

**Title of Meeting:** Health Overview and Scrutiny Panel  
**Date of Meeting:** 24<sup>th</sup> June 2021  
**Subject:** Adult Social Care Update  
**Report By:** Andy Biddle, Director of Adult Social Care

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## **1. Purpose of Report**

To update the Health Overview and Scrutiny Panel on the key issues for Adult Social Care, (ASC) in the period September 2020 to May 2021.

## **2. Recommendations**

The Health Overview and Scrutiny Panel note the content of this report.

## **3. Overview**

Portsmouth City Council Adult Social Care, (ASC) provides advice, information and support to adults aged 18 years and over who require assistance to live independently and to unpaid carers who look after someone who could not cope without their support including those looking after children with additional needs. This support may be needed as the result of a disability or a short or long term mental or physical health condition. The aim is to encourage people to use their own strengths and community resources to have as much choice and control as possible over how their care and support needs are met. For some, the service will also help people find the short or longer term care and support arrangements that best suit them.

ASC's purpose is defined as:

- Help me when I need it to live the life I want to live

## **4. Priorities**

**4.1.** The period that this report covers includes the second wave of COVID-19 infections and its impact on the NHS, the national 'lockdown' from late December 2020 and subsequent recovery plans.

**4.2.** The focus for ASC in this period was to;

- Maintain critical services to protect the most vulnerable and work with all partners in the health, voluntary and independent sectors to provide support and advice to people affected by COVID-19. Support the NHS in admission avoidance and discharge from hospital in a safe and timely way.

- Comply with all government legislation & guidance in response to COVID-19.
- Work toward restoration and recovery of normal services.

**4.3.** During 2020 and 2021, the Department for Health & Social Care, (DHSC) published varied guidance which Local Authorities were required to follow in discharging their Adult Social Care duties. Much of this guidance continues to be followed and includes:

- Infection prevention and control
- Hospital discharge requirements
- Personal Protective Equipment
- Social Care Action Plan
- Working in care homes
- Working in domiciliary care
- Providing unpaid care
- People supported through direct payments
- Care Home Support Plan
- Adult Social Care Winter Plan
- Designated Premises

## **5. Health & Care Portsmouth**

Portsmouth City Council has a strong history of integrated working relationships with all NHS partners in the City, in particular with NHS Portsmouth Clinical Commissioning Group (PCCG). We continue to work together with Portsmouth Hospital University Trust, (PHU) Solent NHS Trust and voluntary and community sector colleagues in integrating the health and care approach in Portsmouth.

The recent white paper *'Integration and innovation: working together to improve health and social care for all'* set out the legislative and associated arrangements for the NHS from 1<sup>st</sup> April; 2022. This included reference to working with the Local Authority in an Integrated Care System, (ICS). Portsmouth partners continue to build arrangements and integration at a 'place level' as referenced in the white paper. We also work at the Portsmouth & South East Hampshire level as part of the Integrated Care Partnership, focussing on discharge and flow from Queen Alexandra hospital; place based care and the healthy communities programmes of work.

### **5.1. Themes**

There have been some significant themes and responses required during the September 2020 to May 2021 period/ The report groups these into services, demand and recovery.

## **5.2. Provider Support**

ASC continued to have a regular dialogue with care providers in Portsmouth throughout the period as part of a shared effort with NHS partners. The government's Adult Social Care Winter Plan was implemented, supporting providers with prevention and control of infection, technology and digital support, workforce and guidance. Support plans were required for all care homes around testing, vaccination and visiting, in conjunction with the government guidance.

The 'provider portal' on the PCC website containing guidance and local and national advice was supplemented by a direct mail newsletter and is due to move to a Microsoft Teams platform.

Whilst locally funded extra financial support for providers ceased during the period, ASC continues to provide support to day service providers, in acknowledgement of the impact of social distancing requirements on income. In total, from March 2020, up to March 2021, £3,076,326 of government funding and £1,327,000 of local Authority funding was directly distributed to the care sector in Portsmouth via the council. As of May 2021, a national workforce grant and infection control/rapid testing grant have also been distributed to the sector totalling £1,035,000.

In Portsmouth City Council care homes, there were further outbreaks of COVID-19 during the second wave, the impact of these on the health of residents appeared to have been lessened by the vaccination programme led by the NHS. This programme commenced in Portsmouth care homes from December 2020. ASC was also able to support staffing for an independent sector care home with a significant outbreak during this time.

PCC care homes continue to offer placements for people unable to live independently. The Russets respite unit, (which offers breaks to families from their caring role) has offered a reduced service due to the need of social distancing and Infection Prevention & Control, (IPC) measures. The unit has still been able to offer support to people and their families where living arrangements have been under strain or broken down. It is hoped step 4 of the government road map, (at whatever date) will enable Russets to increase the respite offer.

## **5.3. Shielding and Vulnerable People**

ASC continued to work with the HIVE, the CCG and local pharmacies to deliver medications to shielded patients. In cooperation with the HIVE, ASC developed and supported a network of Local Area Coordinators across the City providing volunteer support to those most in need.

## **5.4. Hospital Discharge**

ASC continued to adhere to the guidance on Hospital discharge published in April 2020, (updated August 2020) during the pandemic and decreased the number of bed days lost, due to people awaiting discharge in Hospital. A senior lead was appointed for discharge, working on behalf of ASC and NHS Solent and they directed an integrated team to work with all those needing care and support to discharge from hospital.

The national 'Social Care Action Plan' required Local Authorities to put in place alternative accommodation and care for people, (needing a care home placement) discharged from hospital who were COVID-19 positive. In partnership with PCCG and funded via the NHS national discharge fund, ASC set up a unit at Harry Sotnick House to enable people to be discharged. Later during the second wave, ASC moved the 'Victory Unit' for rehabilitation to Harry Sotnick House and used the staffing to open the 'Southsea Unit'. This enabled more people to be discharged from hospital and offered a short stay, with reablement support, to make a decision about how ongoing care and support needs could be met. There are current discussions with PCCG colleagues around continued funding for this 'Discharge to Assess' facility.

The Hospital Social Work team, previously providing the social work input to support complex, safe and timely discharges from QA, also changed into a Discharge to Assess, (D2A) Team. Various models were tested with our NHS Solent colleagues taking more of a lead on discharges in line with the guidance.

The Team moved out of QA over a period of a few months and into the D2A role permanently from January 2021, leaving a small number of staff to continue working as part of the Discharge Hub. The D2A Team work across NHS Solent and PCC bedded units to provide timely Care Act assessments for people leaving hospital with complex needs whilst maintaining a 'home first' ethos. Staff have adapted well to the changes, and closer working with NHS colleagues has resulted in positive changes for the individuals needing to leave hospital and to the service in a rapidly changing and developing post-second wave response.

## **5.5. Continuing Health Care**

The Continuing Health Care, (CHC) service, led by ASC on behalf of PCCG, was stepped down from March 2020 to the end of August 2020. Business as usual returned from 1<sup>st</sup> September 2020. There were a number of deferred assessments and outstanding CHC assessments that were required to be completed by the end of March 2021. This target was achieved and all

outstanding assessments were completed within this timeframe, providing a timely response to individuals and their families.

During the pandemic the CHC Social Workers have been used flexibly, supporting assessments other than CHC work in respect of the impact of the pandemic, including at one point supporting the in-house D2A unit. Whilst Solent NHS Trust are responsible for case managing those eligible for CHC in their own homes, due to the pressures experienced by the Community Nursing Team, the CHC Team supported with a number of community cases. The team's personal health budget Support Workers maintained regular contact with those receiving a personal health budget (people with a high level of support needs within the city) and assisted with any presenting issues. Two of the CHC nurses also volunteered to support the vaccination programme.

## **5.6. Work with People with a Learning Disability**

In the initial stages of the crisis the Integrated Learning Disability Service (ILDS) developed and distributed easy read information about the changes in service provision, with information about how people could continue to access their support and developed social stories to help service users to understand what was happening. A system for 'checking in' on all service users was put in place. The service also ensured that service users had up to date 'hospital passports' should they find themselves in hospital. Day service provision continued throughout the pandemic, with a both a face to face and online offer. As the restrictions have eased most of people have now started to access the services in person.

The service has had a recent focus on ensuring that adults with a learning disability have been able to access vaccinations. This has included developing a virtual tour of vaccination sites so people can be more prepared, with a better sense of what to expect, having staff accompany people to the centres and in some cases providing vaccinations to people in their own homes. This combination of approaches has meant that at the time of writing 87% of those known to ILDS have received a vaccination. Some work is now underway to understand the impact of long COVID on adults with learning disabilities, and how we need to support them through the delivery of appropriate health and social care services to make a full recovery.

## **6.6 Carers Service**

The Carers Service supports adult carers, usually via a Carers Assessment, to access breaks, information and advice, emotional support and help with emergency planning. The team continued to support carers remotely, and

when needed, in person throughout the pandemic. The Carers Centre building reopened to carers peer support groups on the 12<sup>th</sup> April.

During February and March the service worked with colleagues in Public Health, Primary Care and Corporate Communications to ensure eligible carers were able to be vaccinated. Carers were a challenging cohort to target due to there being no single dataset of carers.

The Carers Service is now working on a programme of group, peer and individual support to help carers recover from the impacts of the pandemic and to re-engage with social activities.

The Carer's Service Manager supports and informs regional and national policy work via the National Institute for Clinical Excellence, (NICE) and Association of Directors of Adult Social Services, (ADASS). They are a committee member on the recent Supporting Adult Carers NICE Guideline (Published January 2020) and Quality Standards (Published March 2021) and support the ongoing implementation of these documents including being a panellist on a SCIE webinar. The work of the South-East ADASS Carers Network is reflected in regular meetings with the Department for Health & Social Care, (DHSC) contributing to their understanding of how carers were experiencing the pandemic and how local services were responding.

Month	Professional referral	Self-referral
Sept- 20	26	8
Oct-20	19	8
Nov-20	18	2
Dec-20	25	12
Jan-21	23	16
Feb-21	36	25
Mar-21	17	30
Apr-21	26	11
May-21	35	12

\*Comms on carer vaccines released

## 6. Demand

The figures below are snapshots of people with care and support needs with open care packages on the last day of the month.

### 6.1. Domiciliary Care - Age Group 65+

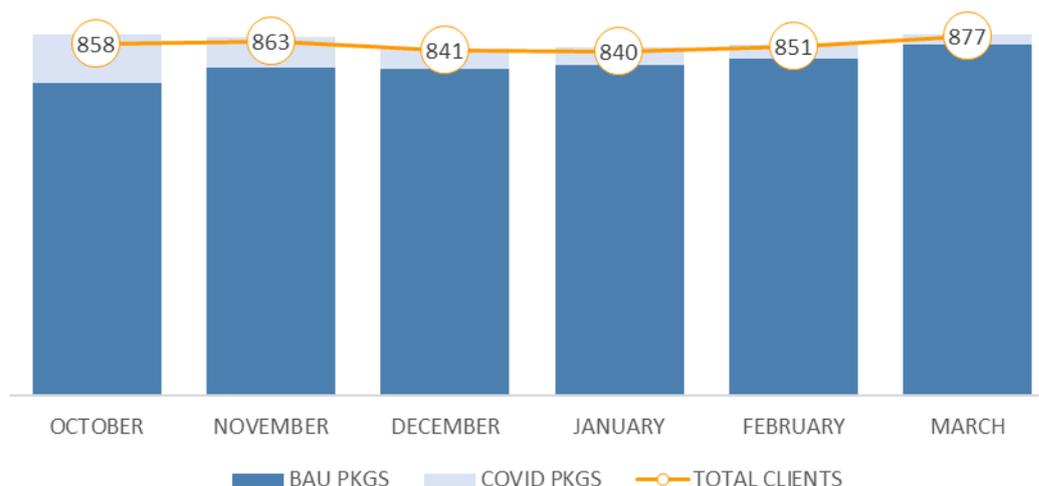
The domiciliary care packages over this time period were split between BAU (Business As Usual) domiciliary care and Covid funded domiciliary care. A

person may have received both and therefore the numbers for BAU and Covid will not add up to the total number count.

	BAU DOM CARE PKG		COVID FUNDED DOM CARE PKG		TOTAL CLIENTS AND COSTS	
	CLIENT COUNT	WEEKLY COST	CLIENT COUNT	WEEKLY COST	CLIENT COUNT	WEEKLY COST
OCTOBER	763	£ 163,204.02	118	£ 22,397.90	858	£ 185,601.92
NOVEMBER	801	£ 170,830.95	73	£ 17,225.50	863	£ 188,056.45
DECEMBER	796	£ 171,354.38	49	£ 15,793.75	841	£ 187,148.13
JANUARY	806	£ 175,845.49	42	£ 11,116.69	840	£ 186,962.18
FEBRUARY	821	£ 176,650.46	35	£ 12,346.06	851	£ 188,996.52
MARCH	856	£ 184,328.52	25	£ 10,084.89	877	£ 194,413.41

## BAU AND COVID DOM CARE PACKAGES - ALL CLIENT GROUPS, AGE 65+

OVERALL CLIENT NUMBERS INCREASED BY 2.2% FROM OCTOBER TO MARCH.



Looking at cost bands:

All domiciliary care packages across ASC (excl Continuing Health Care).

All client groups, includes Covid funded clients.

Predicted weekly cost, care package open at the end of the month.

The table above shows the number of clients in each domiciliary care cost band at the end of the month.

	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	SINCE OCTOBER
£0-50	127	126	123	113	115	125	-1.6%
£050-200	525	534	524	522	530	541	3.0%
£200-300	163	164	145	154	151	160	-1.8%
£300-400	69	61	57	60	63	77	11.6%
£400-500	72	70	68	71	76	74	2.8%
£500+	102	112	118	118	112	110	7.8%
<b>TOTAL</b>	<b>1058</b>	<b>1067</b>	<b>1035</b>	<b>1038</b>	<b>1047</b>	<b>1087</b>	<b>2.7%</b>
CHANGE OVER PREVIOUS MNTH		0.9%	-3.0%	0.3%	0.9%	3.8%	

In summary, there was a considerable demand for funded support related to COVID-19 during the time period and we saw a general increase in need, people being more unwell or having more significant deterioration in their ability to manage their own daily living and needing more help.

## 6.2. Residential Care

Residential (and nursing) care figures need to be viewed within the context of the pandemic. Neither have recovered from the initial drop in April 2020, with additional drops in January 2021. Residential placements are currently 5.6% down on October 2020, and nursing numbers are 1.4% up, but both are still 10% down on February 2020 (the last 'normal' month).

	RES	NUR
Oct-20	342	148
Nov-20	352	150
Dec-20	345	154
Jan-21	332	148
Feb-21	325	149
Mar-21	323	150
% CHANGE	-5.6%	1.4%

## 6.3. Deprivation of Liberty Safeguards (DoLS)

During the pandemic mental capacity and best interest assessments were undertaken virtually, with face to face visits undertaken in exceptional circumstances. Short authorisations were agreed in some circumstances recognising that virtual assessments, although necessary, were not ideal for everyone. As restrictions ease face to face assessments are resuming and we are working closely with our care homes to manage this safely.

For the first time in some years, the number of applications for Deprivation of Liberty Safeguards, (DoLS) authorisations declined:

- 786 (2014/15)
- 1473 (2016/17)
- 1695 (2017/18)
- 1787 (2018/19)
- 1917 (2019/20)
- 1083 (2020/21)

This is likely to be skewed by temporary arrangements that continued in the second national lockdown.

The Department of Health & Social Care, (DHSC) had intended that the 'Liberty Protection Safeguards' (LPS) would replace the current system of DoLS by October 2020. However, the DHSC have announced a further delay to the implementation of LPS until April 2022 at the earliest. ASC began scoping work looking at the impact of the changes and will review this work during the next 12 months, it is anticipated that this will be likely to need specific project management and a dedicated training resource.

Across the South East, Councils are working in partnership to arrange a legal briefing to include LPS leads across adults and children's services. We have also agreed a scoping tool which will help us all to understand likely demand. This will support our action planning and in particular what our workforce development requirements will be.

#### **6.4. Mental Health Act Assessments**

During the initial lockdown period referrals to the service dropped from usual levels but as soon as these restrictions began to be lifted the referral rates returned to normal levels and the service continues to be busy.

During the pandemic, the service has continued to undertake assessments and provide external scrutiny to the care and support arrangements made for adults who are unable to consent to those arrangements. Assessments have all been completed in person.

In the early stages of the pandemic it was felt that assessments could be completed remotely. A subsequent legal challenge ruled that virtual assessments were not acceptable. In Portsmouth we had undertaken 4 assessments in this way. We reassessed in person those that were still detained and wrote to those that were living in the community, explaining the ruling in Court and advising them of their rights should they wish to complain. No complaints were received.

#### **6.5. Adult Safeguarding**

The referral rate into the safeguarding team has been variable with no particular pattern of concerns. The team were initially quiet in the early part of the pandemic but referral rates have now increased to pre-COVID-19 levels. The team has seen a 25% increase in concerns raised by the police which is challenging to manage. A triage system is in place to manage the increased workload to the team, but some work is taking longer to assess.

The team continue to run fortnightly clinics offering advice and support to colleagues undertaking safeguarding enquiries and planning is underway to recommence targeted training sessions. Face to face visits are becoming more frequent and social workers are now able to visit care homes to discuss safeguarding concerns in person.

The team has continued to work closely with housing colleagues and the third sector to support them to reduce risk and signpost to the relevant services.

## **6.6. Complaints**

The complaints team received 43 complaints for the period of 01/09/2020 - 18/05/2021. In addition, the service also received 4 councillor enquires, 6 customer contacts and 5 possible complaints. This is in line with what we usually see throughout the year.

The service also received 37 compliments compared to 18 compliments received for the same period the previous year.

The majority of complaints received have been related to communication with employees. This is a recurring theme when looking at annual complaints data. However, the service also received three complaints about missing property at Harry Sotnick House, which were upheld. As a result of these complaints the property list form within the home has been changed and a more robust procedure has been implemented. A photo is now taken of any valuables and is attached to the form.

The complaints team has been working remotely during the pandemic and continue to do so. Virtual meetings rather than face to face meetings with complainants have been in place which has worked well.

## **6.7. Recovery**

During the second wave of COVID-19, ASC had to stand down some face to face services such as our community connectors and social groups, day services also reduced numbers in attendance from January 2021. However, by February 2021 we were able to start these services back up in conjunction with government guidance around limited gatherings and COVID safe environments.

ASC led for the Council on the Zero Waste vaccination scheme supporting 1<sup>st</sup> vaccinations for Council staff, schools, early years, the University of Portsmouth and voluntary sector providers.

ASC are currently drafting a sustainable care strategy in conjunction with the sector to acknowledge the oversupply of care home places in Portsmouth and the decrease in placements as a result of the pandemic and the discharge to assess arrangements implemented for those coming out of hospital.

Ministry for Housing, Communities & Local Government funding has been secured through a bid made by colleagues in housing to employ a social worker for three years. This post has now been appointed to and is an opportunity to work collaboratively across services to support rough sleepers and those experiencing homelessness to access the support they need to address their often complex and multiple needs.

The service is in the process of refreshing the ASC Strategy during May/June 2021, recommencing programmes of work that were ceased to focus efforts on the pandemic. The medium term financial strategy to achieve financial balance by 2023 by focussing on reablement and recovery has also been refreshed. Priorities over the next six months include:

- Increased co-production to shape provision.
- Support and influence building capacity in communities.
- Focus on the prevention agenda, social prescribing and independence & wellbeing to avoid hospital admission & using discharge to assess to avoid multiple admissions
- Introducing carer's champions across the Council
- Preparing for the first national inspection of ASC
- Developing data and performance reporting
- Developing transition for young people with care and support needs
- Developing extra care housing for people with dementia
- Continuing the work with our local NHS partners in developing working at place level in the ICS.

## **7. Summary**

Whilst it is not possible to cover all of the work undertaken across adult social care in response to the second wave of the pandemic, nor all of the priorities for the coming year, this report highlights some of the main themes and priorities. The response to the pandemic would not have been as strong without the integrated approach that we have established through Health & Care Portsmouth. As the ICS begins to take shape, ASC is part of the focus on place based working, built on the strong foundations of integrating health and care for the citizens of Portsmouth.