

Title of meeting: Health Overview and Scrutiny Panel

Date of meeting: 22 March 2018

Subject: Adult Social Care Update on Key Areas

Report by: Andy Biddle, Acting Deputy Director of Adult Services

1. Purpose of Report

- 1.1. To update the Health Overview and Scrutiny Panel on the key issues for Adult Social Care during 2017.

2. Recommendations

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

Update on Key Areas

3. Overview

- 3.1. Portsmouth City Council Adult Social Care, (ASC) provides support and advice to adults aged 18 years and over who require assistance to live independently. This may be the result of a disability, long term health condition or frailty associated with growing older. Our aim is to help people have as much choice and control as possible over how their needs for care and support are met. For some, when independent living is no longer possible, we will help people find the longer term care arrangements that best suit them.
- 3.2. Following the systems thinking intervention work ASC's purpose is defined as:
- Help me when I need it to live the life I want to live
- 3.3. This overall purpose is service wide and overarching. For specialist areas within the service the wording may change slightly to reflect the work undertaken but is able to be linked back to the overall purpose of the service.
- 3.4. ASC provides a service to approximately 7,000 people throughout the year with a staff compliment of 800. (600 full time equivalent posts) undertaking a wide variety of roles, both in commissioning and direct delivery of services.

4. Summary

- 4.1. During 2017/18 ASC were faced with a number of key challenges

Demand for Services:

- ASC Continues to see an increase in the demand for older people with complex needs requiring larger packages of care.
- The number of older people receiving domiciliary care from ASC per week as of March 2017 was 957 people at a total weekly cost of £138,843.72 (£145.08 pw per person). By December 2017, this had reduced to 946 people, but the cost had risen to £159,604 (£168.71 pw per person). A significant part of this pressure is an increase of 10% in the number of people receiving domiciliary care funded at £150 to £200+ per week between March 2017 and December 2017. In addition to this budget pressure, the shortage of domiciliary care has meant that ASC have had to seek care from providers at prices outside that which the Council would normally expect to pay for domiciliary care. The percentage of the ASC spend on these '3rd tier' providers has increased from 9% in March 2017 to 18% in December 2017.
- The emphasis on care in people's own homes is reflected in less people in Portsmouth placed in residential care homes:
258 (March 2016)
242 (March 2017)
230 (December 2017)
- In addition to the increase in needs of older people in the city is the rise in the number of people with challenging behaviour resulting from a learning disability. Within Portsmouth, 90 people account for £7.1m of our expenditure.
- There have been a significant number of residential homes/nursing homes in Portsmouth which received an adverse inspection from the Care Quality Commission and either ceased operation or imposed an embargo on new admissions. This impact was felt particularly at the end of 2017 and residents from 3 closing care homes had to be relocated.
- There is a waiting list for assessment in community Social Work and Occupational Therapy, growing since October 2017 and exacerbated by team absences and the workload generated by reviewing support packages when providers receive poor CQC reports.
- The situation in relation to domiciliary care remains challenging with regular hours of care unfilled. This situation is variable, but there has been a significant gap in hours needed to fulfil statutory obligations since January 2017. During 2017, there were several incidences of instability in the domiciliary care market from providers 'handing back' care packages they could not provide for, to staff changing agencies or agencies withdrawing from the market to embargos on new referrals following adverse CQC inspections. All of these exacerbated the pressure on the market by restricting the availability of domiciliary care further in Portsmouth. The gap in available care has begun to reduce from January 2018 onward, with the addition of domiciliary care for people in receipt of

Continuing Health Care hours provided by Solent NHS Trust however capacity remains significantly limited.

New Court Work:

- The number of applications for Deprivation of Liberty authorisations have continued to rise in Portsmouth:
786 (2014/15)
1473 (2016/17)
1688 (2017/18, projected based on December 2017 figures)
- As expected, the Supreme Court also made a significant judgement during 2017 that related to Local Authorities where they know or 'ought to know' about arrangements that constitute a Deprivation of Liberty in domestic settings. This judgement extends the responsibility for Local Authorities to apply for a Deprivation of Liberty authorisation where people without the capacity to make a decision may be being deprived of their liberty. It is not yet possible to scope the financial impact of this judgement, but it is highly likely to increase responsibilities and therefore costs.

Acute Hospital Pressures:

- Pressure on ASC to discharge patients from the acute hospital setting continues to be a challenge. Staffing levels in the Hospital Social Work team, (part of the Integrated Discharge Service) have been under particular pressure and locum staffing has been contracted to fill the gaps created by absence and recruitment/retention. Numbers of patients awaiting allocation to a Social Worker have been a significant issue and we have worked in partnership with Portsmouth Clinical Commissioning Group to access some of the Department of Health winter pressures funding to tackle this challenge.

Funding and Budget Pressures:

- The projected 17/18 gross annual expenditure for adult social care (ASC) activities is £62.9m. This is funded from a variety of sources. The majority is from the ASC council cash limit budget of £42.4m. ASC funding also relies on income (client assessed charge for care) which is anticipated to be £11.1m in 17/18.
- ASC is also funded by monies transferred from the NHS in order to support social care activities. In 2017/18 this NHS funding via the Better Care Fund (BCF) is projected to be £7.3m.
- In the Spring Budget of 2017 the Chancellor announced additional grant funding of £2 billion to social care in England over three years, with £1 billion available in 2017/18.
- The conditions for use of this fund were specified as:

- meeting adult social care needs;
 - reducing pressures on the NHS (including supporting transfers of care from hospital);
 - ensuring the local social care provider market is supported.
- In Portsmouth, the total of this funding is £8.5m over 3 years and a 'Transformation Fund' framework has been put in place to be used to invest in the transformational change of adult social care. Authority to allocate funds to schemes in support of these objectives is delegated to the Director of Adult Social Care and s151 officer, in consultation with the Cabinet Member for Health and Social Care.
 - PCC's objective in the use of the transformation fund is to deliver the ongoing remaining savings requirement (i.e. after funding all likely demographic and other cost pressures), and to prepare the service to be able to make further savings beyond 2019/20 as the austerity period continues.
 - Schemes agreed thus far include, assistive technology; development of the voluntary and community sector in Portsmouth; staffing in in-house residential homes to deliver improved care; investment in housing and support for clients with learning difficulties; development of transition care home beds; investment in supported living for adults with Mental Health difficulties; developing new models of care to effectively and safely manage people's health and care needs in the community.
 - Whilst all residents in the three homes that closed in December 2017 were found a new place to live, this added to budgetary pressure, as placements were more expensive in many cases.
 - Savings for 2017/18 have proved to be challenging, whilst some savings plans have delivered greater benefits than anticipated, others have not been realised, giving additional pressure in year and adding to the deficit for 2018/19.
 - Pressures that have materialised in 2017/18 have included residential care costs for people with mental health problems, residential and day care costs for people with a learning disability and pressures on agency staffing in the PCC owned and managed residential units for older people.

5. Savings

- 5.1.** The saving target for 2018/19 is £946k and progress against savings are reviewed monthly within the service and discussed with the portfolio member. The likely 2018/19 starting deficit is £2.3m, which will occur without further action, however the assumption is that this deficit will in practice be lower than this starting position. The current transformation fund process will culminate in a deficit reduction strategy to attempt to manage this deficit. The budget position continues to be reported in line with council procedures.

6. Priorities for 2017/18

6.1. The priorities set out in the previous HOSP report are reproduced below with progress against each of them.

- To ensure all registered services are adhering to the Care Quality Commission (CQC) regulations & outcomes laid out under the CQC '5 Key Lines of Enquiry'. An associated outcome was to review the current PCC residential homes and plan and support the implementation of the changes that ensure CQC compliance and sustainable quality change
 - Angela Dryer established the 'turn around team' in January 2017, as highlighted in the previous HOSP report. This was in response to adverse CQC reports around Shearwater and Harry Sotnick House.
 - A new training programme is underway with PCC care staff to ensure that the requirements of the Care Certificate are fulfilled. Policies and procedures are being standardised across PCC homes. In providing greater activities across dementia services, we have purchased two Tovertafel tables in our units, these are devices that engage and stimulate people's senses and provide enjoyable activity. The quality team, a mixture of appointed professionals and lay inspectors have been interviewed and appointed and will begin to work with the sector to improve outcomes and inspection results in 2018.
 - ASC contracts with Care UK to meet the needs of people who require residential care with nursing in Harry Sotnick House. This contract is due to end in March 2018 and negotiations are ongoing regards Hampshire County Council operating the home for a temporary period, (18 months to 2 years). This is based on Hampshire's existing experience in operating 10 nursing homes, (8 of which are rated as 'good' by CQC). The work required to get to this stage has been substantial and will continue, whilst the future provision of care at Harry Sotnick is determined.
- Complete Roll-in of systems thinking across OPPD services.
 - Since October 2017, the OPPD interventionist has been running a series of small group training interventions with Assistant Team Managers and Team Managers. This has enabled leaders to expand their learning around the Vanguard Method for Systems Thinking and prepare them to embed management according to this method in their practice.
- Configure OPPD service model focussed on re-ablement and prevention of unnecessary hospital admission.

- A Transformation Fund bid has been submitted to create an in-house care team to respond to the needs of people living at home to ensure ASC are able to meet their Care Act duties. As part of the transformation and financial strategies, the work will be focussed on supporting independence and using personal and community assets to help meet outcomes. This development is also part of the effort to ensure people have the right care at the right time and are not conveyed to hospital where there are other options to support them at home. Measures are being developed to model the number of people and likely impact on outcomes and budget. Once this has been completed recruitment will commence.
- This bid also supports the next stage from colocation to integration with Solent NHS Trust. The Rapid/crisis response will be one that meets people's health and care needs. As the persons' needs de-escalate, the team will work with the community teams to support the person remain independent and reduce potential of escalating again.
- Achieve savings targets.
 - As detailed above, work continues to meet the savings targets set for 2017/18. Achieving these targets is a significant challenge, not least because a number of schemes identified have taken longer to come to fruition than anticipated.
- Agree integrated working methods with community health provider.
 - Senior Managers from ASC and Solent NHS Trust are working with staff to understand the needs of the people both organisations serve and which area would most benefit from integrated working. An area has been identified to trial new approaches and data is in the process of being analysed.
- Replace client record system for ASC.
 - The project to replace the current client record system is underway, there have been some disappointing delays in managing the configuration of this new system. These focussed around gaining data migration agreements and signing the contract in order to secure the test environment. A project manager is now in place and the work is beginning to take shape. The current estimated go-live date is October 2018.
- Re-tender domiciliary care contract
 - The existing contract was extended to enable a new specification that accounts for outcome focussed services and the new model of reablement/admission avoidance to be developed.

- With the increase in domiciliary care costs, a domiciliary care Board has been established to monitor patterns and trends in the market.
 - The Systems Development Board has recently approved an intervention to understand how domiciliary care operates in Portsmouth and experiment with different ways of working.
- Tender for bed based care home resources for people with challenging behaviour.
 - Initial tender for this was unsuccessful, so further work in being done to look at all possible options
- Tender/renew Community Equipment Store contract.
 - The current contract is likely to be extended for 12 months to enable a more detailed specification to be developed and consider more widely the options available for providing equipment for independent living in the community

Signed by: