

# Appendix A2

## 2019/20 Q4 and 2020/21 Q1 – ADULT SOCIAL CARE, PUBLIC HEALTH, HOUSING NEEDS AND HOMELESSNESS

### Key Activities Q1

**Drive forward integration with health, putting in place the right governance, commissioning and delivery arrangements so that we secure care closer to home, supporting more people in their own homes than in hospital and other forms of institutional care and enabling them to be as healthy as possible.**

*On 19 March 2020, NHS England and NHS Improvement (NHSEI) published its “Discharge to Assess Requirements”. This required all patients declared medically fit for discharge to be discharged from hospital within 3 hours. We quickly established a discharge to assess pathway with health partners and this has worked well although more people have entered residential care upon their discharge than is usually the case (which is continuing to be funded by the Clinical Commissioning Group (CCG) until the end of July 2020)*

*The government’s action plan for adult social care (ASC) which was published on 15 April 2020. It clearly states that care homes are not expected to be asked to accept people leaving hospital who have tested positive for Covid-19. This has meant that we have needed to identify in-patient step down within the Trust and this became operational at the beginning of May. Additionally, on 28 April 2020 government announced that the NHS would undertake testing of all care home residents and care home staff, regardless of whether they were exhibiting symptoms or not.*

*We have worked as a system to identify and secure the capacity needed in the community during the Covid-19 emergency. For instance; the CCG has block booked 62 beds at special rates and established a 42 bedded facility at the Premier inn (Riverside) for people with lower levels needs leaving hospital or to avoid their hospital admission – these are paid at temporary, inflated rates; the CCG has also block booked a number of hours from domiciliary care agencies at the special rate of £25 per hour (the council’s 2020/21 rate is £19.28). ASC has increased capacity in both its outreach service and hospital personal assistant discharge service so that we retain our vital focus on supporting people in their own homes wherever possible.*

**Complete the delivery of our three-year "Care Close to Home" strategy, promoting, improving and protecting wellbeing and continuing to increase the numbers of people we support in their own homes**

**During 2019/20: embed strengths based professional practice throughout care management teams of adult social care**

*New Care Management forms for initial contacts, care act assessments, reviews and care plans have been rolled out to staff. All staff have been trained and feedback on the new forms has been positive.*

*Progress on our strengths based working approach (Pride in Practice) since March 2020 has been stalled by Covid-19 however, which means we have been unable to use Professor Baron to support the forms development, we are now reengaging professor Baron to ensure we capture and develop further the outcomes and suggestions from her work with us. Some lessons learned have been discussed with Team Managers and Service Manager (led by the Assistant Director for Operations).*

*We have established a Task and Finish group, led by the Principal Social Worker, and comprising a Care Quality Commission (CQC) inspector (currently seconded to us) as well as a senior representative from the independent care market, to develop best practice guidance to those ASC providers working with people lacking capacity during Covid-19. This work has been shared with the Local Government Association (LGA) as best National Practice. Most recently this Task and Finish group have also developed support materials and access to individual counselling for front line carers working in ASC settings who are experiencing trauma and other mental health concerns a result of the work they have undertaken during the pandemic. This work has launched with all ASC providers via a webinar on the 15 July.*

**Agree and secure ongoing funding for key schemes funded by the Improved Better Care Fund (iBCF) including the Living Well service (LWS); the Raising Standards initiative; and investment in reablement care**

*There will be a further years funding for the iBCF. The Living Well Service will be funded through iBCF in 2020/21. The LWS has been independently evaluated by professor John Bolton – who recommends that it is continued because it has been highly effective in diverting demand from health and ASC and is very highly rated by users. In addition, we have calculated the "return on investment" ratio for the LWS: it is over £8 for every £1 spent. In the financial year 2019/20 3,108 referrals were made to this service.*

*During Covid-19 have provided additional funding in April to all care providers to assist with consistent problems being experienced across the sector including problems in accessing personal protective equipment, additional use of agency staff and increases in staffing levels to support clients in isolation. This funding was initially provided as a lump sum to cover 12 weeks but was extended by CMT in June 2020*

<p><b>Continue to drive improvements in adult safeguarding practice, embedding 'Making Safeguarding Personal' (MSP) and ensuring a high quality and consistent approach in the council and its partners</b></p> <p><i>Review of the practice guidance is complete and a Making Safeguarding Personal (MSP) toolkit for ASC practitioners in place.</i></p> <p><i>We received our most recent independent review/audit of MSP in November 2019 and an action plan will be implemented accordingly.</i></p> <p><i>Responsibility for safeguarding is now also part of the statutory work undertaken within localities as opposed to only by the single safeguarding team.</i></p>
<p><b>On behalf of the Health and Wellbeing Board update the Joint Strategic Needs Assessment (JSNA) ensuring the data is relevant, current and informs decision making at all levels of the council and the health system.</b></p> <p><i>Throughout the Coronavirus pandemic a modelling cell has been running to provide robust intelligence for planning response to the emergency.</i></p> <p><i>The Population health management procurement has completed with a provider being commissioned</i></p>
<p><b>Review and revise the council's approach to improve health and wellbeing</b></p> <p><i>The public health strategy was signed off by Cabinet in June. Further work is being progressed with the Integrated Care Provider (ICP) to ensure prevention of ill health is central to the local plans.</i></p>
<p><b>Finalise and implement permanent arrangements for the role of Director of Public Health (by October 2019) and review Public Health spend as part of the 2020 budget setting process.</b></p> <p><i>Development of the Senior Management Structure is progressing with 2 Consultant in Public Health being appointed and strong, integrated work developing between Isle of Wight and Hampshire. 1-year annual review for the partnership to take place.</i></p>
<p><b>To ensure clinically safe effective services are delivered across the Public Health responsibilities, within budget and to those that are in greatest need, undertaking procurement of services as required.</b></p> <p><i>The Substance Misuse service tender is complete. The 0-19 Public Health nursing service procurement is complete with the new contract starting in November 2020. Mobilisation is progressing well and several key actions are now rated complete.</i></p> <p><i>The Sexual Health service contract is now with Solent NHS trust and the service is being delivered. The Wellbeing Service procurement has now begun with a new service to be in place for April 2021. All services have amended their provision to adapt to the Covid-19 restrictions whilst continuing to meet patient's needs.</i></p>
<p><b>Recommission the Supporting People (SP) programme so that we can offer tailored and personalised support to those people at risk of homelessness or living in temporary accommodation</b></p> <p><i>Family Accommodation Scheme has been recommissioned and went live in April 2020.</i></p> <p><i>The Single Homeless pathway has been re-commissioned, and contracts were awarded on 13 July 2020 - Pathway goes live November 2020</i></p> <p><i>Community Support Services procurement activity will commence in August 2020 with a proposed go live being planned for January 2021.</i></p>

**Implement the recommendations of the 2019 independent review of the Housing Needs Service, including the development and implementation of a new Homelessness Strategy for the Island.**

*The [Homelessness and Rough Sleeping Strategy 2019-24](#) was signed off by Cabinet on 14 November 2019.*

*Improvements are being made across the service which continues to support improved outcomes for those we serve.*

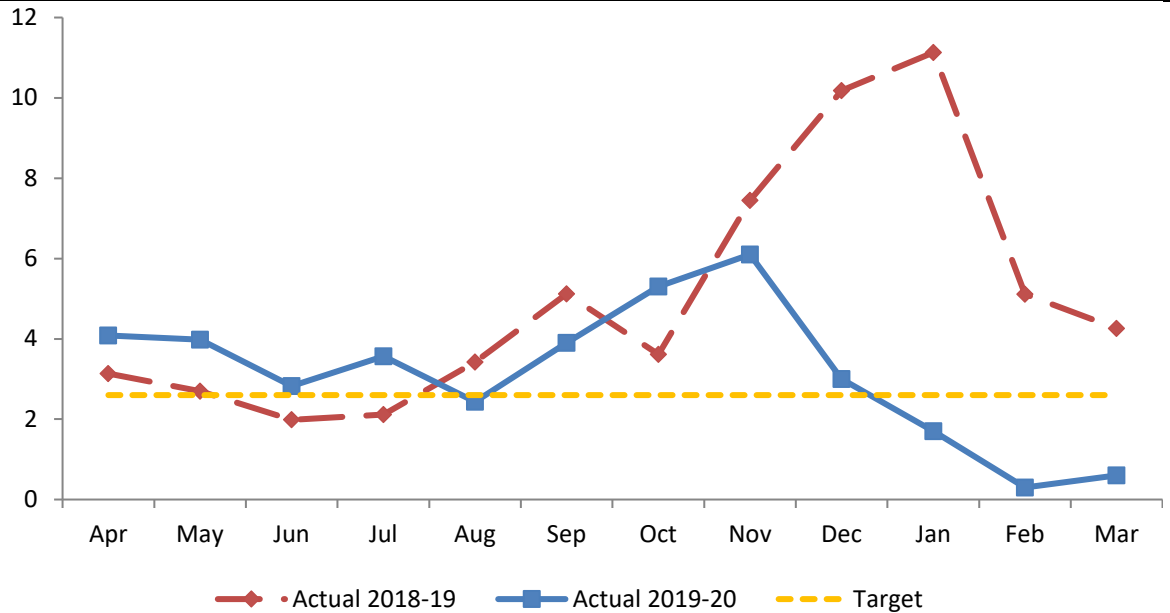
*Prevention of homelessness continues to follow a positive trajectory and numbers of households accommodated in temporary and or unsuitable accommodation offers continues to decrease.*

*No families or children have been accommodated in Bed and Breakfast since March 2020.*

# Short Term Measures

## Adult Social Care

**Average daily rate of Delayed Transfers of Care (DTOC) per 100,000 due to Adult Social Care**

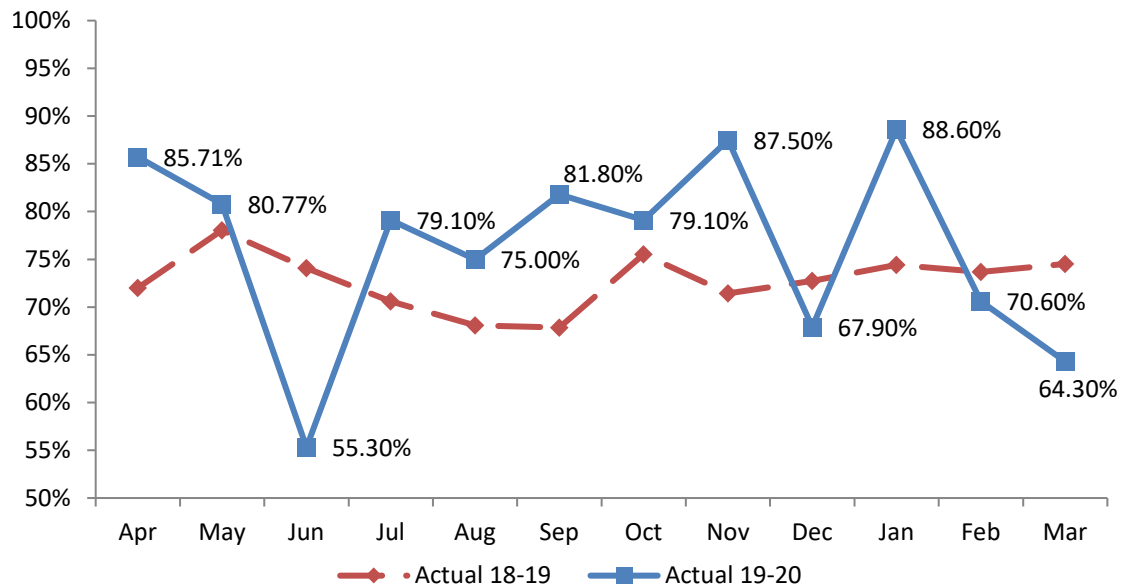


DTOC reporting has been suspended in April, May and June.

Since September 2018, revised targets are now in place across ASC and the NHS. ASC sees a reduction from 4.58 to 2.6; NHS an increase from 2.29 to 3.3 and an overall target reduction from 6.87 to 5.9.

In the first three months of 2020 ASC achieved their target. December 2019 was only just outside the target which should be considered positively considering the usual winter pressures experienced during this time of year.

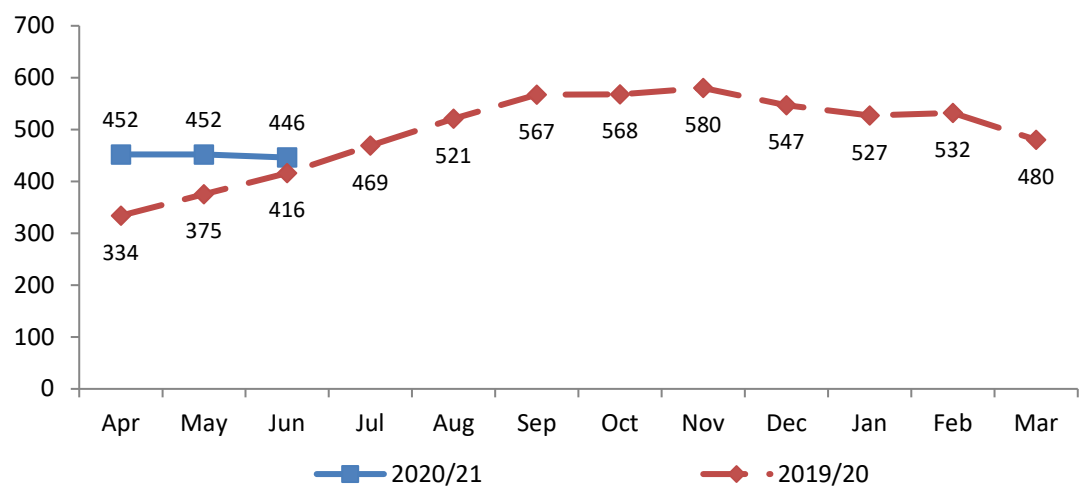
## Proportion of older people (65+) still at home 91 days after discharge from hospital into reablement / rehabilitation services



Figures and narrative for this measure will always be three months in arrears (91 days).

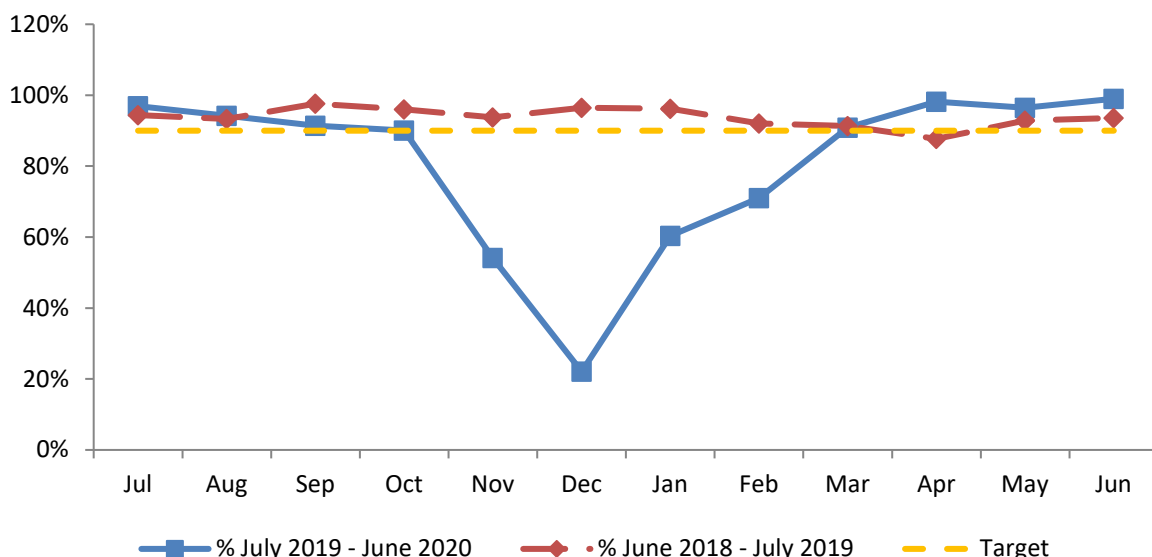
Of the 15 people in March that were not at home after 91 days, five were readmitted into hospital, eight people died, and two went into Residential care. Outreach has invested in additional staff into the service to increase capacity to support the hospital with DTOC.

## Number of outstanding Deprivation of Liberty Standards (DoLS) Assessments



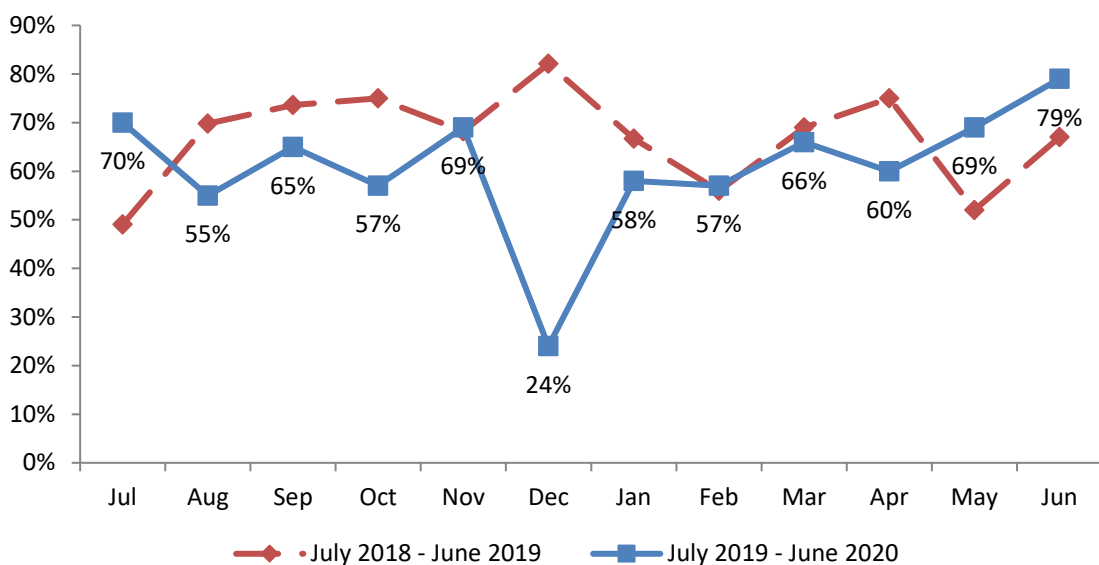
Numbers have fallen steadily but consistently over the last nine months to 446 from a peak of 580 at the end of November 2019. 88 Best Interest Assessments were undertaken in Quarter 1 which is down compared with 158 in Quarter 4 (2019/20) and 118 in Quarter 3 (2019/20). Most assessments in care homes during Quarter 1 have been undertaken virtually due to Covid-19 but visits to care homes are slowly starting with appropriate safeguards in place. Additional assessment resources have been assigned to these assessments which should lead to a continual reduction in outstanding assessments over future months.

### Percentage of safeguarding meetings held within seven days of the referral being received.



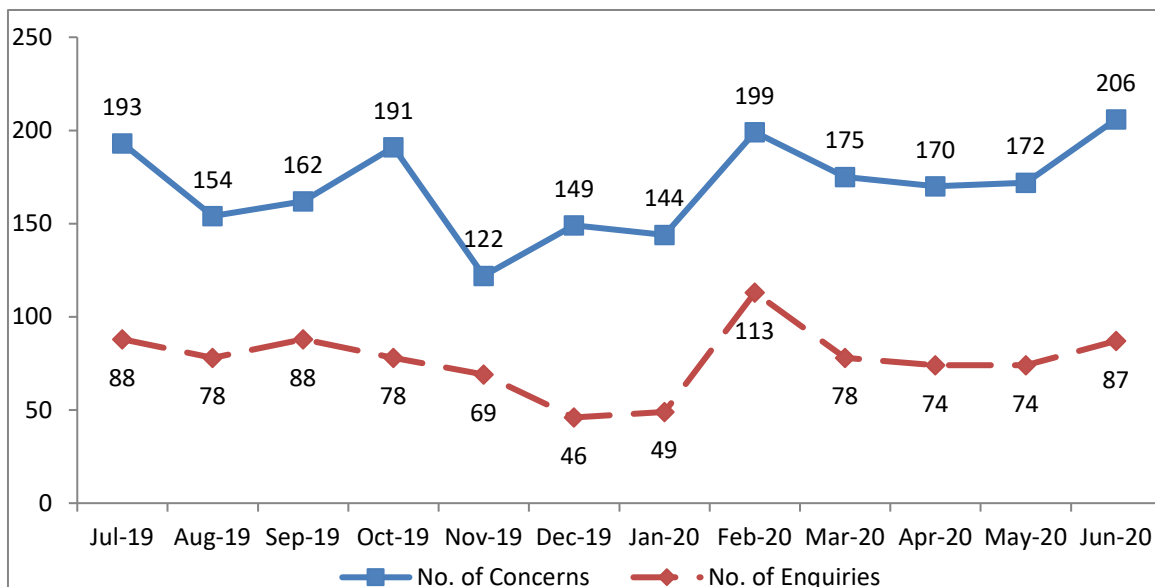
The processing of Safeguarding cases is currently moving between teams and the drastic fall in December's performance is, we believe, a recording issue which only came to light in early February. The new care management structure has all teams undertaking safeguarding investigations and it would appear that teams were not completing the relevant documentation in order for the Business Intelligence Team to be able to extract the performance data. As a consequence, in late February, we reverted the management of all safeguarding back into a central team and know that our weekly information is that performance has already improved.

### Percentage of adult safeguarding case conferences held within 28 working days of the safeguarding planning meeting



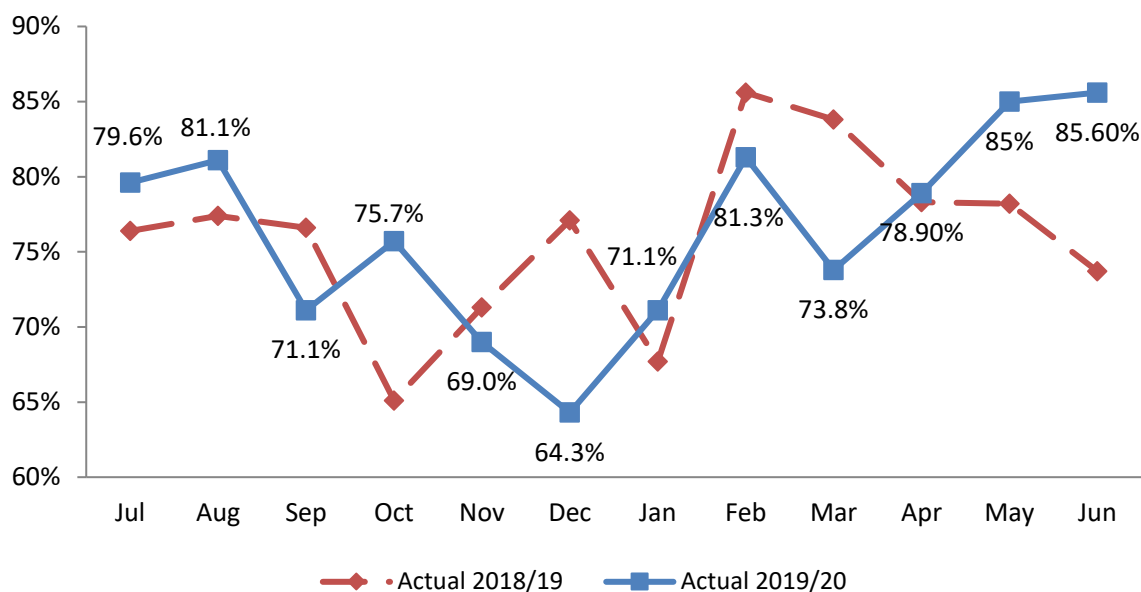
83 Section 42 enquiries have been open to the team in June, there is good progress. We are expecting some delays due to impact of Covid-19 on face to face interaction and team capacity.

## Number of adult safeguarding referrals (Rolling 12 months)



Number of concerns is high which is a reflection of increase in referrals to the team, with conversion rate down to 42%.

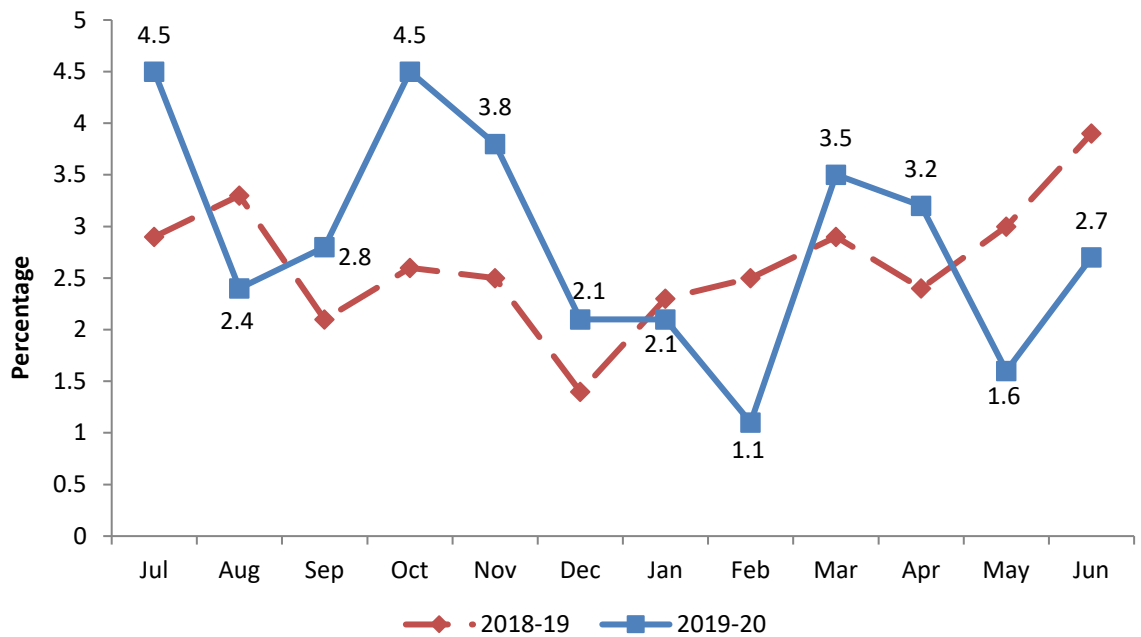
## Percentage of adult social care assessments completed within 28 days of the initial contact referral



The number of Care Act Assessments (CAA) completed in June increased to 292 from 240 in May with 730 being completed in Quarter 1. This is in comparison with 473 during the same quarter last year. The number of assessments awaiting authorisation decreased substantially to six at the end of June 2020 compared with 37 at the same point last year which is a great achievement by the service who have been working under extreme pressure during the Coronavirus pandemic. The percentage of assessments completed within 28 days in June was 85% and has remained consistently high during 2020 despite present circumstances and an increasing number of assessments being required.



**Number of admissions to permanent residential or nursing care as a percentage of all initial contact (Rolling 12 months)**



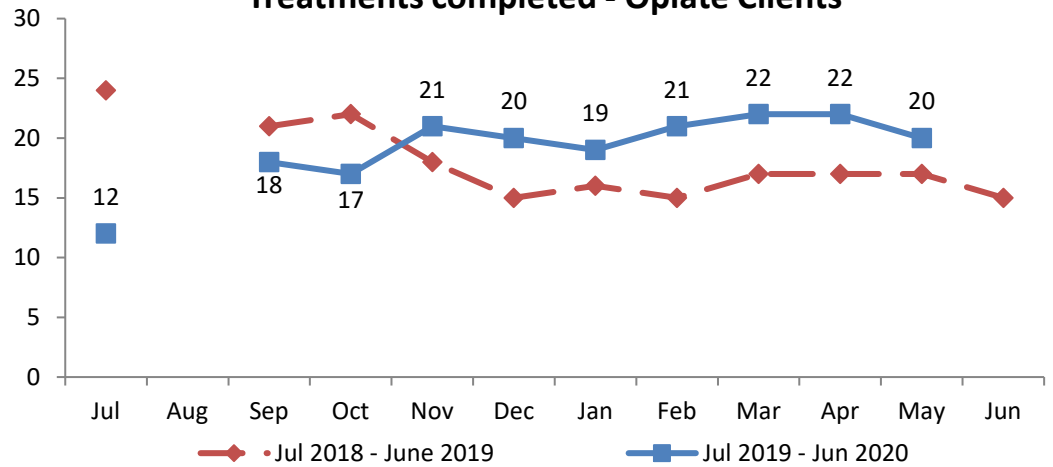
There were ten placements made during December (eight Residential and two Nursing) and there have been 32 in the financial year to date. At the same time in the previous financial year there had been 74 placements made. This reflects continued success of the “Care close to home” programme with more people able to receive care within their own homes and more people getting access to preventative services.

## Public Health

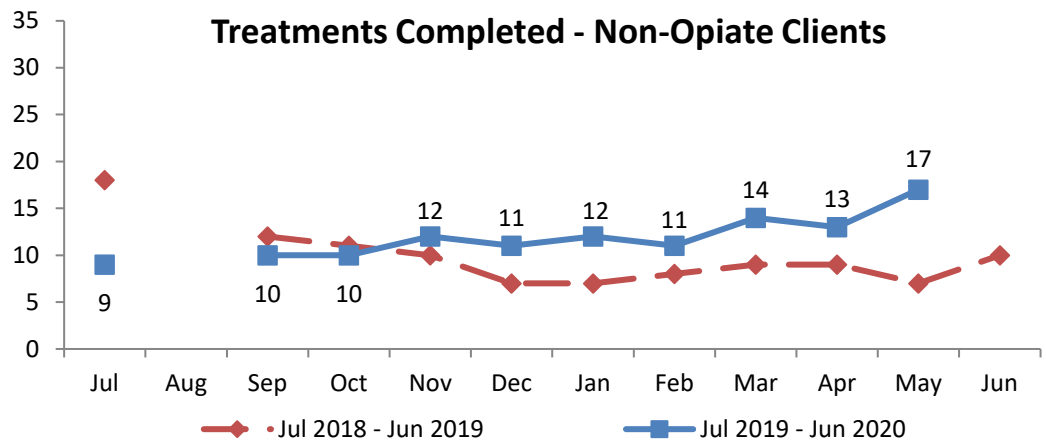
**Number of drug treatments completed - opiate and non-opiate clients (Rolling 12 months)**



### Treatments completed - Opiate Clients



### Treatments Completed - Non-Opiate Clients



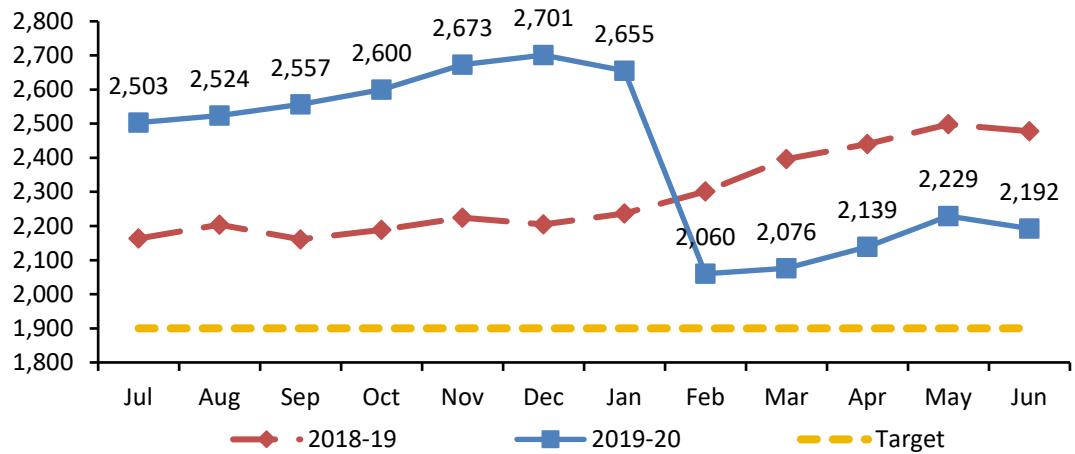
**Data is published one month in arrears by the National Drug Treatment Monitoring System although no data is published in July.**

Opiate treatments – 20 completions from 319 people in treatment (May Data)  
Non-opiate treatments – 17 completions out of 54 people in treatment. (May Data)

Quarter 3 has shown a gradual rise in completed treatments of both classes with more taking place in Quarter 1 (2020/21) than in the same quarter last year

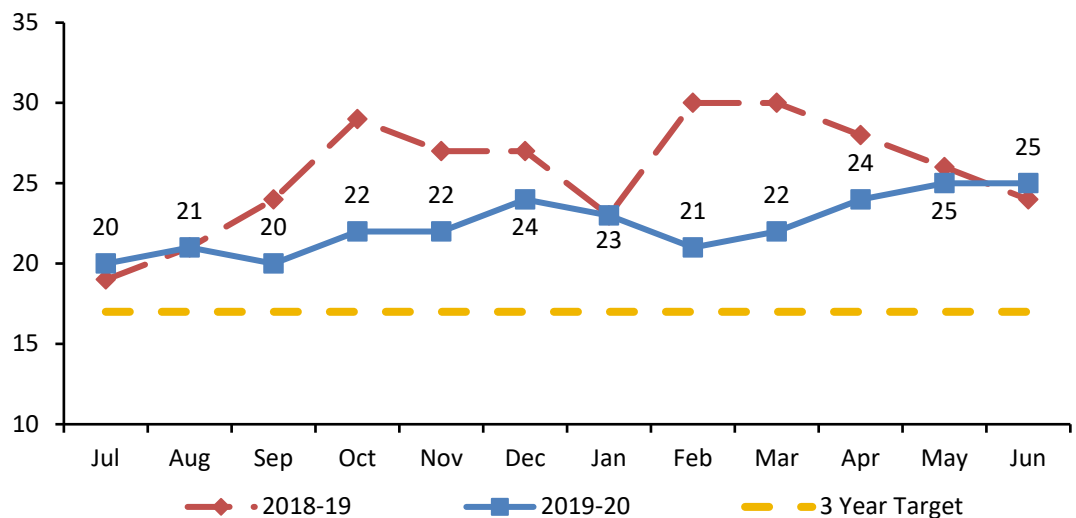
## Housing Needs

**Number of people on the housing register at month end (Rolling 12 months)**



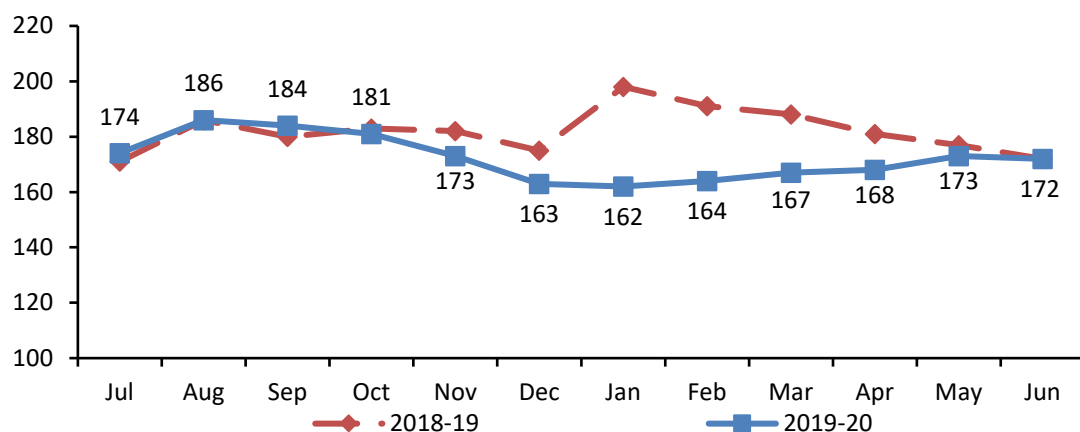
Number of active housing register applications indicate demand for affordable rented homes which is not currently being met. A review of all overdue renewals took place in February 2020 which had a positive impact on the overall figure. There has been an increase in the last quarter due to Covid-19 causing a hold on allocations. Allocations have now resumed and the number of people on the register has again begun to decline.

**Number of people on band 1 of the housing register at month end (Rolling 12 months)**



Band 1 priority awarded to applicants with urgent housing needs some of which require specially adapted homes

# Number of households in temporary accommodation at month end (Rolling 12 months)



The households in B&B and temporary accommodation are still up due to the coronavirus pandemic. It must be noted that these figures only include those accommodated under a homelessness duty and does not include households accommodated as a direct result of Covid-19.

Significantly, at the end of June 2020 zero households with children were being accommodated in B&B accommodation. Additionally zero households with children have been in B&B accommodation for more than six weeks in 2020

## Strategic Risks

Failure to recruit acceptable quality of professional practice across Adult Social Care (ASC)			Assigned to: Director of Adult Social Care		
Inherent score	Target score	Current score	Previous scores		
			Mar 20 (pre-pandemic response)	Feb 20	Dec 19
14 RED	6 GREEN	10 RED	8 AMBER	14 RED	6 GREEN
Risk Increased					

Failure to identify and effectively manage situations where vulnerable adults are subject to abuse			Assigned to: Director of Adult Social Care		
Inherent score	Target score	Current score	Previous scores		
			Mar 20 (pre-pandemic response)	Feb 20	Dec 19
16 RED	6 GREEN	12 RED	10 AMBER	12 RED	9 AMBER
Risk increasing					

Failure to secure the required outcomes from the integration of adult social care and health			Assigned to: Director of Adult Social Care		
Inherent score	Target score	Current score	Previous scores		
			Mar 20 (pre-pandemic response)	Feb 19	Dec 19
16 RED	6 GREEN	12 RED	10 AMBER	10 AMBER	10 AMBER
Risk Increasing					

ASC Care Provider Failure			Assigned to: Director of Adult Social Care		
Inherent score	Target score	Current score	Previous scores		
			Mar 20 (pre-pandemic response)	Feb 19	Dec 19

<b>16 RED</b>	<b>6 GREEN</b>	<b>12 RED</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>New risk identified</b>					

<b>Additional demands placed upon the Isle of Wight Council and partners owing to pandemic flu</b>			<b>Assigned to: Director of Public Health</b>		
<b>Inherent score</b>	<b>Target score</b>	<b>Current score</b>	<b>Previous scores</b>		
			<b>Mar 20</b>	<b>Feb 20</b>	<b>Dec 19</b>
<b>16 RED</b>	<b>12 RED</b>	<b>16 RED</b>	<b>14 RED</b>	<b>14 RED</b>	<b>14 RED</b>
<b>Risk Increasing</b>					