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SUBJECT: ADULT SOCIAL CARE UPDATE – SUPPORTING INFORMATION
DATE: 4 MARCH 2021
RECIPIENT: HEALTH OVERVIEW AND SCRUTINY PANEL

THIS IS NOT A DECISION PAPER

SUMMARY:

Southampton Five Year Health and Care strategy 2020-2025 outlines the high-level strategic direction and priorities for Health & Care within the City. The strategy has been revised to include adaptations in response to Covid-19. Priorities during the year have been revised to recognise the significant focus on the pandemic response across the board.

The operational services have continued to be responsive as the government guidance has changed and officers have embraced technology in order to undertake their roles in addition to face to face interactions.

Opportunities have been maximised to ensure a focus on staff wellbeing and learning throughout the pandemic and additional resources have been secured to manage the increase in demand, in particular relating to the hospital discharge process which was changed by government in March 2020.

The developments for Adult Social Care in respect to Care Director (new Adults & Children's Social Care IT system) have continued and increased in pace including a focus on performance management.

BACKGROUND and BRIEFING DETAILS:

Health & Adults Transformation Road Map and Priorities

Adult Social Care and Health provide the cornerstone of support for the majority of people in Southampton whose level of need requires assistance and support to manage their lives and live independently.

Working in partnership with key agencies is vital to ensure that people are supported to live within their communities and live the lives they wish to lead for as long as they can.

Changes in Adult social Care policy and legislation and reform continue at a national level with the most recent significant change implemented through the introduction of the Care Act (2014). The Care Act brought much needed fundamental reform for Adult social care nationally and brought in many new duties including the need to assess and support carers.

It is vitally important that the local delivery of Adult Social Care and Health services respond to the national reform and policy changes and that services are transformed and modernised to keep abreast of national changes whilst ensuring efficiency.

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Integrated Care

The development of the Health and Care Strategy for Southampton (20-25) and associated plans identify the key areas of priority for system partners and plans to achieve the design of services to meet the needs of local people.

Integration between health and care has been a key feature in Southampton for many years and a number of integrated teams have already been developed. The aim has been to develop person-centred, co-ordinated care, treatment and support by working in partnership in redesigning services around individual needs.

Partners have been working together locally to ensure that services support people to stay independent at home and ensure that people can live for as long as possible within their local communities and to embed a strength-based approach to how social care operates.

Supporting people to access services out of hospital within the community is going to be critical moving forward. Significant advances have been implemented in response to Covid-19 locally, including innovation in relation to primary care led interventions eg. Community oximetry to support the management of people with Covid-19.

Housing and Care

Supporting people to live for as long as possible within their communities needs to be facilitated by the development of increased housing with care options for the future. This includes housing options for people with learning disability, supported living opportunities, move on options for people with mental health issues on their recovery journey and a range of options for older people including extra care and additional residential dementia and nursing homes.

Care Markets Reform

The Care Act brought in a new duty relating to market shaping and preventing market failure. This has been brought into sharp focus nationally during the covid-19 pandemic and a key part of our local Covid-19 response.

It is important that Southampton has a sufficient, sustainable and suitable care market which meets the needs of the local population in the short, medium and long term. Work has been undertaken over the past year as detailed in the report to Health Overview and Scrutiny Panel in December 2020 to understand how Southampton needs to shape the market moving forward.

Workforce

A key area of focus for the future will include the development of a workforce strategy with partners to ensure that effective recruitment and retention plans are put in place to attract a permanent workforce that is invested in with appropriate training. Encouraging people to enter careers in health and care is essential.

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Maximising Opportunities for Digital and Technological Solutions in care

Ensuring that technology in care is optimised to support people to live independently and also to ensure that local business systems for social workers and professionals are fit for purpose is a key priority moving forward.

Adult Social Care has been facing a challenging year. In line with other authorities, the challenges within adult social care have been significant, however the services have been able to respond.

Key issues:

- Impact of Covid-19 (increased demand & financial activity);
- Reviewing and changing model of care provision to meet national requirements due to Covid-19 – 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 Deprivation of Liberty Safeguards;
- 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.

Current environmental impacts and considerations for future transformation:

- 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-19 related activities;
- Investment identified within the revenue budget 21/22 report to full council to strengthen some key areas within the Health & Adults structure from April 21 and demand for services;
- NHS White paper (recognising the importance of place) but this needs to be worked through;
- 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;
- 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 future funding.

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Progress on transformation and improvement activity during 20/21

- 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 approach to financial forecasting & funding & approach to savings;
- Approach to staff engagement reviewed review – comprehensive series of meetings now take place and support engagement offered (as detailed in 17 December report to HOSP);
- Review undertaken to identify activities needed in order to strengthen SCC approach 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;
- Work is underway to design an adult 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;
- 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;
- Modernising Day Opportunities for people with Learning disability project being scoped to take on board learning and opportunities during covid-19 response;
- Work undertaken to understand historic demand and impact of Covid to date;
- 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;

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- 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).

Priorities – Adult Social Care & Health

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 within Urgent Response Service;
3. Strengthen and further develop integrated working with health colleagues;
4. Advance approach to provider redesign and modernization;
5. Strengthen approach to key areas of statute:
 - Care Act, Mental Health Act, Mental Capacity Act;
6. Develop a robust plan for housing with Care options for the future.

Risks to delivery

- Availability of Skilled Workforce Capacity (permanent recruitment)
- Impact of COVID-19 on the health of Southampton's population (demand over the next few years)
- Lack of clarity about national Adult Social Care Reform and future funding for adult social care
- 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

Additional detail will be provided during the scheduled presentation to the Panel at the 4 March meeting.

Review of Southampton City Placed Based Arrangements

Strengthening Place Based Arrangements

There are a wide range of organisations involved in the planning and delivery of health care services in Southampton City. This includes Southampton City Council, NHS Southampton City Clinical Commissioning Group (SCCCG), six Primary Care Networks, University Hospitals Southampton NHS Foundation Trust (an acute provider), two community and mental health trusts, Southern Health NHS Foundation Trust and Solent NHS Trust, as well as voluntary and community sector organisations.

Southampton City is part of the Hampshire and Isle of Wight Integrated Care System (HIOW ICS).

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There is a strong history of joint working between the Council and NHS organisations in Southampton City.

SCCCG and the Council have moved from limited joint planning and separate use of health and care resources to joint working across a wide range of areas to improve outcomes for vulnerable adults, children and families. The CCG and the Council have: a joint commissioning team, the Integrated Commissioning Unit (ICU); and a joint decision-making forum, the Joint Commissioning Board, which amongst a broad remit has specific responsibility for the expenditure of a pooled budget totalling c.£135m. The Board ensures effective collaboration, assurance, oversight and good governance across the integrated commissioning arrangements between the Council and the CCG.

There is also wider joint working in place across Southampton City. Partners have developed the Southampton City Health and Care Strategy which is felt to set the vision and ambition for the place-based partnership until 2025. Delivery of the strategy is overseen by a multi-agency forum, the Better Care Southampton Board.

Integration with and between providers is developing, with joint delivery teams now in place for services such as rehabilitation and reablement, 0-19 services and mental health services.

Place-based joint working between health and care partners is central to achieving a core theme of the Southampton Health and Care Strategy, delivering person-centred care. Through joint working, partners can develop a more comprehensive understanding of the needs of their local population and adopt approaches which address these needs holistically. Through this approach wider determinants of health e.g. deprivation, can be addressed and the health and wellbeing outcomes for the local population improved significantly.

In Southampton City, joint working at place has delivered significant benefits, including provider integration and service innovation, improved efficiency of commissioned services and has increased the effectiveness of commissioning across the whole commissioning cycle.

Joint working across Hampshire and the Isle of Wight

Southampton City also works closely with partners across wider footprints within the HIOW ICS. Close working is essential where 'places' share providers. The population of Southampton City shares the same acute provider, University Hospital Southampton NHS Foundation Trust, as the population of South West Hampshire. There is close working between the health and care partners across these areas, particularly where acute services interface with place-based delivery.

Evolving landscape

At both a local and national level, the policy and organisational landscape is changing.

At a local level, Southampton City CCG will be merging with five other CCGs to form NHS Hampshire, Southampton and Isle of Wight (HIOW) CCG in April 2021. The CCG merger will see the creation of one CCG board, which will hold the statutory responsibilities of the CCG, provide strategic leadership to the CCG, and undertake the delivery of some functions "at

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scale”, e.g. strategic commissioning. In order to retain a strong focus on local populations, local teams will be established, including one for Southampton City. These local teams will be responsible for working with local government and other key partners at ‘place’ level to improve outcomes for the local population.

The local teams will also work closely with alliances of providers (or emerging Integrated Care Partnerships (ICPs) to transform care delivery. For Southampton City, this means working with the South West Hampshire local team and providers delivering care in Southampton and South West Hampshire, in line with the University Hospital Southampton NHS Foundation Trust catchment area for secondary care.

There are currently (or soon will be) vacancies in senior leadership positions across the CCG and Council. This includes the CCG Managing Director, the Council’s Executive Director of Health and Adults and the Director - Quality and Integration (a joint CCG and Council role).

At a national level, the policy for Integrated Care Systems (ICSs) is evolving. The White Paper, published on 11 February 2021, focuses on the integration of health and care and proposes a number of legislative changes, including the formation of statutory ICSs. It is likely that these changes will bring renewed opportunities for the development of place-based partnerships, albeit these changes may also cause some short-term disruption as NHS statutory bodies change.

In order to work through the implications of the CCG merger and maximise the opportunities provided by natural changes within leadership, Southampton City Council and Southampton Clinical Commissioning Group commissioned Carnell Farrar consultancy to review key elements of the local arrangements.

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.

RESOURCE/POLICY/FINANCIAL/LEGAL IMPLICATIONS:

Legal duties as outlined within the statute affecting the commissioning and delivery of adult social care.

OPTIONS and TIMESCALES:

To be outlined in the accompanying presentation.

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RISK MANAGEMENT IMPLICATIONS

Risks are proactively managed through the departmental and corporate risk management processes. These are reviewed on a monthly basis.

Appendices/Supporting Information:

Report to 17 December 2021 meeting of the Health Overview and Scrutiny Panel:

<http://www.southampton.gov.uk/modernGov/ieListDocuments.aspx?CId=477&MId=5269&Ver=4> (item 8)

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