# Wellbeing (Health & Adults)

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

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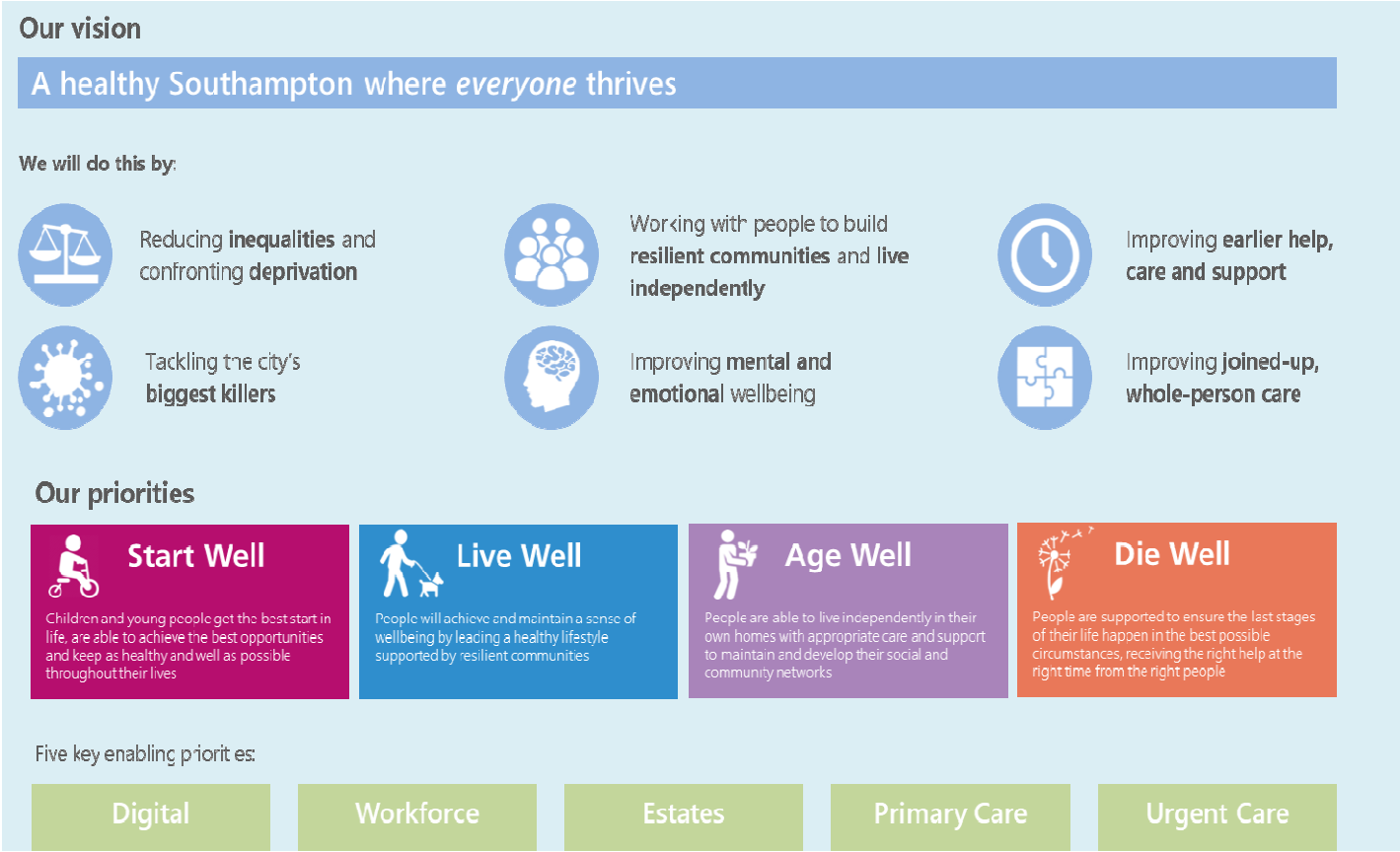
# SOUTHAMPTON CITY HEALTH & CARE STRATEGY 2020-2025

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 & Adult social Care, is integral to delivering the city's Health and Care Strategy



# 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

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# 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

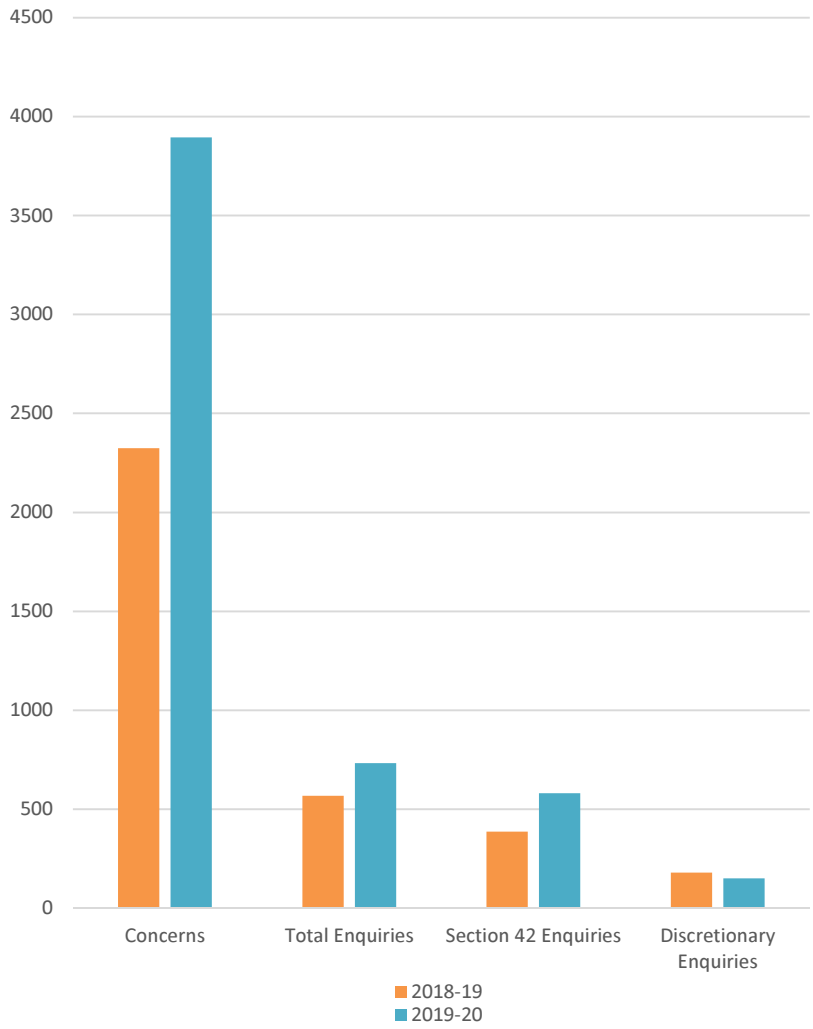
# ACTIVITY DEMAND ANALYSIS – Safeguarding Concerns & Enquiries

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

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# 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.

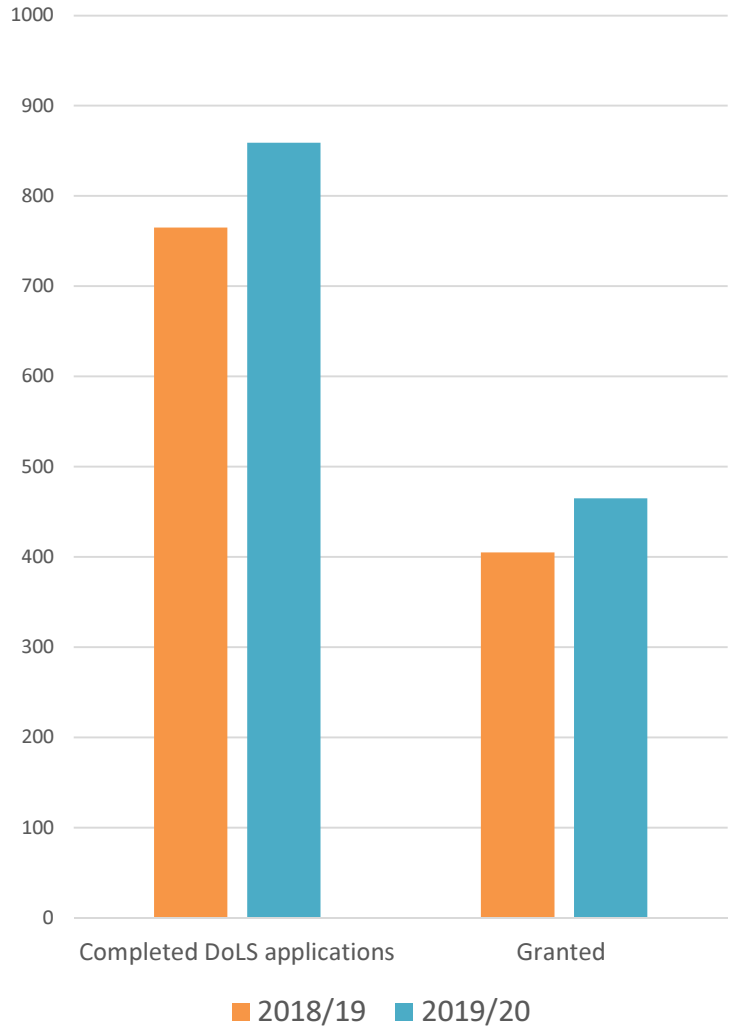
We are currently looking to quantify the extent of the issue and the subsequent resource requirements to support this.

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

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# 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

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# 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** |

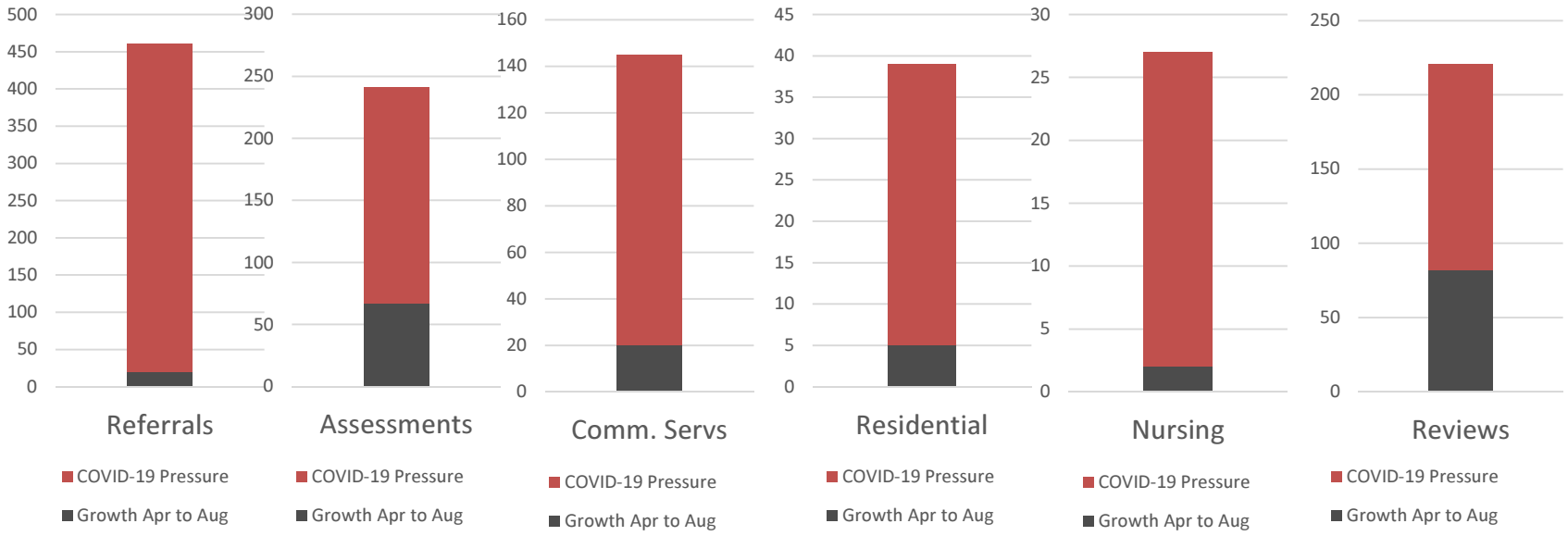
| Difference | | |
|---|---|---|
| Month | Referrals | Ave Increase in Hrs Per Day Per Person |
| Jan | -7 | 0.41 |
| Feb | 38 | 0.34 |
| Mar | 20 | 0.26 |
| Apr | -20 | 0.47 |
| May | -10 | 0.29 |
| Jun | -4 | 0.46 |
| Jul | 11 | 0.47 |
| **Year Ave to date** | | **0.4** |
| **Increase** | **2%** |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

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# ADULT SOCIAL CARE PROGRAMME

## ASC & Health Programme – DRAFT v1

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**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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