

Health Overview and Scrutiny Panel - 15 April 2009

Adult Social Care: key areas of work for 2009 and beyond

Report by: Robert Watt Head of Adult Social Care

1. Introduction

The Health Overview and Scrutiny Panel have requested the following report into key areas of work for Adult Social Care during 2008-09.

I have outlined some of major themes, some of which is updating themes contained within the previous report.

2. Transformation of Social Care ('Putting People First')

The report of 31 July 2008 outlined the government aim to transform social care services to ensure a person centred approach in meeting care needs.

A further report has also been submitted to the Health and Social Care Executive outlining the key themes and objectives of 'Putting People First' (PPF) and actions arising that are planned and underway.

A reference group comprising members from the voluntary and private sector as well as users and carers has been set up and will meet with representatives of adult social care to consider how we can best meet the outcomes expected.

Transforming social care and providing more choice and control for individuals with care needs will underpin all of our work for the foreseeable future. However, we are to move toward a more personalised approach to how people receive services, it will require a change in thinking across the whole of local authorities, health and the third sector.

Key Objectives include:

- Providing Universal Advice and Information whereby people, who may not normally be in contact with services, can find out the range of supports and help that may be available.
- To provide services that carers need as well as training that would enable people to develop their skills and confidence
- Developing our partnerships with user led organisations which can provide advice, information, advocacy and peer support with independent living.

- Self-Directed Care is at the heart of any new system and we have seen an increase in the number of people in receipt of direct payments as the preferred method for delivering their own care solutions.
We are also working toward the introduction of individual budgets (IB) and the target set for us of over 1700 IB's in place by 2011.

3. Health Reform Demonstration System (HRDS)

Recommendations for a strategy that better meets the needs of vulnerable people who require services as a result of falls, is nearing completion. A number of events have taken place involving professionals from Health, Social Care, Third Sector providers and User Led Organisations. It is hoped this will lead to people receiving more responsive services with fewer delays.

4. Joint Commissioning Unit

The first meeting of an integrated joint commissioning board will take place on 11 June 2009. The board will agree on a structure and remit for a joint commissioning unit, which will procure services for vulnerable adults on behalf of both the Primary Care Trust (PCT) and Social Care. It is anticipated that this unit will be managed by PCC, with the Board overseeing the work of the unit. The Board will be chaired by the Chief Executive of the PCT and include the Councillor with the portfolio for Adult Social Care along with the Strategic Director and Head of Service.

5. Joint Accommodation Strategy

A new residential care home for people with dementia will open this summer and replace the current facility at The Lodge. This new development will meet standards expected of modern day services and provide for up to 60 people with varying degrees of dementia. Work on the development of 65 extra care sheltered housing units is also underway on the adjoining site at Avocet House with an expected completion date of 2010.

6. Deprivation of Liberty Safeguards (DoLs)

People who suffer from a disorder or disability of the mind, such as dementia or a profound learning disability, and who lack the mental capacity to consent to the care or treatment they need, should be cared for in a way that does not limit their rights or freedom of action.

In some cases members of this vulnerable group need to be deprived of their liberty for treatment or care because this is necessary in their best interests to protect them from harm.

From 1 April the new DoLs being introduced will strengthen the rights of hospital patients and those in care homes, as well as ensuring compliance with the European Convention on Human Rights (ECHR).

When a supervisory body receives a request for authorisation of deprivation of liberty they must obtain a number of assessments including those for:

- Age - that the person is aged 18 or over.
- Mental capacity - the person lacks capacity to decide whether to be admitted to, or remain in, the hospital or care home.
- Mental health – the person is suffering from a mental disorder.
- Best interest – although the proposed course of action would constitute a deprivation of liberty, it is in the best interests of the person and necessary in order to prevent harm to them.

Social care have identified staff that have been trained to act as Best Interest Assessors and Health will be appointing named doctors to undertake the medical assessments required. The level of demand for DoLs assessments is as yet unknown and needs to be carefully monitored for its impact on the service.

7. Safeguarding

The team referred to in the last report has now been appointed and offers a consistent approach to how safeguarding referrals are managed.

Referrals continue to increase and doubled between 2007 and 2008. This figure related only to individuals and would be higher if we included those concerning provider services.

Achievements over the past year include a zero tolerance toward poor performing providers with immediate suspension of purchasing; conferences held for domiciliary, residential and nursing providers; awareness campaign and distribution of information across the city and multi-agency training.

The service was judged as excellent as part of the annual review of adult social care.

8. Office of Disability Issues (ODI) Pilot

SE Regional Initiative on Independent Living with and for Older People with High Support Needs

Following a selection process, Portsmouth City Council has been selected as one of three pilot sites in the South East to demonstrate and measure the efficacy of investing in independent living for older people with high support needs.

The focus of the initiative is on demonstrating and measuring the impact of new approaches in increasing the voice, choice and control of older people living in residential and/or nursing care, and of older people at risk of moving into residential/nursing care.

There will be three Key Strands during the two-year period of the project:

1. Change Management
2. Qualitative Research
3. Increasing the voice/influence of older people with high support needs and how this can be achieved at different levels.

A multi-agency design day/mapping of existing provision across the city was held on 13 February 2009. The Design Day looked at what developments, strategies, service options, skills and tools may already be in place and agreed on priorities to be worked up over the next 2 years.

9. Care Quality Commission (CQC)

The Care Quality Commission was established by the Health and Social Care Act 2008 to regulate the quality of health and social care and look after the interest of people detained under the Mental Health Act.

It will bring together the work of the Commission for Social Care Inspection, the Healthcare Commission, and the Mental Health Act Commission. The new organisation will have around 2,500 staff with offices in London and across the English regions.

The Care Quality Commission became a legal entity in October 2008 and takes up its responsibilities for the quality of health and social care in April 2009.