time constraints, this audit did not analyse all KPIs, such as the time between cases being passed over t ST&T and contact being made/cases closed.

Method:

- Analyse number of cases passed across to ST&T by the National Test and Trace team between 03/12/2020 and 13/01/2021. (During this period, ST&T covered approximately 2/3 of the population of Southampton.)
- Quantitative data collected from the NHS T&T system via line listings and the local ST&T dashboard.
- Qualitative data collected from the comments section of the local ST&T dashboard well as conversations with s

Key Recommendations:

- Upgrade local case management system to ensure it is user-friendly and that cases are prioritised correctly dur busy periods.
- Give refresher training to ST&T Call Handlers to ensure consistent approach to data input, and that team are confident using pathways and escalating cases.
- Improve reporting system to ensure KPIs captured effectively.
- Repeat audit and include all KPIs.

Implementation of Audit Recommendations

1. New local case management system launched on 01 March 2021:
   - More user-friendly and accessible.
   - Tracks the lifecycle of a case referred to ST&T more closely, from start to finish.
   - Lists cases by self-isolation end date so easy to prioritise cases.
   - Uses the same definitions to close cases as CTAS.
   - Makes clear what local systems have been checked to verify case details.
   - Makes it possible to report accurately on KPI's.
   - Feedback currently being collected from ST&T Call Handlers.

2. Refresher training given to ST&T Call Handlers at beginning of every shift, w/c 01 March to ensure consistent approach to inputting data into local case management system

3. 1:1's arranged between Operational Manager and ST&T Call handlers to ensure team are confident using pathways and escalating cases appropriately.

4. New reporting requirements agreed and Power BI dashboard being prepared by the Data Team, to ensure collection of appropriate data and KPIs captured effectively. New system to go live asap.

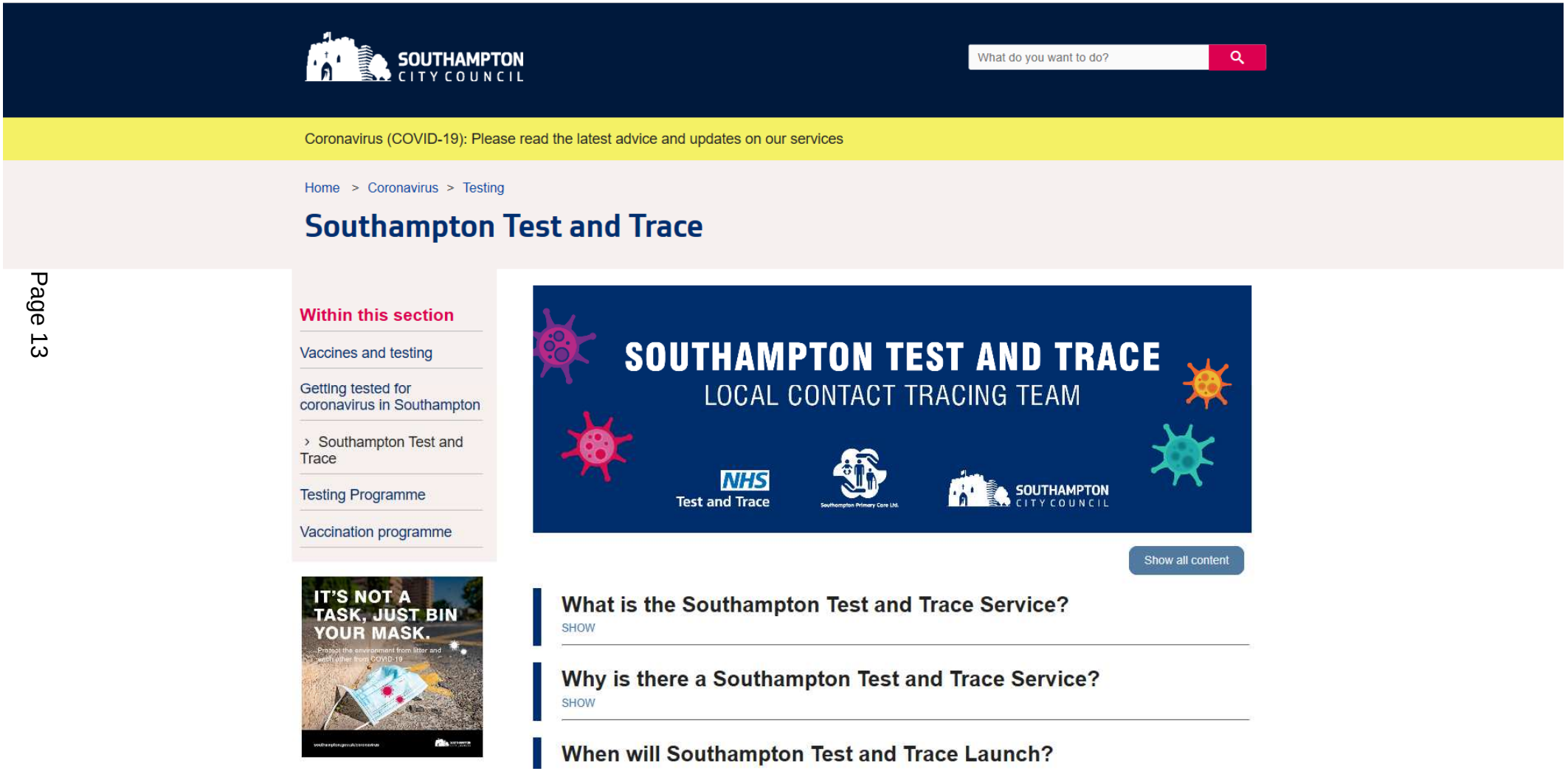
5. Repeat audit to be scheduled after new reporting system in place, to include all KPIs.

Future direction of Test and Trace

Upcoming changes to NHS Test and Trace	What this means for Southampton Test and Trace
New National Case Management system: • The NHS Test and Trace case management system (CTAS), will soon be replaced with a new system called ITS. This will be a pull system, as opposed to CTAS which is a push system. This means LA's can (and may be expected to) take on additional cases from NHS T&T or take cases on earlier (e.g. after 8 hours as opposed to 32 hours).	• Key decision on whether to accept cases sooner than current 32 hour delay – this would significantly increase the number of cases dealt with by ST&T. • Training for SCC Call Handlers: • The move from CTAS to ITS will mean that SCC Call Handlers will need to be trained to use the new national case management system.
New Reporting Outcomes: • ITS will have different reporting outcomes to CTAS. DHSC will let us know what the reporting outcomes will be.	• Update Local Case Management system: • The local case management/reporting system will need to be adapted to reflect the new reporting outcomes on ITS.
Change in the process following the Variants of Concern (VOC): • Cases marked as VOC will go straight to NHS Test and Trace for follow up, as opposed to current model that includes an 8 hour delay. Option for VOC cases to be sent to LA T&T teams at the same time.	• Change in the process following the Variants of Concern (VOC): • Cases marked as VOC can come straight to ST&T for follow up, as opposed to current model that includes a 32 hour delay. SCC can then escalate cases to PH Consultants to support contacting and risk assessment of case.

Outbreak Identification and Rapid Response:
• NHS Test and Trace are recommending all LA's begin using Power BI data from T&T services to track clusters/outbreaks and use information to inform our work.
• Having an LA representative/team to support cluster and outbreak management, and potentially take on new 'rapid response' accountabilities.
	• Outbreak Identification and Rapid Response:
	  • SCC already using Power BI data from T&T services to track clusters/outbreaks and use information to inform our work.
	  • SCC Health Protection Team already supporting cluster and outbreak management, but new 'rapid response' accountabilities will require new, trained staff.

For more information about Southampton Test and Trace, see our website: https://www.southampton.gov.uk/coronavirus-COVID-1919/COVID-19-testing/southampton-test-trace.aspx



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Southampton Covid-19 Vaccine Update

4th March 2021

Background to COVID-19 Vaccination

- Vaccines have always been at the heart of the Government's strategy to manage Covid-19
- The Government's ambition to offer everyone in JCVI cohorts 1 to 4 at least one dose of vaccine by 15th February was met two days early; second doses for these cohorts should be offered by mid-May

Priority Group	Risk group
1	Residents in a care home for older adults
	Staff working in care homes for olde adults
2	All those 80 years of age and over
	Frontline health and social care wor
3	All those 75 years of age and over
4	All those 70 years of age and over
	Clinically extremely vulnerable individuals (not including those under 16 ye of age)

Background to COVID-19 Vaccination

- Government aims for everyone aged 50 and over and people with underlying health conditions (cohorts 5-9) to have been offered a first dose of vaccine by 15 April with second dose by mid-July
- Adults under 50 who do not fall into any of the JCVI's priority cohorts 1 to 9 will receive their vaccinations in the second phase of the roll out

Priority Group	Risk group
5	All those 65 years of age and over
6	Adults aged 16 to 65 years in an at-ris
group	
7	All those 60 years of age and
over 8	All those 55 years of age and
over	
9	All those 50 years of age and over

Phase two will begin in mid-April and aims to offer everybody aged 18 and over a first dose by 31st July

Southampton Covid-19 Vaccination coverage to 3rd March

4,287 received 1st dose vaccinations

Southampton

ational Immunisation Management

rvice Data

ge 80+	94%
ge 75-79	93%
ge 70-74	92%
nically Extremely Vulnerable	81%
ealth and social care workers	85%

Current vaccination sites in Southampton and South West Hampshire

Area	Site	Site t
Southampton and South West Hampshire	Southampton General Hospital	Hosp
	Oakley Road, Southampton (currently focussing on health and social care staff)	Vacci Centr
	Adelaide Health Centre, Southampton	
	Royal South Hants Hospital	
	Ladies Walk Surgery, Southampton	
	Chessel Avenue Surgery, Southampton	
	St Peters Surgery, Southampton	
	Totton Football Club	
	Applemore Leisure Centre, Hythe	
	Park Surgery, Chandlers Ford	
	New Milton Health Centre	
	Bursledon Surgery	Local Servi
	Colden Common Surgery	
	Badger Farm Community Centre, Winchester	
	Milford on Sea War Memorial Hospital	
	Fordingbridge Hospital	
	Crosfield Hall, Romsey	
	University Health Centre, Southampton (due to go live shortly)	
	Eastleigh Health Centre (due to go live shortly)	

Slide 4

PR1 Poole, Robin, 04/03/21

Early insights from Southampton data

Adults aged 70 years or more

- Approximately 9 of every 10 people aged over 70 years have had their first dose
- There is a significant difference in uptake between people of different ethnic backgrounds compared to people from a White British background
- **Between 2 and 3 in every 10 people from ethnic minority backgrounds have not had their first dose**
- There is a very strong relationship between deprivation and vaccine uptake with the most deprived population having a 4% lower uptake compared with the least deprived population

Early insights from Southampton data

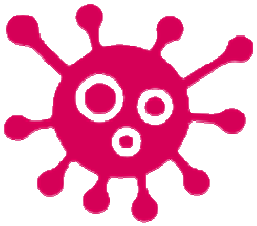
Adults who are clinically extremely vulnerable

- Approximately 8 of every 10 people who are clinically extremely vulnerable have had their first dose
- There is a difference in uptake between people of different ethnic backgrounds compared to people from a White British background
- **Between 3 and 5 in every 10 people from ethnic minority backgrounds with clinically extremely vulnerable have not had their first dose**
- There is a very strong relationship between deprivation and vaccine uptake with the most deprived population having a 16% lower uptake compared with the least deprived population

Early insights from Southampton data

Health and Social Care workers

- Approximately 8 of every 10 health and social care workers have had their first dose
- There is a difference in uptake between people of different ethnic backgrounds compared to people from a White British background
- **Between 2 and 3 in every 10 people from ethnic minority backgrounds who work in health and social care have not had their first dose**
- There is a strong relationship between deprivation and vaccine uptake with the most deprived population having a 6% lower uptake compared with the least deprived population



Southampton City Council

NHS Southampton City CCG

PCNs

Solent NHS

Strategic Leadership

Data

Communication & insight

Engagement

Operational

Clinical

The three C's for improving vaccine uptake

Finding ways to reduce **complacency** regarding risks of Covid-19

Building **confidence** in the safety and effectiveness of the vaccine

Increasing the **convenience** of being vaccinated

Southampton **Strategic Vaccine Uptake Group**

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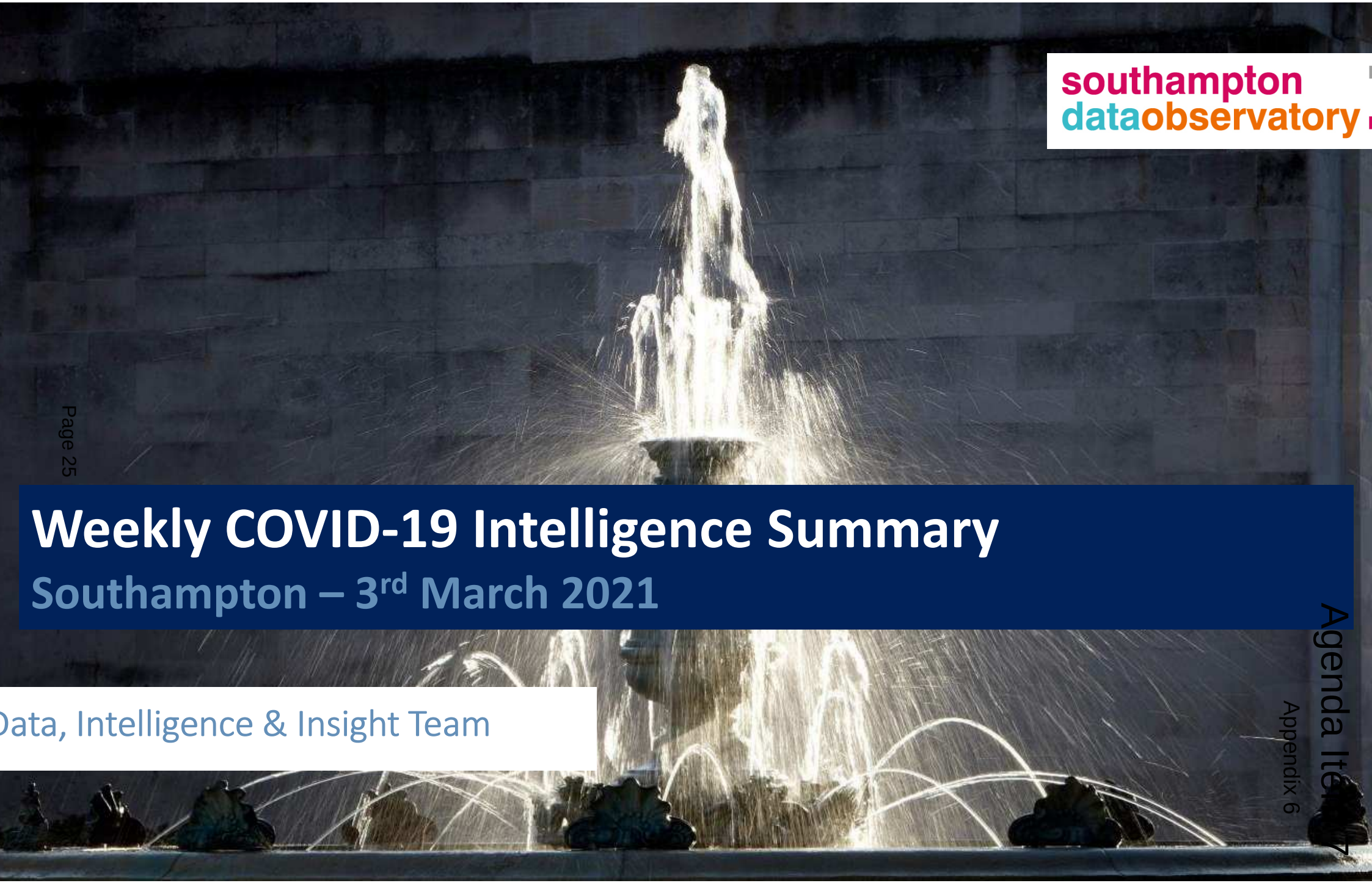


southampton dataobservatory

Weekly COVID-19 Intelligence Summary

Southampton – 3rd March 2021

Data, Intelligence & Insight Team

Infections

Last updated 03 March 2021

southampton dataobserva

GOV.UK Published Cases

Cases in last 7 days	Change in last 7 days	Average cases per day (last 7 days)	Data up to
288	-94	41.1	25/02/2021

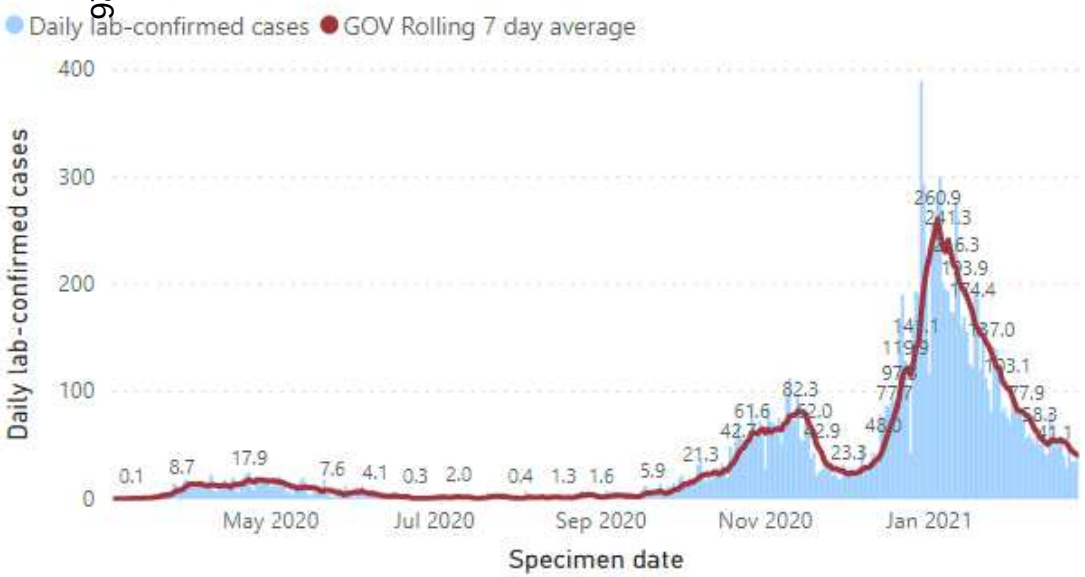
Select date range

30/01/2020 25/02/2021

Cases for selected dates

13537

Number of COVID-19 cases per day and 7-day rolling average in Southampton for selected dates



There have been **13,537 confirmed cases** of COV in **Southampton** (includes both pillar 1 and 2 cas There were **288 confirmed cases** in the **last 7 da** which is **a reduction** of **94** compared to the **prev days.**

Data is correct at time of publication, but is subj change due to reporting delays and corrections. Therefore, any changes in the number of infecti should be **interpreted alongside overall trends**, there will be daily fluctuations. It is more import consider any **sustained increases or decreases** t may occur.

The chart to the left shows the **daily number of confirmed cases** and the **7 day moving average** smooth out fluctuations) in Southampton. Recer data suggests COVID-19 infections are continu to reduce but infection rates are still high.

Weekly Infection Rates

Last updated 03 March 2021

southampton dataobserva

t is coming?

27/02/2021

thampton 7 day
ion rate per 100k

95.0

uth East 7 day
tion rate per 100k

56.2

and 7 day infection
rate per 100k

85.8

Southampton COVID-19 Data Dashboard

southampton dataobservat

Select dates (last date drives rates below and charts to the right)

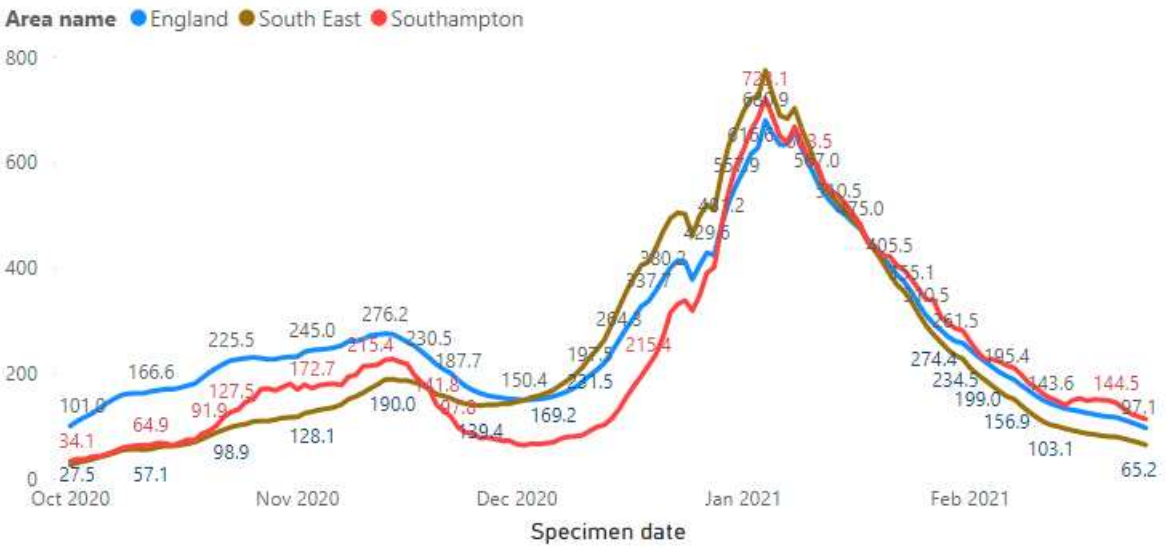
01/10/2020 25/02/2021

Area name (CTRL to select multiple)

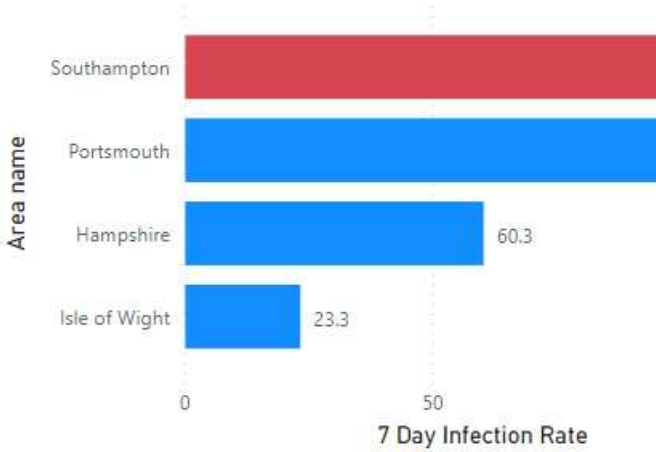
Multiple selections

Southampton 7 day infection rate per 100k	South East 7 day infection rate per 100k	England 7 day infection rate per 100k
114.1	65.2	97.1

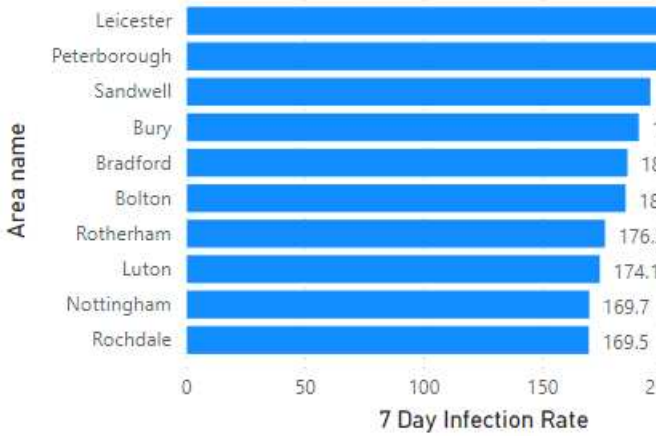
COVID-19 7-day rolling case rate per 100,000 population



Infection rate per 100,000 population: HIOW LAs



Infection rate per 100,000 population: TOP TEN LAs



Case Demographics – rates by age group

Last updated 03 March 2021

Southampton COVID-19 Data Dashboard

Select Specimen Date

26/10/2020 25/02/2021

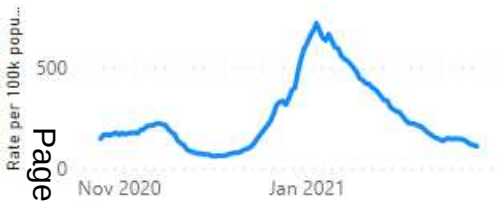
7 day average case rate

Change in case rate

Data up to

25/02/2021

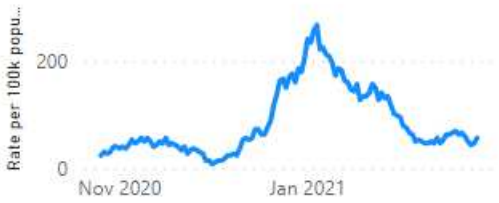
Total 7 day average case rate per 100k population



Total case rate

114.1 -24.6%

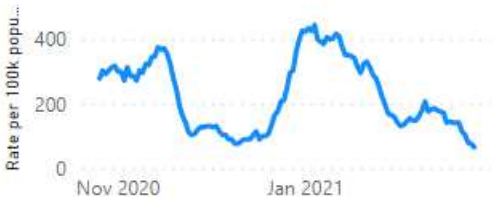
0-9 7 day average case rate per 100k population



0-9 case rate

58.1 -18.2%

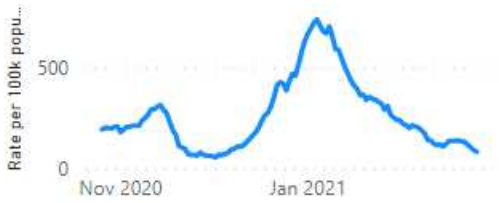
10-19 7 day average case rate per 100k population



10-19 case rate

68.7 -52.4%

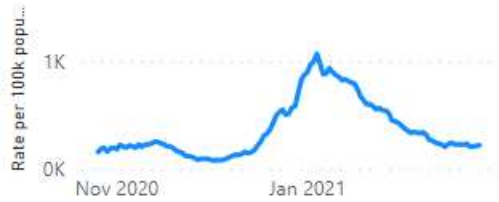
20-29 7 day average case rate per 100k population



20-29 case rate

86.8 -38.3%

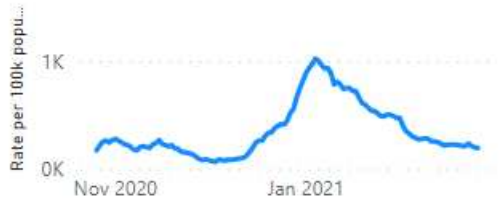
30-39 7 day average case rate per 100k population



30-39 case rate

227.5 -2.4%

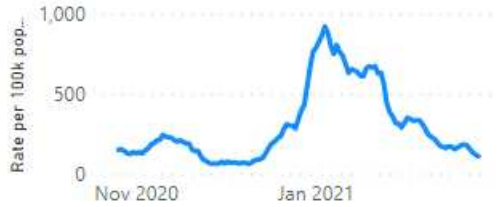
40-49 7 day average case rate per 100k population



40-49 case rate

202.3 -12.5%

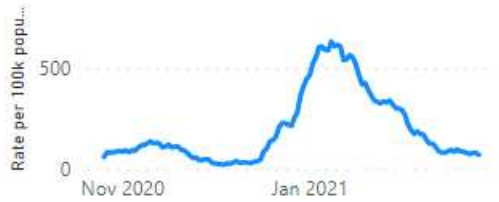
50-59 7 day average case rate per 100k population



50-59 case rate

114.9 -32.6%

60+ 7 day average case rate per 100k population



60+ case rate

73.4 -26.7%

Positivity Rates (PCR tests)

Last updated 02 March 2021

Southampton COVID-19 Data Dashboard

ate range

20 27/02/2021

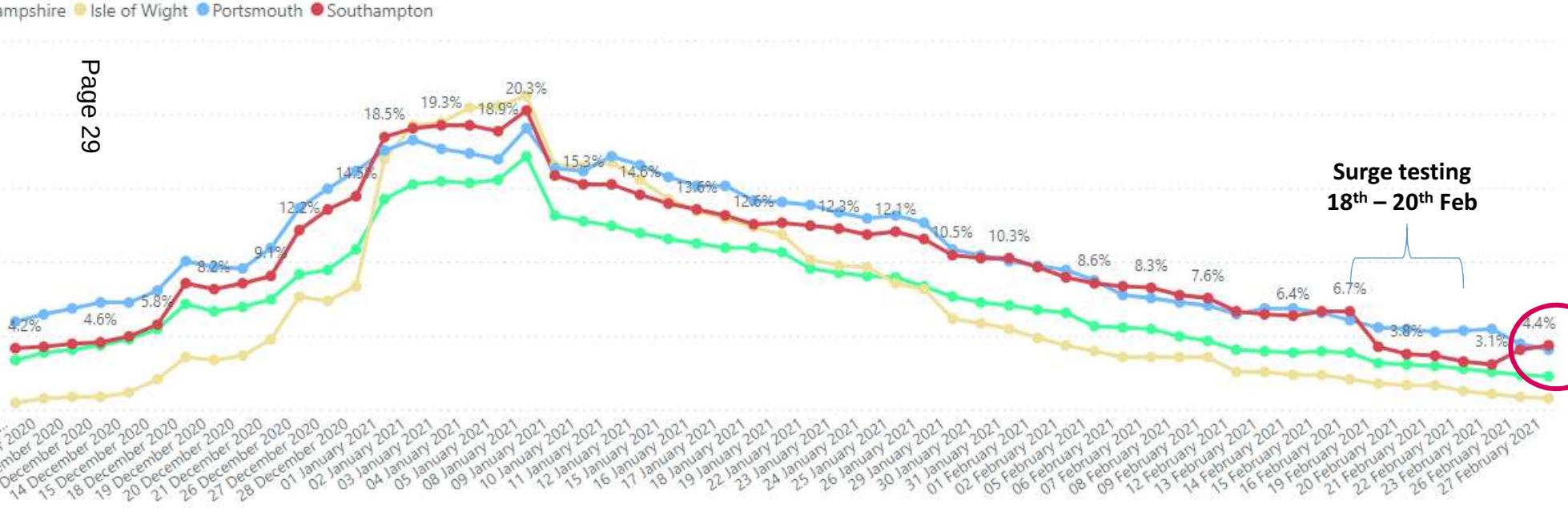
Select Local Authority

Multiple selections

Date of latest data	Southampton 7-day positivity rate	Previous week 7-day positivity rate
27/02/2021	4.4%	3.8%

positivity rate (PCR) by Date and Area

ampshire Isle of Wight Portsmouth Southampton



Surge testing
18th – 20th Feb

Leicester = 8.6%
Kirklees = 7.7%
Bolton = 8.9%

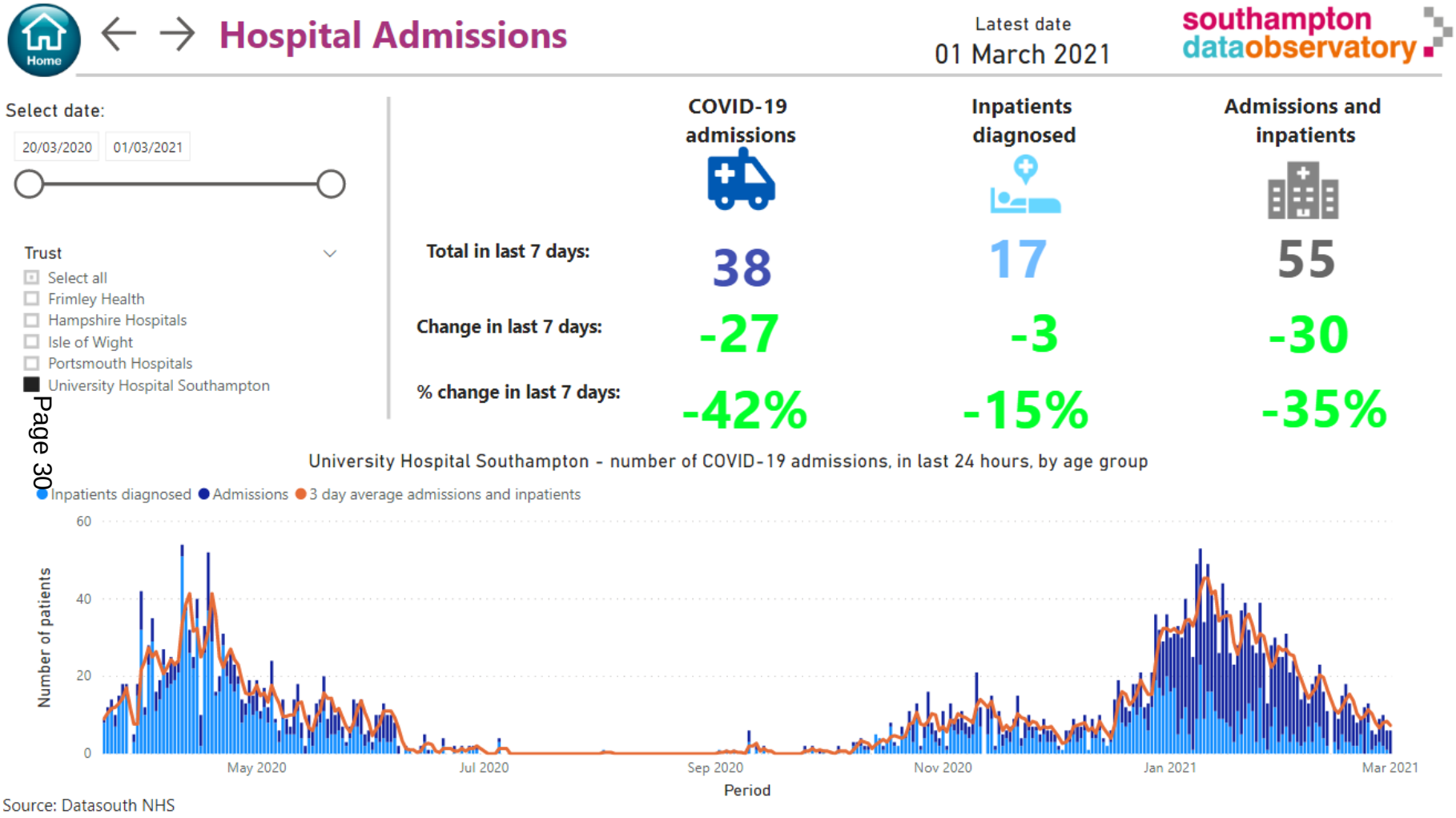
England = 4.2%

PHE advise positivity >5% is threshold HIGH and > the thresh VERY H

NOTE: Testing positivity data is based on a 7 day rolling average. Historic data may have been refreshed. However, access to refreshed historic data is not currently available, so data is correct as at original date. Trend data is not complete as data is not able to be extracted on weekends and bank holidays.

Hospital Admissions

Last updated 03 March 2021



Source: Datasouth NHS

hart shows the trend in the total number of new COVID-19 inpatient diagnoses and admissions in the last 24 hours
ersity Hospital Southampton (UHS). This includes all patients at UHS, not just Southampton residents. In the **last 7 da**
1st March, there were 55 **new cases** at UHS, which is a reduction -30 of cases from the **previous 7 days**.

COVID-19 Related Deaths

Last updated 02 March 2021

southampton dataobserva

Home

COVID-19 related deaths

Includes deaths up to 19 February, all deaths registered up to 27 February

southampton dataobservatory

Total COVID related deaths		Hospital	Community		COVID Deaths during the week to 19 February	Change in deaths from previous week
361	of which	236	125	(101 of which in care homes)	9	-2

COVID-19 deaths

There have been a total of **361** COVID-19 related resident deaths in Southampton. There was **9** COVID-19 related deaths in the most recent week, which is **a reduction** of **-2** when compared to the previous week.

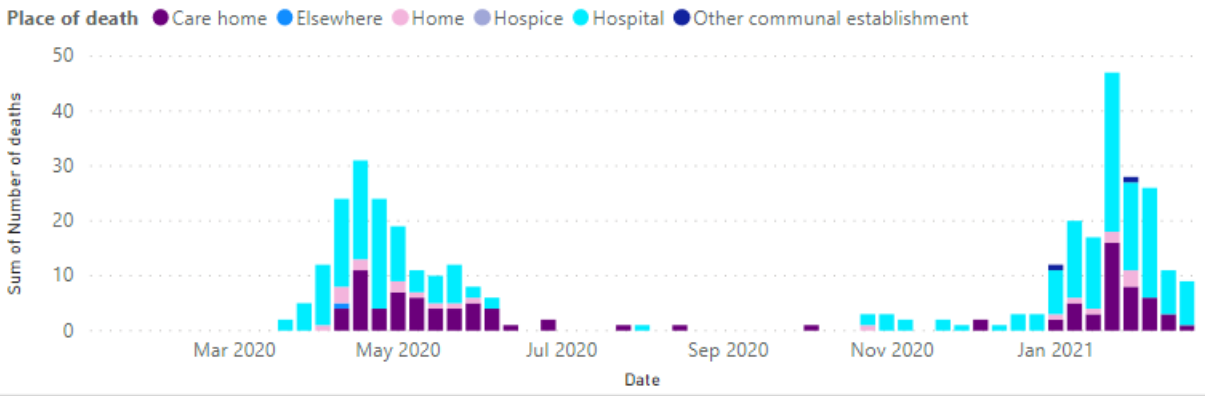
The chart to the rights shows the number of COVID-19 related deaths by week and setting.

Latest data shows that there was **13 COVID-19** related deaths in **University Hospital Southampton** (UHS) between the 17th February up to 23rd February. This data is different from that published by ONS as it doesn't necessarily include Southampton residents, only those who have died at UHS.

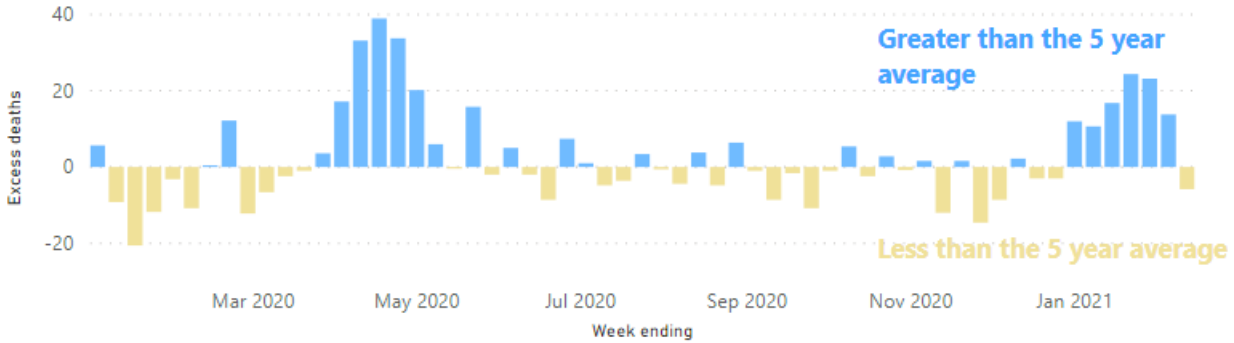
Excess deaths (COVID and non-COVID)

In Southampton, **resident deaths** are now at **lower levels** compared to previous years as shown in the graph to the right. This shows the death occurrence by week compared to the average deaths count, by week, for the years 2015 to 2019.

Deaths by week and place of occurrence



Excess deaths by week



Please note: data correct at time of publication, but may be revised in future weeks due to reporting delays

COVID-19 Excess Deaths

Last updated 02 March 2021

southampton dataobserva

ekly provisional figures on deaths occuring, minus the weekly average occurence 2015 2019, with proportion where coronavirus (COVID-19) was mentioned on the death tificate for week 1 to week 7 2021 (up to 19 February 2021)

ek 7 2021: South East ONS region, death occurrences

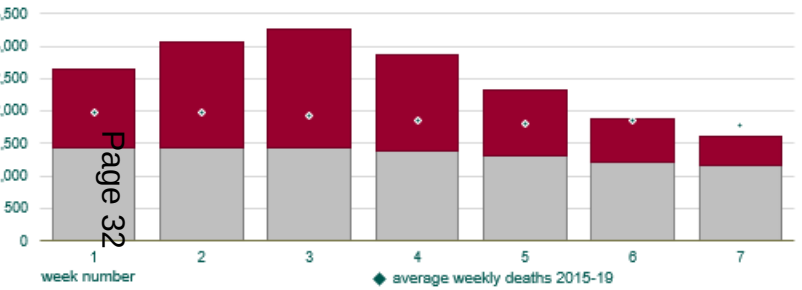
ess deaths (2021 deaths minus 2015 to 2019 average) up to 19 February 2021

Greater than the 5 year average

Note - values for deaths occuring for the most recent week are likely to be lower than the final values due to the time lag in reporting.

Less than the 5 year average

deaths in 2021 by week, with proportion where COVID-19 is mentioned



COVID-19 mentioned on the death certificate

Values for 2021 are still compared to the average for the years 2015-19 due to the impact of COVID-19 in 2020.

Registered deaths for week 1 should be treated with caution because of potential registration delays from the Christmas period.

COVID-19 not mentioned

a source: ONS Death registrations and occurrences by local authority and health board. Produced by LKIS, Public Health England ce for National Statistics, licensed under the Open Government Licence.

oric average weekly deaths are presented here as the mean of the years 2015 to 2019

eath occurrences from start of 2020 to week 7 2021 =	108,910
ss death occurrences from start of 2020 to week 7 (using 2015-19 weekly averages) =	9,108
h occurrences mentioning COVID-19 from start of 2020 to week 7 2021 =	19,624
eath occurrences in week 7 2021 =	1,616
ss death occurrences in week 7 (using 2015-19 weekly averages) =	-161
h occurrences mentioning COVID-19 in week 7 2021 =	451
h occurrences mentioning COVID-19 in weeks 1 2021 to 7 2021 =	8,258

to issues with calculation, the average for registered deaths for week 1 2015-19 has been taken to be the same as for week 2 2015-19)

n starting the excess deaths in April, the original SQL query to extract the data was written assuming Monday at the start of week for the 2015-19 average. After the ONS released registered deaths for that period, we decided to continue to use Monday onsistency with previous data.

see the national excess mortality work PHE has done, using modelled estimates which adjust for factors such as the ageing e population and the underlying trend in mortality rates https://fingertips.phe.org.uk/static-reports/mortality-eillance/excess-mortality-in-england-latest.html

These charts show registered deaths and dea occurrences by week for 2021 compared to t average deaths count, by week, for the years to 2019.

This helps us to understand if the number of deaths are higher (excess deaths) or lower th what we normally might expect for this time year.

In the top chart, blue bars show weeks with h than expected deaths, whilst yellow bars sho weeks with lower than expected deaths. The bottom chart shows the same information, b splits out COVID-19 from non- COVID-19 rate deaths. COVID-19 related deaths are shown i

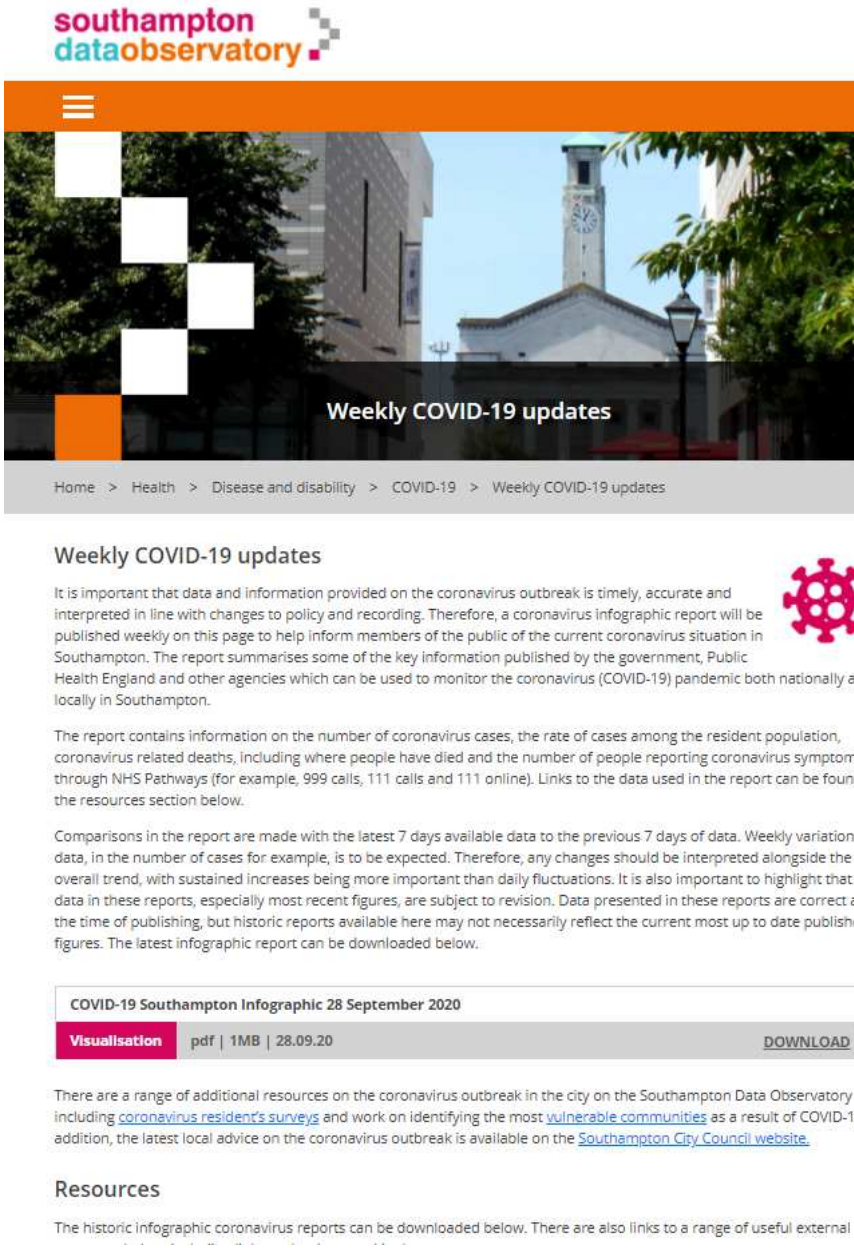
These charts show that deaths in Southampto currently at **expected levels** for this time of y However, numbers are relatively small and va from week to week, so it is more important t consider the trend over a number of weeks.

COVID-19 further information

outhampton Data Observatory:

- Weekly infographic updates
- Links to other data sources
- Results of COVID-19 surveys and research
- Vulnerable communities data and mapping

ps://data.southampton.gov.uk/health/disease-disability/covid-19/



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Wellbeing (Health & Adults)

Health & Adults Road Map

Grainne Siggins
Executive Director of Wellbeing (Health & Adults)
4th March 2021

SOUTHAMPTON CITY COUNCIL

Context

- Southampton is ranked the 55th most deprived authority (of 317, IMD 2019)
- Southampton has 19 Lower Super Output Areas within the 10% most deprived in England (IMD 2019)
- Currently a reactive demand driven service
- Increasing complexity of need
- Higher number of younger adults in placements compared to statistical neighbours
- Higher number of younger adults in residential care than statistical neighbours
- Limited prevention offer across the city
- Statistically higher number of safeguarding (80% more concerns than the national average)
- Poor performance of completing Deprivation of Liberty Safeguard assessments for a number of years
- Significant impact of covid-19 (Demand)
- Clinical Commissioning Group (CCG) Merger in April 2021
- Legislative changes ahead

Context

- Peer Review Outcomes Identified 2019
  - Changes in Leadership
  - Leadership and capacity at all levels
  - The need for effective practice assurance and Care Act compliance
  - Base budget sufficient to deliver services based on need
  - Improve outcomes for residents and their carers:
    - Increase Independence & Wellbeing
    - Information, advice, guidance and accessibility to prevention
    - Person centered needs assessment and support planning
    - Better management of risk
    - More personalised care

Context continued

- Adult Social Care has been facing a challenging year

  - Impact of COVID-19 (increased demand & financial activity)
  - Reviewing and changing model of care provision to meet national requirements due to covid – impact on offer and ways of working
  - Increasing levels of complexity of people presenting to social care
  - Increasing levels of demand across all areas including safeguarding and DoLS
  - Increase in workforce due to additional demand and covid-19 related activity
  - Ability to build a sustainable workforce (permanent and appropriately skilled)
  - Ability to build a flexible and sustainable provider marketplace
  - Risk of provider failure accelerated, in year support to providers

Health & Adults – Key Issues identified in initial review by ED Feb 2020: (Link to weaknesses):

- Inconsistent approach to meeting a number of key statutory duties – Care Act / Mental Capacity Act (MCA – Deprivation of Liberty Safeguards);
- Further work required to implement a number of the recommendations of peer reviews;
- Capacity within the draft management structure was not sufficient to support the transformation journey required;
- Overall permanent workforce capacity was not sufficient to meet increase in demand;
- Limited resident feedback channels;
- Approach to co-production with residents and groups was not embedded across the board;
- A robust approach to financial management & forecasting was not embedded within the service;
- Insufficient quality assurance & governance capacity within the service;
- PARIS system is not a modern case management system with significant limitations (impact on some of the above);
- Performance information from PARIS is limited, impacting on savings profiles and performance management capability.

Health & Adults – Key Issues identified in initial review by ED Feb 2020 continued (link to weaknesses):

- Adults staff engagement in the planning, design and implementation of the new Care Director case management system was not robust or sufficient;
- Adults Improvement programme was not comprehensive enough to secure the level of transformational change required within the service;
- Lack of specialist capacity within the service to plan for and deliver the changes needed;
- Some delays / backlogs of cases existed in all areas of Adult Social Care operations;
- Some delays in progressing safeguarding enquiries;
- Significant delays in progressing activity relating to Deprivation of Liberty Safeguards;
- Approach to carers assessments not fully embedded in line with all aspects of the Care Act;
- Approach to direct payments - requires review;
- Approach to oversight / monitoring / sign off of statutory returns required attention;
- Approach to integration required review / strengthening.

Environment / context - review

Strengths

- Commitments in place across partner Health & Care agencies to deliver sustainable, high quality services with good quality outcomes for residents that access them;
- Strengthened partnership working with health & other agencies;
- Strengthened engagement with provider market;
- Committed staff & political leaders;
- Increased staff engagement & communication;
- Investment secured during 20/21 to respond to increased demand and covid related activities;
- Investment secured to strengthen some key areas within the Health & Adults structure from April 21 and demand for services;

Weaknesses

- See slides 5 and 6 on key issues / weaknesses for operational detail

Environment / context - review

Opportunities

- NHS White paper (recognising the importance of place);
- CCG Merger and broader HIOW footprint – Opportunities for greater collaborative working;
- Appetite for strengthening integrated working with key health partners;
- Positive adoption of new ways of working during the covid period, which can be mainstreamed going forward;

Threats

- NHS White Paper – Unclear presently about the broader impact re assurance;
- CCG Merger and broader HIOW footprint – potential for reduced system focus on Southampton;
- Increasing demand for adult social care, impact of covid on future demand currently unclear;
- No timelines for national approach to Adult Social Care Reform and funding;

Health & Adults – Actions taken / underway since January 2020:

- Requested input from Better Care Support team to undertake deep dive into delayed transfers of care – up to 20 days secured; (put on hold due to COVID-19)
- Funding secured from LGA to undertake a full review of Adults approach to the design , planning & Implementation of Care Director;
- Initial deep dive undertaken into adults approach to performance management and indicators;
- Initial deep dive underway into adults approach to financial forecasting & funding & approach to savings;
- Approach to staff engagement under review – meetings with managers underway, staff engagement workshops undertaken;
- Review undertake to identify activities needed in order for SCC to meet all statutory requirements;
- Established a clear set of CareDirector go-live acceptance criteria for Adult Social Care Services;
- ASC Design Authority and Task & Finish Groups for Care Director established to manage, monitor and sign off all system design requirements;
- Engagement with ASC staff to obtain feedback on both the system functionality and the new proposed processes;
- Designed and established an Adults Transformation programme which includes all changes, financial savings plans and strengthen integration with health;
- Design an adults social care and health structure to deliver the transformation identified;
- Additional capacity secured to strengthen approach to safeguarding;
- Additional capacity secured to begin to undertake increased number of deprivation of liberty assessments;

Health & Adults – Actions taken / underway continued:

- Set up adults covid hubs to provide a base for managing both provider and operational response;
- Review of service activity and operations and changes made to respond to covid 19 pandemic;
- Strengthened arrangements for key department meetings, governance and decision making;
- Strengthened approach to learning and development, support for social workers and adopting to new ways of working;
- Full transformation and programme activity scoped and workstreams developed;
- Learning Disability Housing and Care project established to improve outcomes for people with learning disability;
- Covid -19 impact on Day Opportunities for people with Learning disability undertaken and project scoped;
- Work underway with corporate colleagues to consider review of charging policy for ASC in light of recent publicised court case (not Southampton);
- Work undertaken to understand historic demand and impact of covid to date;
- Work underway to design the full adult social care structure – strengthening management oversight and front line capacity;
- Team discussions planned to work through key gaps in the structure and ways of working across teams;
- Care Act Implementation: external review underway by **Social Care Institute for Excellence** to identify areas requiring strengthening including public facing documents, practice documents, review of approach to learning & development;
- Development of the Health & Adults Transformation Communications strategy and plan commissioned to include approach and content for both internal and external communication (linking with corporate comms)

Health & Adults 2020/21 – Other activities completed:

Technology Activities:

- Laptop Asset baseline and new laptop rollout across the Directorate;
- Bid to CCG for funding for ColdHarbour upgrade (now agreed and project implementation underway);
- Urgent Response Service (URS) – Mobile Printing rollout to support efficient working practices;
- URS – Mobile phone upgrades to help support the ColdHarbour upgrade and provide the ability for care staff to access schedules remotely (once upgrade complete)

Statutory Reporting

- Development of a statutory returns group to govern, advise and make decisions in relation to data quality, recording and processes to enable the Adult Social Care statutory returns to be submitted;
- Validation of Adult Social Care statutory returns and undertake associated data cleansing;
- Development of statutory returns group action plan and priorities;
- Development of a data quality group to co-ordinate, prioritise and monitor data cleansing activity.

Performance:

- Development of a new performance dashboard to monitor key service priorities and statutory indicators;
- Implementation of performance meetings with senior managers;
- Providing support to Data Team to enhance performance dashboard;
- Review of definitions and application across ASC indicators;
- Development of data exception reporting to support ASC indicators.

CAREDIRECTOR – ADULT SOCIAL CARE 2020/21 – 2021/22: Actions taken or currently underway

Adult Social Care

- Task & Finish groups established to design and review all Adult Social Care forms which will be available in CareDirector. The group will be engaged in initial testing prior to UAT (User Acceptance Testing);
- Resource Allocation System has been designed and is currently being built embedded within the Assessment form;
- Forms will have pre-population functionality, conditional questions, mandatory fields for all statutory items and workflows to prompt activity;
- Data Migration principles are being developed. Principles are being verified through the task and finish groups along with the identification of data cleansing requirements to be undertaken.

Finance

- Streamline all financial processes to become more efficient;
- Improve client billing based on actual care delivery as well as improved invoice design to reduce queries;
- Improved budget management capability;
- Online workflow to Care Placements which will automate the process to request services and remove the need to complete a separate form;
- Budget holders visibility of expenditure and income;

Training

- Super users being identified and will be involved in testing;
- Training plans being developed and will commence 6 weeks prior to go live;
- Training during a pandemic may require more virtual capability rather than classroom based

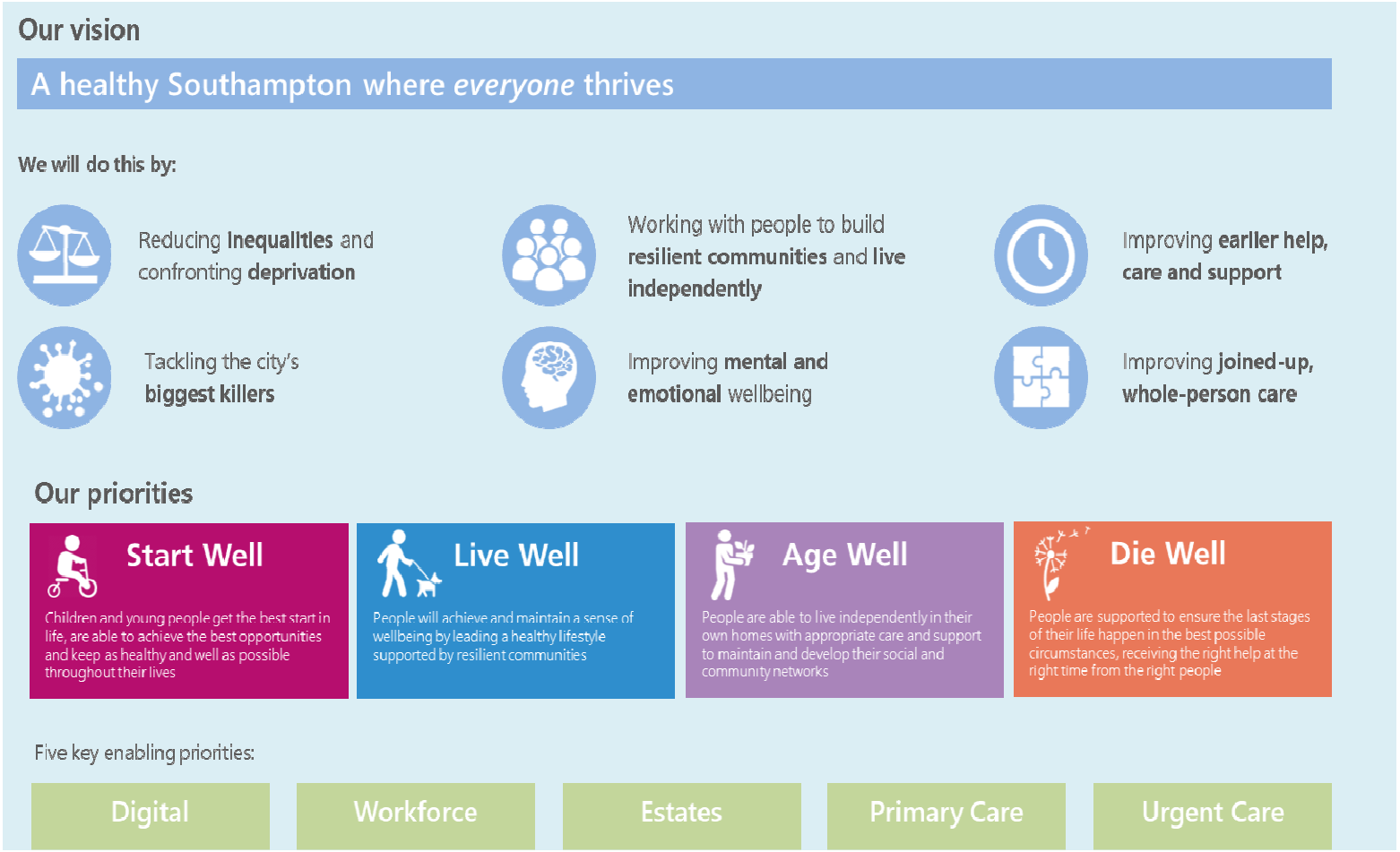
Reporting

- Implementing a self service interactive dashboard solution with predefined reports so users can access information when required
- Engagement with service areas to identify reporting requirements when CareDirector goes live
- Statutory reports being developed to be automated to remove manual interventions

SOUTHAMPTON CITY HEALTH & CARE STRATEGY 2020-2025

Health and Care partners across the city have worked together to coproduce and agree a shared vision and a place-based five year strategy to improve outcomes for the city's population.

The ICU, as an integrated commissioning team, is integral to delivering the city's Health and Care Strategy



Key Priorities: 2020 to 2025

1. Complete Senior Leadership restructure and develop detailed ASC structures in line with a revised operating model;

2. Advance the technology improvements, primarily Care Director implementation and Cold Harbour (Urgent Response Service);

3. Strengthen and further develop integrated working with health colleagues;

4. Advance approach to provider redesign and modernisation;

5. Strengthen approach to key areas of statute;

6. Develop a robust plan for housing with Care options for the future;

7. Review Adult Social Care Charging policy.

What we need to do to get there

- Leadership - (February 21 – July 21)
  - Design & Implement Senior Leadership and Management Capacity
  - Strengthen capacity within internal Provider and Operational Services
  - Establish an enhanced Service Manager tier
  - Establish a Quality, Governance and Professional Development function

- Workforce - (March 21 – March 22)
  - Establish & Implement Management and Operational Structure
    - Recruit permanent workforce to meet the demands of the service (permanent)
    - Rebalance of skilled / qualified workforce
  - Development of a comprehensive Practice Improvement Framework
  - Development of a Performance Management Framework
  - Policy Development (SCIE Review of Care Act compliance underway)
  - Embed practice standards, quality assurance and Care Act compliance

What we need to do to get there

- **Improve Prevention & Early Intervention (timeline to be established)**
  - Improve Information, Advice & Guidance Offer
  - Expansion of Integrated Rehab & Reablement to include community offer
  - Enhanced technology to support reablement offer and improve outcomes
  - Better Use of Telecare & TeleHealth
  - Improved pathways for residents to access preventative & community services

- **Assessment & Care Management (March 21 to March 22)**
  - Strengthen integrated service delivery across Learning Disability, Mental Health & long term ASC
  - Care Act Compliance review
  - Clearer integrated pathways for assessment and access to care
  - Develop more person centric approaches to assessment, support planning and service delivery
  - Embed Resource Allocation System (RAS) as part of assessment process
  - Improve the delivery model for Direct Payments to enable more personalised care
  - Redevelop the carer offer including whole family assessment approaches
  - Improve Client Affairs offer and pathways

What we need to do to get there

- **Market Management & Internal Services (March 21 to March 24)**
  - Increase Prevention Offer
  - Post covid-19 Review of Day Services Provision (Internal & External Offer)
  - Realignment of Market Provision to meet the need (Internal & External)
  - Financial Sustainability of Provider Market
  - Appropriate Housing Provision for Vulnerable People
  - Development of Personal Assistant (PA) Market to support more personalised care
- **Budget Management (Feb 21 to March 22)**
  - Implementation of Financial Management Framework
  - Develop a robust Demand Management Tool
  - Charging Policy
- **Develop Transformation Communications Strategy & Plan – (March 21 to 22)**
- **Technology (up to March 22)**
  - CareDirector
  - Coldharbour (Urgent Response Service (URS) Scheduling System Upgrade)
  - Information, Advice & Guidance

Risk to Delivery

- Availability of Skilled Workforce Capacity (permanent recruitment);
- Impact of COVID-19 (demand over the next few years);
- Possible changes to future social care funding;
- Ability of the social care market to be flexible enough to adapt and change to meet the demands of social care;
- Ability to source appropriate housing to support vulnerable people;
- Experienced technical resources required to implement transformational change;
- Leadership capacity & capability.

GOVERNANCE - ADULT SOCIAL CARE PROGRAMME

ASC & Health Programme – DRAFT v1

PROGRAMME BOARD

PROGRAMME GOVERNANCE

HEALTH & CARE WORKSTREAM

Workstream will focus primarily on the implementation of all service redesign projects relating to the Operating Model for Assessment & Care Management.

This includes:
SCC redesign to enable integrated care aligned to the joint Better Care Strategy:

- Prevention & Wellbeing
- Information, Advice & Guidance
- Single Point of Access
- Reablement & Recovery
- Primary Care Network Alignment
- Safeguarding
- DoLS / LPS
- Mental Health
- Learning Disabilities

PROVIDER REDESIGN WORKSTREAM

Workstream will focus primarily on the implementation of all service redesign projects relating to Provider Services

This includes:

- Holcroft – Residential Review
- Developing Additional Nursing Home Capacity
- Kentish Road - LD
- Modernising Day Opportunities
- Developing Additional Extra Care Housing
- PA Market Development
- LD Housing with Accommodation with Care Model Development

FINANCE & EFFICIENCY WORKSTREAM

Workstream will review financial responsibilities across the service including functions to be developed and embedded as part of a business as usual requirement.

This includes:

- Demand Modelling including Activity Profiling and Forecasting taking into account demographic changes
- Budget Management & Accountabilities
- Scheme of delegation
- Panel Processes
- Financial Training
- Value for Money / Benchmarking
- Charging Policy Review
- Invoicing
- Client Money Management
- Payments

INNOVATION & TECHNOLOGY WORKSTREAM

An enabling workstream which will be responsible for implementing projects to support innovative and improved ways of working through better use of technology and information.

This includes:

- CareDirector – Assessment & Care Management
- Resource Allocation System (RAS)
- Care Director – Finance & Budget Management
- URS Cold Harbour Upgrade
- Telecare / Telehealth
- Reporting – Management & Statutory
- Information, Advice & Guidance

CROSS CUTTING

BENEFITS REALISATION GROUP

Tracking and monitoring financial and non-financial benefits against agreed profiles

WORKFORCE DEVELOPMENT

CO-PRODUCTION (Individuals using services including Carers and Staff)

COMMUNICATION & ENGAGEMENT

HEALTH & CARE ESTATES

What we need to do to get there

- Market Management / Internal Services
  - Kentish Road – Further develop plans
  - Holcroft House – Further develop plans
  - Increased Extra Care developments
  - Develop Housing with Care for the future Inc residential and nursing capacity
  - Service Specifications and Monitoring of Internal Services
  - Needs Assessments Review for Commissioning Activity
- Operational Service Improvement / Resources
  - Restructure Including Locality / Primary Care Networks (PCN Based Model)
  - Early Intervention & Prevention – Community Based Model (Neighbourhoods)
  - Workforce Strategy & Quality Assurance Framework
  - Performance Management Framework
  - Direct Payments Project
  - Commissioning / brokering of Learning Disability & Mental Health Packages/Services

What we need to do to get there

- Future Demand & Financial Management
  - Demand Modelling (Business As usual & Impact of COVID-19)
  - Charging Policy Review
  - Improvements to Client Invoicing
  - Review of Disability Related Expenditure (DRE) Policy & Process
  - Scheme of Delegation & Panel Process Review

- Technology
  - CareDirector
  - Coldharbour (URS Scheduling System Upgrade)
  - Information, Advice & Guidance

- Adult Social Care Communications Strategy & Plan

Integrated Care System – Southampton Place Based Review

Purpose of the review

Carnall Farrar (CF) were commissioned to undertake a high-level review of place-based arrangements, focused on leadership, governance and Southampton based functions.

Specifically, the purpose of the review is to:

- **Review the current arrangements;**
- **Develop leadership and governance options, drawing on current arrangements, best practice, national policy and stakeholders' views;**
- **Explore options with stakeholders across Southampton City;**
- **Identify preferred options to take forward for wider engagement.**

Discussions on the review content and recommendations are currently underway.

Wellbeing (Health & Adults)

Adult Social Care – Update for HOSP (17/12/2020)

Grainne Siggins Executive Director – Health & Adults

SOUTHAMPTON CITY COUNCIL

SOUTHAMPTON CITY HEALTH & CARE STRATEGY 2020-2025

Health and Care partners across the city have worked together to coproduce and agree a shared vision and a place-based five year strategy to improve outcomes for the city's population.

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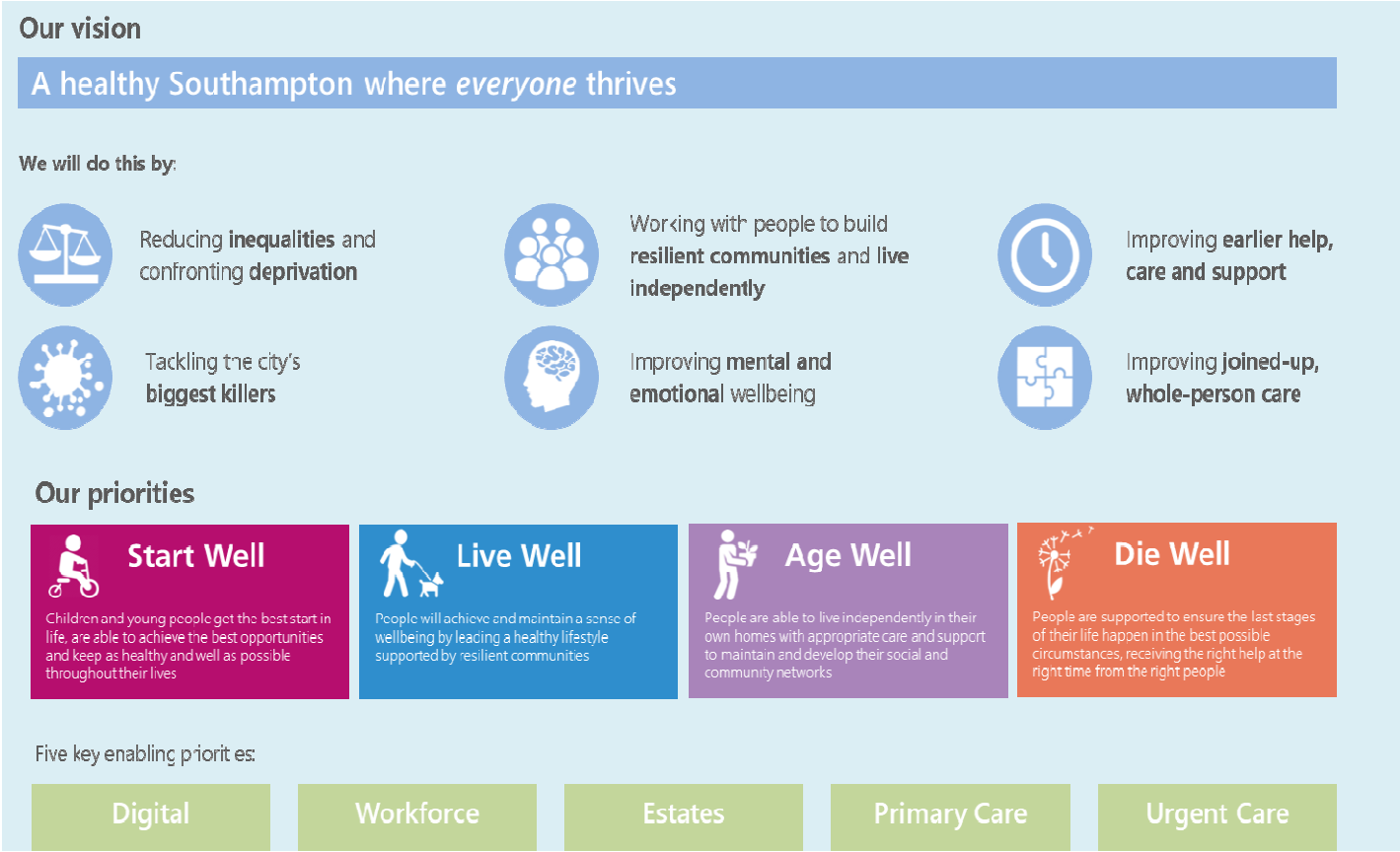


BUSINESS CONTEXT – CARE ACT 2014

The Care Act 2014 came into effect in April 2015 and replaced most previous law regarding carers and people being cared for, the most significant change to Adults and Carers care and support legislation in over 60 years. The legislation has modernised the framework of care and support law, bringing in new duties for local authorities and new rights for service users and carers.

New Duties for Local Authorities include

- Promoting individual well-being
- Duty arrange the provision of preventative services i.e. services which will reduce, prevent or delay the development of need for care and support
- Duty to cooperate in the delivery of integrated services including health partners
- New rights for carers putting them on the same footing as the people they care for, including a duty to assess the needs of carers where it appears that a carer may have needs for support currently or in the future
- Assessments of disabled children/young carers must take place before they are 18 to ensure continuity of support
- Delivering integrated care and support with health services etc.
- Establish and maintain a service providing people with information, advice and advocacy relating to care and support to adults and carers
- To develop a diverse, innovative, high quality, and sustainable marketplace for adults and carers to choose from including self funders
- New duties of enquiry where there is reasonable cause to suspect an adult unable to protect themselves is at risk of abuse or neglect
- Safeguarding Board became a statutory requirement
- Safeguarding reviews to be completed where a person has died from suspected abuse or neglect or an adult has experienced serious abuse or neglect
- A duty rather than a power for a person to “defer” paying the costs of their care and support, so they do not have to sell their home at point of crisis
- Consistency in charging for services in the community

Current Position / Presenting Issues

Business As Usual Analysis

BUSINESS AS USUAL ANALYSIS

The below compares activity across 18/19 and 19/20 to demonstrate the level of general growth pre-COVID-19 across all adult social care functions, from initial referral through to assessment, commissioning of care and review.

Referrals **1.1%** Increase

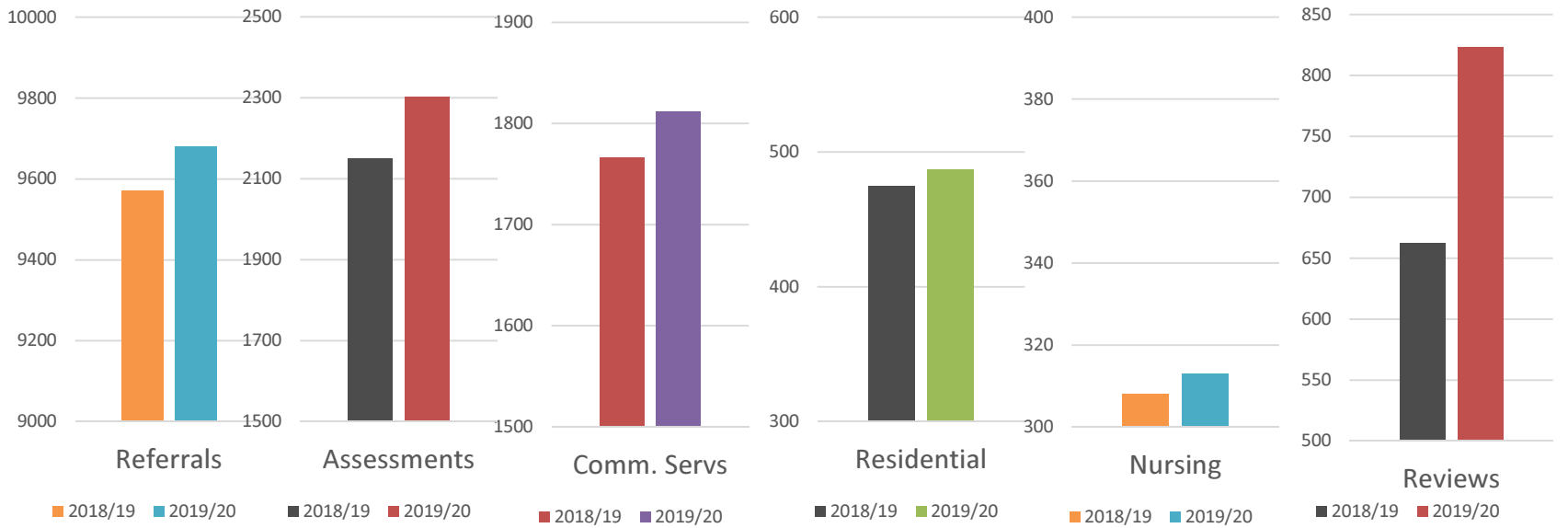
Care Act Assessment **7%** Increase

All Community Services **2.6%** Increase

Residential Placements **2.5%** Increase

Nursing Placements **1.6%** Increase

Reviews **24%** Increase



9681 referrals in 2019/20 versus 9571 referrals in 2018/19

2302 assessments completed in 2019/20 versus 2152 assessments in 2018/19

1812 people receiving a service in the community at the end of March 2020 versus 1766 at the end March 2019

487 people in a residential placement at the end of March 2020 versus 475 at the end March 2019

313 people in a nursing placement at the end of Mar 2020 versus 308 at the end Mar 2019

823 of people reviewed in 2019/20 compared to 662 people in 2018/19

Source: SALT 2019/20 and SALT 2018/19

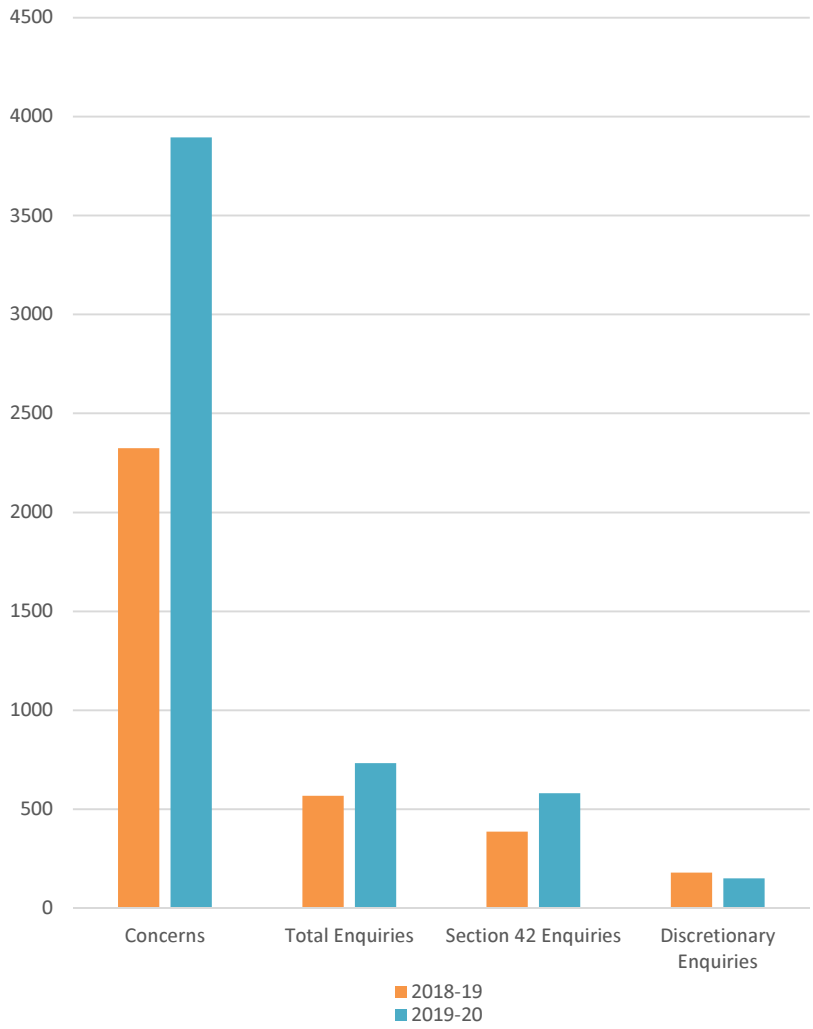
ACTIVITY DEMAND ANALYSIS – Safeguarding Concerns & Enquiries

Local authorities have a statutory responsibility for safeguarding. Safeguarding adults means protecting a person's right to live in safety, free from abuse and neglect. If someone believes an adult is experiencing, or is at risk of abuse or neglect this is raised with the local authority where that person resides. This is called a **Safeguarding Concern**.

The local authority then screens and gathers information (from GP's, family, providers, health professionals) to establish if there are safeguarding issues. If there are safeguarding issues then this is investigated and an action plan put in place to remove or reduce the risk to the adult. This process is called a **Safeguarding Enquiry.**

- There has been a **67.5%** increase in the number of Safeguarding Concerns between 2018/19 and 2019/20 (from 2325 to 3894). This increase is due to a change in recording as under-recording of activity was identified as part of the 2019 LGA Peer Review.

- The increase in the number of Concerns has also filtered through to the number of enquires requiring an investigation with an increase of **29%** during 2019/20 (733 compared to 568 in 18/19)



Source: SAC 2019/20

ACTIVITY DEMAND ANALYSIS – Deprivation of Liberty Safeguards

Deprivation of Liberty Safeguards (DoLS) is a legal framework to:

- protect those who lack the capacity to the arrangements for their treatment or care
- and where levels or restraint or restriction used in delivering that care are potentially depriving the person of their liberty

If a person is potentially being deprived of their liberty and reside in a hospital or residential placement then the provider has a legal duty to submit a DoLS application to the local authority to request a "deprivation of liberty" for a specified period of time.

The local authority has a statutory duty to process the application to check that the deprivation of liberty is necessary and in the person's best interests.

DoLS Applications must be completed within 7 days for urgent requests and 21 days for standard requests.

We are aware that there are significant numbers of people that live in the community that are deprived of their liberty and have not gone through a Court of Protection process to grant or not to grant the deprivation. The requirement to ensure the appropriate processes are undertaken will require additional best interest assessor and legal support.

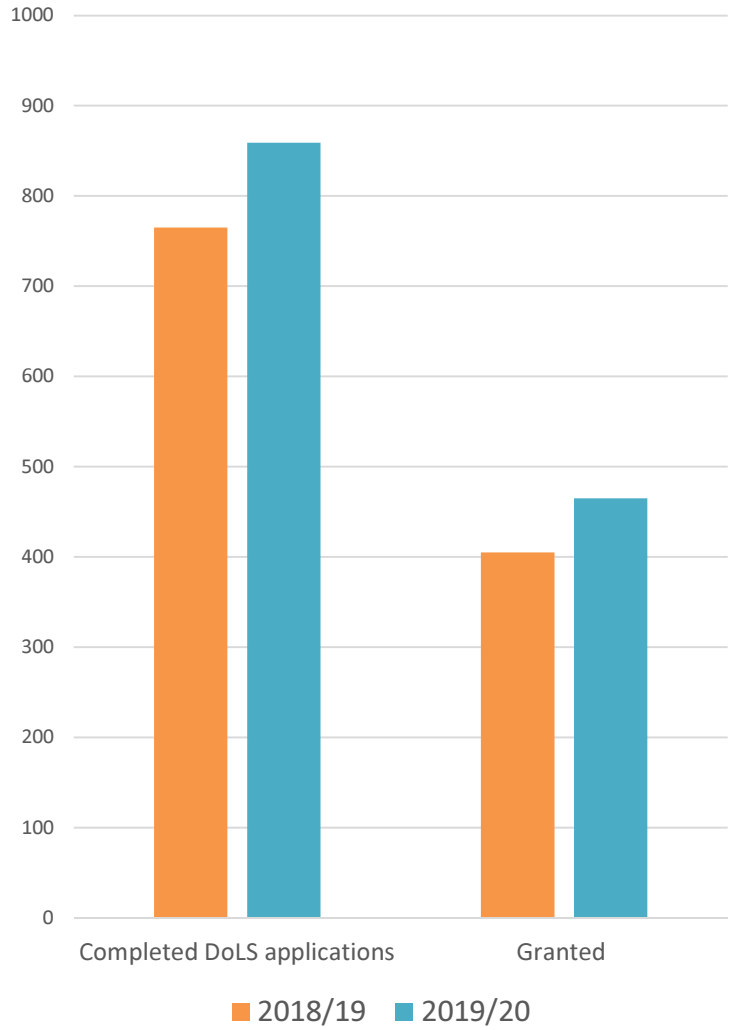
We are currently looking to quantify the extent of the issue and the subsequent resource requirements to support this.

Source: DoLS 2019/20

ACTIVITY DEMAND ANALYSIS – Completed DoLS Applications

There has been an increase of **12.3%** in the number of completed applications relating to Deprivation of Liberty (from 765 in 18/19 to 859 in 19/20).

Furthermore, there has been an increase of **14.8%** in the number of granted applications where people are lacking capacity and where agreement has been given to deprive them of their liberty in their best interests. This is an indicator of the increased level of complexity of people coming through the social care system.



Source: DoLS 2019/20

ACTIVITY DEMAND ANALYSIS – Carers Services

In April 2015, the Care Act introduced statutory duties to assess carers in their own right and establish them on an equal footing alongside adults with care and support needs.

We expect that the numbers of carers will continue to rise based on census data and the number of people already in receipt of services. Carers are eligible for assessment even when the cared for person is not in receipt of services.

The table below information demonstrates a significant increase in demand for Carer Services:

Description	2018/2019	2019/2020	Difference
Carers in receipt of Support	602	869	**44%** Increase
% of Carer Assessments/Reviews	11.2%	34.5%	**23.3%** Increase
Number of Assessments / Reviews Completed	243	730	**200%** Increase

- During the period 2019/20 there has been a significant increase in the number of carers in receipt of support compared to 2018/19 representing a **44%** increase in demand for the year.
- In total there were an additional **267** carers receiving support to help them in their caring role
- Clearly there is significant evidence from national case studies (Economic Case for Local Investment in Carer Support) that evidences that investment in carers' services to support them in their caring role is financially beneficial for social care and sees a significant return on any investment made.

Source: SALT 2019/20

Economic Case for Local Investment in Carer Support
https://www.adass.org.uk/media/7640/economic-case-investment-7a4.pdf

REABLEMENT COMPLEXITY ANALYSIS

A cornerstone of the Care Act is the provision of prevention and reablement approaches to maximise an individuals independence and reduce the need for more intensive and costly care further down the line. Duties include the delivery of interventions collaboratively across both health and social care to enable people to recover.

As part of establishing the level of change in complexity across the service an exercise was completed to understand the pattern across the reablement service by comparing the amount of reablement care delivered at the entry point month on month.

A comparison has been made from January to July 2019 and 2020 shown below:

TOTAL NUMBER OF REFERRALS COMING INTO THE SERVICE & AVERAGE NUMBER OF HRS PROVIDED PER DAY PER PATIENT

Month 2019	Referrals	Ave Hrs Per Day
Jan-2019	190	0.81
Feb-2019	144	0.94
Mar-2019	149	0.94
Apr-2019	154	0.91
May-2019	164	1.03
Jun-2019	152	0.87
Jul-2019	168	0.88
Aug-2019	169	0.82
Sep-2019	141	0.82
Oct-2019	179	0.89
Nov-2019	177	0.94
Dec-2019	141	1.19
Grand Total	**1928**	**0.91**

Month 2020	Referrals	Ave Hrs Per Day
Jan-2020	183	1.23
Feb-2020	182	1.28
Mar-2020	169	1.20
Apr-2020	134	1.38
May-2020	154	1.31
Jun-2020	148	1.33
Jul-2020	179	1.35
Grand Total	**1149**	**1.29**

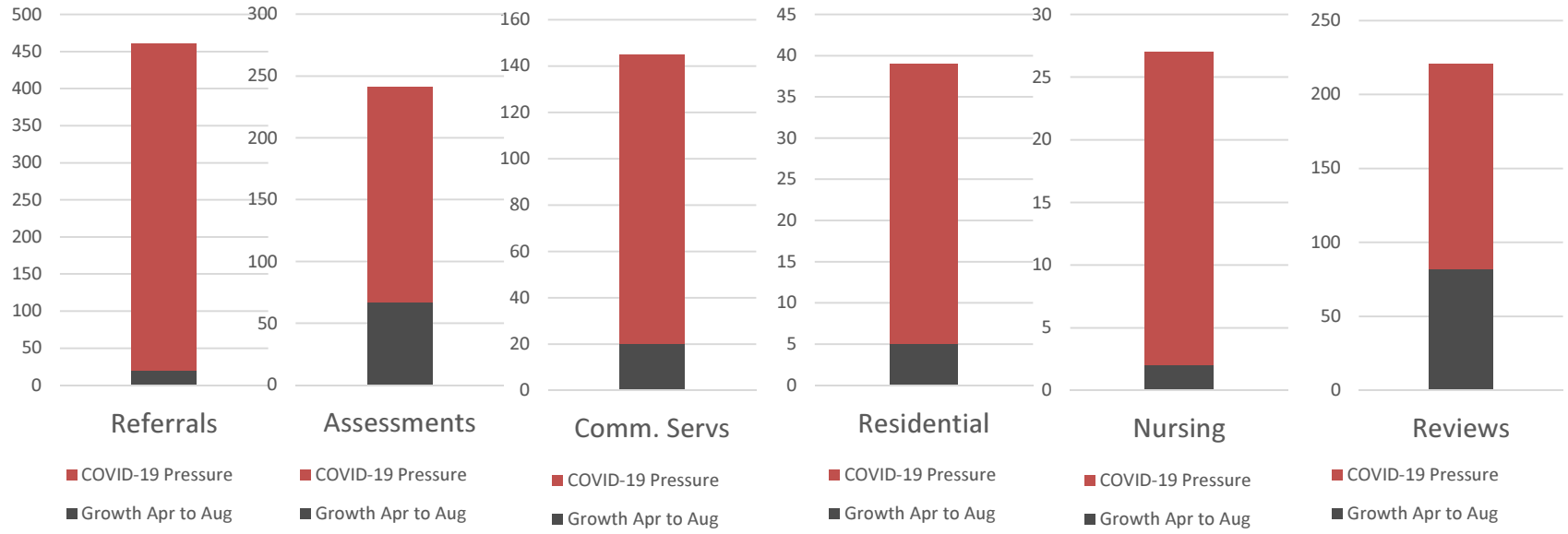
Difference		
Month	Referrals	Ave Increase in Hrs Per Day Per Person
Jan	-7	0.41
Feb	38	0.34
Mar	20	0.26
Apr	-20	0.47
May	-10	0.29
Jun	-4	0.46
Jul	11	0.47
Year Ave to date		**0.4**
Increase	**2%**	**42%**

- The above tables provide a comparison by month (Jan-July) for both activity (number of referrals) and the average number of reablement care hours provided per individual.
- Although the number of referrals into the service has remained fairly consistent with only a **2%** increase the impact of COVID-19 can be seen for months April, May and June where hospital discharge activity had reduced ultimately due to the reduced number of people being admitted into hospital over the COVID-19 peak period.
- However, there has been a significant increase in the average number of care hours being provided per individual on entry to the service **42%**, which demonstrates an increase in the need complexity of people accessing the service.

BUSINESS AS USUAL & COVID-19 DEMAND ANALYSIS

The below shows the level Business As Usual and COVID-19 growth across all adult social care functions against the 2019/20 baseline, from initial referral through to assessment, commissioning of care and review between April and August 2020.

Referrals **5.7%** Increase → Care Act Assessment **25.1%** Increase → All Community Services **6.9%** Increase → Residential Placements **8%** Increase → Nursing Placements **8.6%** Increase → Reviews **65%** Increase



There were 461 additional referrals between Apr to Aug due to growth & COVID-19

There were 241 additional assessments between Apr to Aug due to growth & COVID-19

There were 145 additional people receiving services in the community between Apr to Aug due to growth & COVID-19

There were 39 additional people in a residential placement between Apr to Aug due to growth & COVID-19

There were 27 additional people in a nursing placement between Apr to Aug due to growth & COVID-19

There were 221 additional reviews completed/due between Apr to Aug due to growth & COVID-19

Source: Data & Performance Team – inc July 2020 performance report

COVID PRESSURE – Hospital

Pre-COVID-19 Process

- Patients were assessed under the Care Act on the ward resulting in services being arranged in preparation for discharge. Where appropriate reablement services were provided in the persons home to maximise their independence prior to ongoing services being arranged. Services were funded by the local authority.

COVID-19 Process (27/03/2020 – 31/08/2020)

- Patients no longer requiring hospital based care are referred to the multidisciplinary discharge hub by the hospital. The discharge hub arranges short term services to facilitate the patient to be discharged. Once the person is stable a Care Act assessment is undertaken to determine eligibility and funding status. All services up to this point are funded by the NHS.
- No change to the Mental Health S117 process (Mental Health Aftercare).

Key Differences

- The Care Act assessment to determine eligibility, long term needs and funding arrangement is completed after the discharge has taken place and the person has stabilised. This may be in a residential/nursing placement or in the community.
- Pre COVID-19 long term services were funded by the local authority from point of discharge.
- Currently long term services are funded by the NHS until the Care Act assessment and funding arrangements are completed (up to 6 weeks)
- Continuing Healthcare Assessment (100% Health Funded) activity was temporarily suspended (restarted – 01/09/2020) - 248 scheme 1 to be completed.

Scheme 1

- Hospital Discharge / Avoidance activity between 27/03/2020 and 31/08/2020 – up to the point of the Care Act assessment. Funding cannot be exceeded beyond 31/03/2021, however, the expectation from NHS is that these individuals move across to social care as soon as possible

Scheme 2

- Hospital Discharges (new guidance) activity from 01/09/2020 where NHS will be funding services up to the first 6 weeks.

ASC Programme

SOUTHAMPTON CITY COUNCIL

ADULT SOCIAL CARE PROGRAMME

ASC & Health Programme – DRAFT v1

PROGRAMME BOARD

PROGRAMME GOVERNANCE

HEALTH & CARE WORKSTREAM

Workstream will focus primarily on the implementation of all service redesign projects relating to the Operating Model for Assessment & Care Management.

This includes:
SCC redesign to enable integrated care aligned to the joint Better Care Strategy:

- Prevention & Wellbeing
- Information, Advice & Guidance
- Single Point of Access
- Reablement & Recovery
- Primary Care Network Alignment
- Safeguarding
- DoLS / LPS
- Mental Health
- Learning Disabilities

PROVIDER REDESIGN WORKSTREAM

Workstream will focus primarily on the implementation of all service redesign projects relating to Provider Services

This includes:

- Holcroft - Residential
- Kentish Road - LD
- Day Opportunities
- Extra Care Housing
- PA Market Development

FINANCE & EFFICIENCY WORKSTREAM

Workstream will review financial responsibilities across the service including functions to be developed and embedded as part of a business as usual requirement.

This includes:

- Demand Modelling including Activity Profiling and Forecasting taking into account demographic changes
- Budget Management & Accountabilities
- Scheme of delegation
- Panel Processes
- Financial Training
- Value for Money / Benchmarking
- Charging Policy Review
- Invoicing
- Client Money Management
- Payments

INNOVATION & TECHNOLOGY WORKSTREAM

An enabling workstream which will be responsible for implementing projects to support innovative and improved ways of working through better use of technology and information.

This includes:

- CareDirector – Assessment & Care Management
- Resource Allocation System (RAS)
- Care Director – Finance & Budget Management
- URS Cold Harbour Upgrade
- Telecare / Telehealth
- Reporting – Management & Statutory
- Information, Advice & Guidance

CROSS CUTTING

BENEFITS REALISATION GROUP

Tracking and monitoring financial and non-financial benefits against agreed profiles

WORKFORCE DEVELOPMENT

CO-PRODUCTION (Individuals using services including Carers and Staff)

COMMUNICATION & ENGAGEMENT

HEALTH & CARE ESTATES

Transformation (in addition to BAU)

Key areas of focus have included:

- Reviews of:
    - Improvement Programme
    - Finance
    - Performance
    - ASC Care Director Implementation Programme
- Prepare ASC Programme Structure for moving forward / Including Governance
- Development of a Road Map for ASC Transformation/Improvement Programme
- Develop Performance Management Framework
- Review of Monthly Performance Reporting completed and new approach established
- Design , Planning & Implementation of Care Director is underway
- Develop a Financial Forecasting Model to monitor COVID-19 Scheme 1 & 2 Activity
- Development of a service Budget Management Framework
- Budget Challenge Session Preparation including demand and capacity analysis

COVID-19 Monitoring:

- COVID-19 Daily Dashboard Monitoring
- Modelling of additional resource requirements to support impact and demand due to COVID-19
- Developing New Hospital Discharge Hub Standard Operating Procedures
- Monitoring and forecasting of COVID-19 NHS funded patients from hospital (incl. approach to transfer to LA)

Performance Framework

- Developing a performance framework to establish a culture of improvement and accountability to deliver national and local priorities

Statutory Returns & Data Quality

- Implemented a statutory sign off process to provide robust scrutiny of Adult Social Care statutory returns.
- Developed a Statutory Returns Group which is responsible for providing governance and making decisions to ensure that practice, processes, systems and reports are accurately able to produce the Adult Social Care statutory returns.
- Established a Data Quality Group to be accountable for identifying and rectifying data quality issues

Performance Monitoring

- Reviewed the existing performance indicators and implemented a new suite of indictors to focus on key statutory and local priorities
- Designed and implemented a new performance dashboard which provides enhanced analysis and understanding of each indicator
- Established a performance monitoring cycle and forums for senior managers to monitor, challenge and improve performance against targets

Finance

- Preparing Budget Challenge session content
- Review of historical savings and identification of future opportunities for efficiency

Hospital Discharge Hub

- Development of a hospital discharge hub standard operating procedure to provide guidance on new processes and pathways

COVID -19 funded patient tracker

- Development of a tracker to monitor people funded via COVID-19 NHS Funding
- Weekly reconciliations with Health to monitor activity and financial impacts
- Development of a tracker to monitor people exiting scheme 1 requiring either CHC consideration or a review to establish ongoing care needs and funding

Financial monitoring and forecasting

- Development of a modelling tool to forecast hospital activity and financial impacts in 2020/21 and 21/22
- Analysis of hospital activity to evidence increased demands and complexity to secure additional resources

CAREDIRECTOR – ADULT SOCIAL CARE

Adult Social Care

- Task & Finish groups established to design and review all forms which will be available in CareDirector. The group will be engaged in initial testing prior to UAT (User Acceptance Testing)
- Resource Allocation System has been designed and is currently being built embedded within the Assessment form
- Forms will have pre-population functionality, conditional questions, mandatory fields for all statutory items and workflows to prompt activity
- Data Migration principles are being developed. Principles are being verified through the task and finish groups along with the identification of data cleansing requirements to be undertaken.

Finance

- Streamline all financial processes to become more efficient
- Improve client billing based on actual care delivery as well as improved invoice design to reduce queries
- Improved budget management capability
- Online workflow to Care Placements which will automate the process to request services and remove the need to complete a separate form
- Budget holders visibility of expenditure and income

Training

- Super users being identified and will be involved in testing
- Training plans being developed and will commence 6 weeks prior to go live
- Training during a pandemic may require more virtual capability rather than classroom based

Reporting

- Implementing a self service interactive dashboard solution with predefined reports so users can access information when required
- Engagement with service areas to identify reporting requirements when CareDirector goes live
- Statutory reports being developed to be automated to remove manual interventions

Questions

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