ASC Roadmap – Progress and Improvement Update

Vernon Nosal – Director of Operations, Adult Social Care June 2022





Statement from 2021 Roadmap:

It remains during all development work that residents are 'people' – not service users, not clients, not a number, it is important we understand this relationship that exists – continue to remind ourselves of this.



Vision

- To enable people to live active and fulfilling lives.
- To empower, protect and promote wellbeing and inclusion and to support people across the wider health and care system including carers.
- To have a highly skilled, capable and confident workforce.
- To provide or commission high quality care and support for the residents of Southampton.
- To embrace the wider opportunities we have in a thriving ambitious city.
- To do all of the above within the statutory framework set out in legislation.



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 moving to strengths-based approach
- Increasing complexity of need and increase in younger adults requiring care and support
- Higher number of younger adults in placements compared to statistical neighbours
- Higher number of younger adults in residential care than statistical neighbours
- Limited (coordinated) 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 but an improving picture
- Significant impact and recovery of covid-19 (Demand)
- Development of ICB's (July 2022)
- Legislative changes ahead for the next 18 months through ASC Reforms have changed a number of priorities for the ASC sector as we move forward.



ASC Reforms

- There has been significant policy development around ASC during 2021 / 2022 since the last update – the landscape is once again changing.
- The policy in view and incoming will govern and set out the funding for ASC / Health / wider partners for the next three to ten years.
- ASC departments have the largest spend area in Councils.
- Development of the reforms are in discussion and will change / drive some of the priorities for the sector moving forward.



Key documents outlining the Reform:

- NHS Long Term Plan (updated Aug 2019)
- Integration and Innovation: working together to improve health and social care for all (Feb 2021)
- Market Sustainability and the Fair Cost of Care Fund (16/12/21)
- Health and Care Act (Bill July 2021 / Act April 2022)
- Charging Reform Care Cap (Sept 2022)
- Levelling up the United Kingdom (02/02/22)
- Impact Statement: ASC System Reform (Feb 2022)
- People at the Heart of Care 'System Reform' (last update 18/03/22)
- Build Back Better (last update 22/03/22)
- National Adult Social Care Workforce Summary
- ASC Pressures and risks 2022/23

(The reforms apply to England only as adult social care is fully devolved in Scotland, Wales, and Northern Ireland.)



Timeline

Implementing the reforms stemming from the Act and from major policy developments, requires a substantial amount of input and resources from council's and its partners.

The Act, the white papers on ASC reform, health and care integration and levelling up, and the forthcoming paper on disparities will be underpinned by regulation and statutory good practice which will require implementation.

Understanding the timing requirements of the reforms is crucial however, this is an evolving timeline as set by Department for Health and Social Care (DHSC).



People at the Heart of Care

This paper outlines a ten-year Government vision for adult social care, 3 main objectives:

- 1. People have choice, control and support to live independent lives.
- People can access outstanding quality and tailored care and support.
- 3. People find adult social care fair and accessible.

Themes of person-centered care, promotion of independence, emphasis on the care act focus on wellbeing (continuation of the Care Act legislation).

This document is divided into eight chapters

- People seeking care and support and informal carers
- A ten-year vision for ASC
- The legislative foundations to the paper
- The right care in the right place at the right time
- Empowering people who access services and their carers
- The strategy for the social care workforce
- Supporting Local Authorities to deliver social care reform
- Next steps



Priorities for Health and Social Care

- Putting people, their families and their carers who use our services centre stage.
- Investing in our workforce (permanent, valued, trained, agile) to deliver high quality services.
- Development and implementation of the changes as laid out throughout the ASC Reforms /wider legislative changes.
- A step change on inequalities and population health (data and evidenced based).
- Creating lasting sustainable change for social care (strengths based practice).
- Embedding and accelerating digital change (ensuring inclusion).
- Reshaping our relationship between residents, communities and our services (localities).
- Integrating health and care where this makes sense for residents.
- Sectors remain in recovery from and continue to adjust to living with Covid-19.



Key Priorities: 2020 to 2025 (outlined within the roadmap during 2021).

- 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.

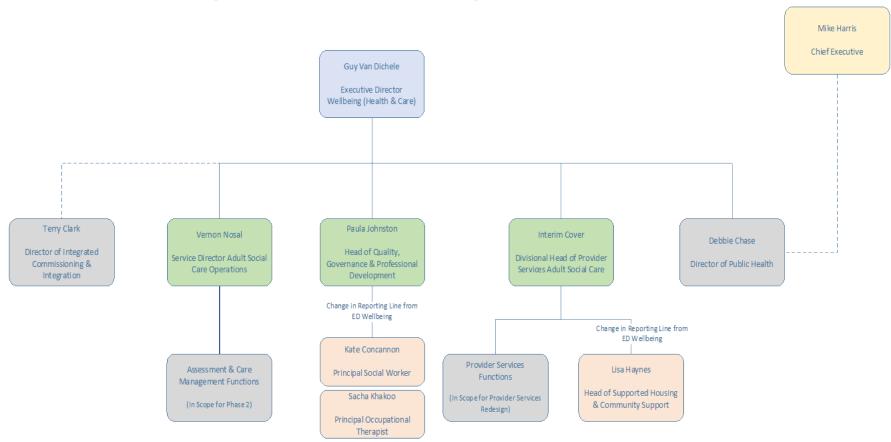


- Complete Senior Leadership restructure and develop detailed ASC structures in line with a revised operating model.
 - ➤ Senior ASC Leadership Team now in place, permanent Executive Director recruitment to be undertaken as final post through Corporate process. Service Managers and Team Manager levels staffed, key strengthening posts identified and recruited to including the Principal Social Worker and Principal Occupational Therapist in post (see next slide).
- Advance the technology improvements, primarily Care Director implementation and Cold Harbour (Urgent Response Service).
 - ➤ Care Director Phase One developed and implementation of the new case management system is now completed / Phase Two implementation areas are in discussion / actively recruiting to Programme Manager P2 (Corporate programme) activity in view, development and delivery is underway.



Senior Management Structure (June 2022)

Wellbeing Health & Adults - New Senior Management Structure



Directorate Numbers: Headcount: 623 (521 FTE) / Budget: £80.4m



Strengthen and further develop integrated working with health colleagues

Integrated Care System (ICS) and changes in the NHS will contribute to the direction of travel within the social care system – this is currently being worked through i.e., the development of the Integrated Care Board (ICB) and Integrated Care Partnership (ICP) and the relationship with the Health & Well Being Board (H&WBB) working towards implementation date of 1st July 2022.

Adults, Children's and community services continue to work collaboratively on localities approach in Southampton through engagement with the Voluntary and Community sector to strengthen relationships and to support the development of delivery relating to key integration alignment changes through the ASC Reforms / continued work on Health Integration.

People Too will work with us over the next 12 months to drive forward the continuation of a strength / place-based approach as we move into further areas of integrated locality work.



- Advance approach to provider redesign and modernisation.
- Integrated care systems are the next step in integrated health and social care and are part of the NHS 5 Year Plan as well the Health Bill currently going through parliament.
- For local government ICS means three key benefits:
 - To join up health and social care at all levels in the system, creating better outcomes and less fragmented experience for residents;
 - ➤ The potential to improve population health and wellbeing through the leadership of public health as well as local government and health acting together to address wider determinants of health such as housing, local planning and education;
 - ➤ LG can enhance transparency and accountability through supporting engagement with local communities and providing local democracy oversight.
- Work is underway to develop the Integrated Boards within the ASC Reform and wider legislation by July 2022.



- Strengthen approach to key areas of statute;
- ➤ Governed through the ASC Reforms released throughout the end of 2021 and ongoing up to recent updates of the Care Act (16/06/22) the ASC Reform Programme's currently under development.
- Workstreams have been identified and resourced (3 Project Managers covering Commissioning, Operational and Financial development areas.
- Review areas of Digital / Assistive Technology as laid out in the reform and how SCC are utilising the benefits of digital and Assistive Technology aligned to the;
- ➤ ASC digital roadmap development a review piece of work will commence end of June and be completed by the end of August 2022.
- ➤ Programme Board and full governance in development for the ASC Reform work to prioritise and make any changes to projects and activity of the department to ensure it is aligned to BAU and wider Corporate Strategies and plans within the LA and Health.



- Review Adult Social Care Charging policy.
- Scoping and identification of the financial pathway is in place.
- Development work is underway through the ASC Reform PM (Finance) relating to the current charging pathway.
- Teams providing financial support to people in SCC have been engaged.
- Project Manager is progressing the development of an implementation plan to ensure all improvement activity relating to financial aspects of ASC for people, their families and carers is clearly in view.
- Implemented within the Reform programme over the next 12 months as further Care Cap information is in view and will inform the changes needed to the Charging Policy.



Key Priorities: 2020 to 2025

- Develop a robust plan for housing with Care options for the future;
- Increased Extra Care developments
- Develop Housing with Care for the future Inc residential and nursing capacity
- ➤ ASC Reforms Key driver / population health management and key integrated working Social Care / Health and Housing



Southampton City – Place Governance Structure Sovereign **Southampton City Health and** Bodies/Boards **Wellbeing Board** (Sets the Health and Wellbeing Strategy for the SCC whole of Southampton city and deliver their statutory duties) Cabinet **HOSP Southampton City Partnership** Hampshire and Isle of Hampshire, **Board** Southampto Wight Integrated Care (Accountable for setting the Health and n & Isle of Care Strategy; 100% of the spend Wight CCG System delegated to "Place"; utilisation of (H&IoWICS) resources to ensure the needs of the local population are met) **Community Voices** NHS Finance Group **Trusts Southampton City Practitioner Forum Quality Group Transformation Delivery** Group (Ensures the delivery of the Health and Organisational Care Strategy set by the Partnership Oversight and Board, through joint working and robust Assurance programme management arrangements)



Adult Social Care is part of a bigger system. We have to remember that ideally we would like to be spending less on our social care offer because we have invested in the things that prevent people needing social care for longer.

What we might better know as the wider determinants of health.

Working more closely aligned with Housing, leisure & cultural offer, employment etc. are all critical to prevention of the over use across the health and social care system.

Behaviours play an important part in this and how we respond as an integrated system.



Workforce

- We spend £17.6m internally on our workforce.
- We have a workforce of 614 /in an overall Council of 3659 employees.
- We have over 67 roles in place.
- We continue to make good progress on reducing agency staffing significantly to date.
- We currently lose 10.19 days to sickness (down from last update in Aug 2021 from 11.75) with the number one reason being Stress and Anxiety
- We continue to work on reducing sickness days per month (from 533 in Feb 2021 to 382 in June 2021) currently days lost to sickness for May 2022 is currently 302



ASC Performance and Improvement

 We continue to pay attention on getting the basics right alongside innovation and change.

 Reducing bureaucracy in the system and process and continue to improve / working as a team to improve the current position further.

 We have worked on and developed a performance framework which will be rolled out later on this year.



Budget and Staffing (ASC)

The ASC holds a gross budget of £79.4m General Fund (£2.2m HRA) this amounts to 36% of the overall council budget.

Staffing headcount of 614



What have we completed to improve adult services – 2021/2022 so far.

- New management structure completed P1 (Oct 2021).
- Recruitment of new structure completed P1 (up to April 2022).
- Strengthening of key function / posts completed P2 (Aug 2021 to June 2022) –
 enhancing the structure with key posts (Service Manager / Team Manager / PSW
 and POT in post).
- Reducing silos and specialisms (on-going).
- Moving into simplification to reduce hand offs and develop localities / procurement of a model to strengthen the skill and approach to communitybased work across the workforce (Procurement completed June 2022).
- A Quality, Governance and Professional Development role in place / function in development.
- Continued to reduce sickness absence.
- Reduced reliance on agency staffing through permanence across the workforce.
- New Performance Framework (April 2022).



What have we completed to improve adult services – 2021/2022 so far.

- Disbanded things that are not working (Mar 2021 to April 2022)
- Moving from enquires /reviews and into an action/solution focused approach
- Designing the future of ICS with social care as equal partner
- Carers Strategy co-produced P1(Oct 2021 May 2022)
- Development and implementation of deliverables within the Carers strategy underway P2 (ongoing)
- Implementation of the case management system (Care Director)
- Development and implementation of Cold Harbour.
- Policy and Procedural review completed / work remains on-going and in alignment to changes within the Care Act released (June 2022)
- Policy and Procedural platform in place / Care Act and Mental Capacity Act micro sites included.
- Early stages of ASC reform resourcing and staffing in place.
- Development of refreshed Induction for ASC workforce with digital aspects.



What have we completed to improve adult services – 2021/2022 so far.

- Recruit permanent workforce to meet the demands of the service (permanent) / Rebalance of skilled / qualified workforce.
- Better Use of Telecare & Telehealth role in place to produce an Assistive Technology Strategy and Plan (May 2022).
- Development of a more person centric approach to assessment, support planning & service delivery through working with People Too.
- Embed Resource Allocation System (RAS) as part of assessment process (Care Director).
- ASC Communications and Engagement Lead in post (April 2022) /will be looking at the development of resident feedback channels and learning from feedback.
- Review of reporting requirements and build of new reports to assist in the monitoring of service provision / reporting suite in development.



What challenges remain across the sector

Adult Social Care has faced major challenges during 2020/21 – challenges remain for the future:

- Impact of COVID-19 the increase in demand for services has increased the case numbers to the department which impacts on the finances and priorities of the sector (nationally) / continued learning around new ways of learning and contingency / emergency planning.
- Change in the focus on the future operating model of care provision to meet the requirements of the population / how our workforce is impacted on and the ways of working emerging.
- Increasing levels of complexity of people presenting to social care.
- Increasing levels of demand across all areas including safeguarding /changes to legislation for Liberty Protection Safeguarding (DoLS)
- Workforce changes and costs due to additional demand.
- Ability to build a sustainable workforce (permanent and appropriately skilled).
- Ability to build a flexible and sustainable provider marketplace.
- Wider ASC Reform legislation and delivery of the care cap.



Risk to Delivery

- Availability of Skilled Workforce Capacity (permanent recruitment / retention of staff within the sectors).
- Development and implementation of the ASC Reforms skill / funding and capacity to deliver the requirements.
- 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.
- Digital transformation to be accelerated in development and core offer.

