

Report to: Health Overview & Scrutiny Panel
Date: 23 September 2010
Report by: Robert Watt
Presented by: Robert Watt
Subject: Adult Social Care update on key areas

1. Purpose of the Report

1.1 To brief the Health Overview and Scrutiny Panel on recent developments in adult social care since the previous report in June 2010.

2. Recommendations

2.1 That the Health Overview and Scrutiny Panel notes the content of this report

3. Update on Key Areas

3.1 Care Quality Commission (CQC) Annual Performance Assessment

The Annual Performance Assessment process, undertaken by the Care Quality Commission, is now underway. The Assessment of Performance Report with grades will be available to us from 4 October 2010 and made public from 25 November 2010, following which a summary will be included in a quarterly update report to HOSP.

3.2 Universal Information and Advice Hub

We are currently developing our Universal Information and Advice Hub (UI&AH) in line with government guidance and will begin the work to build the comprehensive website with our contracted provider this month. The hub will enable members of the public, service users, carers and professionals to access information on a wide range of services to support people as well as providing links to wider community information. This will be beneficial for service users with personal budgets to identify services they wish to purchase that will meet their required needs and the outcomes they have identified as well as those professionals supporting them.

The following link is for Social Care Connect which is the UI&AH for London Borough of Barnet and will show what Portsmouth is working towards <http://socialcareconnect.barnet.gov.uk/kb5/barnet/home.page> . There is an initial set up meeting with a representative group of potential users of the hub on 8 September which will start the work to establish the look and feel of the site along with creating the content.

We have a conference booked for 18 November 2010 to launch the hub (Invitations will be sent once the programme has been formalised) which will include the opportunity for service providers to register their information on the hub as well as attend a number of workshops.

3.3 Health and Social Care Partnership (HaSP)

The Health and Social Care Partnership is progressing the integration of Rehabilitation and Independent Living Services, with the development of a single point of access for intermediate care. This will bring together the Rapid Response and Independent Living Service Teams, whilst Community Nursing Services will also join with the existing social care cluster teams.

Work will now need to focus on GP engagement with the new arrangements.

3.4 Safeguarding and Deprivation of Liberty (DOLs)

Over the last quarter we received 121 alerts/referrals, compared to 112 in the previous quarter. This has resulted in the following (last quarter figures in brackets)

- 62 (70) - Strategy Meetings - These are held following a referral and depending on level of risk will take place between 7 and 21 days. However, if client/situation is very high risk a Strategy Meeting will take place within 24 hours. Of these 62 meetings 20 cases have been substantiated and 10 partly substantiated.
- 61 (87) - Case Conferences – These are all subsequent meetings held to follow up on actions resulting from Strategy Meetings.
- 9 - Independent Safeguarding Authority Meetings - These 9 cases have been referred to the police in order that the people in questions are barred from working with vulnerable clients.

In addition to the above 29 (18) other meetings were held, including hand-overs with other Authorities; with families to discuss concerns and meetings with domiciliary care providers to discuss concerns over client care. There has also been an increase in family conferences, these are complex cases where there is a need to formulate a plan around the family.

We have continued to improve working in collaboration with other agencies to safeguard our more vulnerable members of the

community. There has been an increase in referrals /alerts in Anti social behaviour unit and substance misuse.

There continues to be a noticeable increase in complex cases and safeguarding involvement regarding health and continuing care cases. There have also been five members of staff dismissed from their employment and three cases of restricted access.

Our joint working with the Police and Public Protection Unit has resulted in an increase in convictions and criminal charges in relation to adult abuse. One Learning Disability case has been taken forward with regard to Wilful Neglect (under Section 44 of the Mental Capacity Act.)

With regard to Deprivation of Liberty, during this quarter we dealt with 6 applications, all of which were urgent referrals. Of these applications were 3 positive and 3 negative.

All applications came from the Local Authority, none were from Health.

3.5 White Paper - Equity and Excellence, Liberating the NHS (2010)

The White Paper, Equity and Excellence, Liberating the NHS (2010) gives Local Authorities an important partnership role with GP Consortia who will be responsible for commissioning local health services in the future.

In Portsmouth we have already developed a robust partnership agreement with the current health commissioners, NHS Portsmouth, to commission a range of community based services for vulnerable adults. This partnership names PCC as the lead commissioner and enables us to break down the barriers between health and social care and commission seamless services for people so that they receive the best possible care irrespective of the different funding streams and organisational barriers. There have and will continue to be huge benefits in this partnership approach to commissioning which will be quickly recognised by the emerging GP consortia.

Portsmouth City Council will offer to support the Portsmouth GP consortia with commissioning integrated services, using our experience of integrated commissioning and contracting within Adult Social Care. We are in the process of engaging with GPs on a number of commissioning intentions to ensure they are well sited and supportive of any decisions which will be made in the next couple of years.

3.6 Development Projects

Milton Village

Shearwater: 60-bed residential care home for older people with dementia.

- Minor defects being addressed at end of 12 months defects period prior to final handover to PCC.

Extra-care apartments – 65 apartments over 3 sites.

- Osprey Court - 16 apartments opened early August, all occupied except for 1 retained for temporary offices.
- Crane Court – 12 apartments opened early November, all occupied.
- Brent Court – 37 apartments (25 for shared ownership), practical completion scheduled for 25 October 2010. First admissions scheduled for November 2010. A show flat has been available since July. Regular panels have been identifying residents. Take up of flats by clients is slow at the moment but not considered a major issue at this time.

Harry Sotnick Nursing Home

92-bed nursing home for older people with dementia. 62 beds block contracted to PCC, 30 private beds.

- Construction started 12 October 2009 and practical completion scheduled for 17 January 2011.
- First admissions scheduled for 14 February 2011.

Extra Care and Affordable Housing Redevelopment Project

166 extra care apartments and approximately 15 family houses over 3 sites with full nomination rights and a 20-place respite/rehabilitation facility.

- Procurement process to identify development partner underway with three strong Bidders involved in the second (detailed solutions) stage. This stage will have to be extended, which may affect the scheduled completion date of 31 March 2011.
- Agreement almost reached to buy the adjacent Primary Care Trust clinic for inclusion in the scheme and to deliver more affordable homes.
- First 41 apartments scheduled to open in the autumn of 2012
- Final phase scheduled for completion in the autumn of 2014.

3.7 Locally Based Hospital Unit (LBHU) Update

The re-provision of the two remaining locally based hospital units, Avenue House and Hamilton House is progressing well and is being delivered on time and within budget, and in line with the project plan. The former Beaton Assessment Unit on the St James site has been refurbished to provide accommodation to residents whilst the new homes are created, and residents from Avenue House have been successfully moved into the temporary accommodation.

Works are progressing well on the creation of 3 homes on the Avenue House site, with a planned completion date of early November. It is expected that residents will move into their new homes at the end of November.

Following consultation with families about the design options for Hamilton House, the LBHU Project Management Board supported families and residents views that a 6-bed supported living house should be developed within the current building, and planning permission application has been submitted.

The Tendering process for a care and support provider has begun, and following the PQQ stage, 11 providers have been invited to tender.

At it's meeting on 27 August, the LBHU Project Management Board supported the proposal for PCC Housing to be landlord of the new properties once they are transferred to the local authority, and consultation continues with families on this issue. To date there is clear support from families for this course of action.

3.8 Complaints - Statistics and Trends - 1st Quarter - 1 April to 30 June 2010

25 complaints received. This compares with 12 complaints for same quarter last year and 52 complaints for whole of last year 2009/10.

Reasons: Five each - professional practice and quality of service, three each - funding issues, failure to provide a service and standard of care, two each - eligibility criteria and behaviour, and one each – inadequate service and insufficient service. These cover several different aspects of social care services such as residential, day and fieldwork services and all adult client groups. There is no discernible theme or trend or any explanation for the significant increase in the number received in this quarter. (No comparative data available for same quarter last year.)

Resolution: All but one have been addressed at Stage 1 (local resolution). One was made the subject of a Stage 2 investigation (independent investigation). Four have been upheld, five partially upheld, 13 not upheld, two withdrawn and one unknown at the time of writing.

Responses: within 10 working days (41%), within 20 working days (41%) and over 20 working days (18%). This exactly matches performance for the whole of last year.

13 compliments received.

3.9 Performance Indicators

The focus for monitoring is the three performance indicators from the national set that form our principal contribution to the monitoring of the Local Area Agreement.

These reflect the key policy drivers for adult social care, and they are;

NI 130 - Social care clients receiving Self Directed Support

This is measured as the number of adults, older people and carers receiving self-directed support in the year to 31st March as a percentage of clients receiving community based services and carers receiving carer's specific services aged 18 or over.

We are maintaining a strong improvement in this area, moving from a figure of 10% in September 2009, through 19.2% in March 2010 and the latest monitoring figure of 22.6% puts us on track to achieve our target of 30% by March 2011.

Using our CIPFA group of comparator authorities, our performance is well within the top quartile and will remain there.

The number of people choosing a direct payment to meet their care requirements has increased from 135 (March 2010) to 177 (August 2010).

NI135 - Carers receiving needs assessment or review and a specific carer's service, or advice and information

This is expressed as the number of carers whose needs were assessed or reviewed by the council in a year who received a specific carer's service, or advice and information in the same year as a percentage of people receiving a community based service in the year.

We exceeded our target for 2009-10 of 20% by achieving an outturn figure of 23.4%. The target to achieve by March 2011 has therefore been revised upwards to 30%, and we are likely to achieve this.

In 2009-10, our comparator group average was 27.5%, with a top quartile comparative figure of 32.1%, so achievement of the target figure will represent a significant improvement over the past year.

NI136 - Number of people supported to live independently through social services

Defined as the number of adults all ages per 100,000 population that are assisted directly through social services by being assessed and funded to live independently, plus those supported through organisations that receive social services grant funded services.

We achieved an outturn figure for 2009-10 of 3155 people supported. The latest monitoring figure of 2624 suggests that we are unlikely to reach our target of 4433 by March 2011. However, it should be noted that this indicator only counts people supported at a specific point in time, and so it can fluctuate significantly depending on the time the report is specified.

When judged against our group of comparator authorities we are currently close to the 2009-10 average of 2949 for the group.

In addition to the above, two other national indicators were derived from the survey of users of equipment services that was conducted in February 2010.

These give an indication of the service users' experience and details are given below.

NI127 – the percentage of individuals responding that the equipment service had made their quality of life “much better” was 72.9%, which is within the top quartile of our comparator group (71.9%).

NI128 – is an indicator of the dignity and respect that people felt they were shown in the way that their needs were discussed with them. We recorded 87.9% who were “very happy” with the way they were treated, which compares well to a comparator group average of 88.7% and top quartile figure of 91.2%.

Notes:

1. The data for the above outturns and comparator figures for the national indicators is provisional and restricted data made available by the National Adult Social Care Information Service. It can only be used for internal monitoring purposes as it is not due for public release until November 2010 and therefore cannot yet be published.
2. All of our current monitoring is affected by the implementation of a new patient record system in adult mental health services which has yet to produce reliable data.

3.10 Delayed Discharges

There have been a number of changes to processes and systems within Queen Alexandra Hospital (QAH) over the past year, in order to remain as responsive as possible to the changing needs and demands of the Health and Social care systems.

The hospital team itself has undergone significant changes - the team has moved from working across 2 bases (Southwick lodge and Gloucester House), to one base co-located with the Hampshire Hospital Adult Social Care team on the QAH site. They have also moved from having 2 teams -a duty team and a longer term team,-to

one team, in one location, all carrying out short term interventions. This has sat alongside the restructuring of the community teams, and now involves a more rapid handover of work from hospital within 72 hours of discharge to be dealt with by the community teams, leaving the focus on facilitating safe and timely discharges.

The team has increased significantly its support to Independent Living Service (ILS), providing the equivalent now of 2 additional social workers to assist in discharge planning through the ILS to community teams, and have also seen the establishment of ward linked social workers and care managers.

In terms of reimbursements, there have been no delays that are reimbursable since beginning of August. There are no cases awaiting allocation as all complex cases are allocated straight away or dealt with on duty or over the weekends on Out of Hours (OOHs). The OOHs service run by PCC is being reviewed, and we provide an additional member of staff over bank holidays to continue to facilitate discharges.

In terms of actual reimbursement charges, we have seen a steady decline over the past 3 years-


<i>April 2008 to March 2009</i>	
Portsmouth Hospital Trust	£36,100
Dept Medicine for Older People	£81,300
Total Reimbursement payable	£117,400

(Total amount less than 2007	£12,600)
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<i>April 2009 to March 2010</i>	
Portsmouth Hospital Trust	£11,900
Dept Medicine for Older People	£24,200
Total Reimbursable	£36,100

(Total amount less than 2008	£81,300)
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and so far this year the indications are even lower.



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