

**Report to:** Health and Social Care Scrutiny Panel  
**Date:** 13 June 2013  
**Report by:** Robert Watt, Head of Adult Social Care  
**Presented by:** Justin Wallace-Cook, Assistant Head of Adult Social Care  
**Subject:** Adult Social Care update on key areas

**1. Purpose of the Report**

1.1 To brief the Health and Social Care Scrutiny Panel on recent developments in Adult Social Care since the previous report in July 2012.

**2. Recommendations**

2.1 That the Health and Social Care Scrutiny Panel note the content of this report.

**3. Update on Key Areas**

**3.1 Changes to Portsmouth City Council Directorates**

With the retirement of Margaret Geary, Strategic Director, the city council has taken the opportunity to revise its current structure. Adult Social Care now form part of a new Directorate together with Education, Revenue and Benefits, Children's Services, Troubled Families, and Integrated Commissioning. Julian Wooster is the Strategic Director and he has taken on the statutory DASS role (Director of Social Services). The Integrated Commissioning Unit will extend its role to take on responsibility for commissioning Children and Public Health services and report directly to Julian Wooster.

**3.2 ASC Budget for 2013/14**

The savings target set for adult social care in 2013/14 and agreed by council, is £4.7m and as such represents the most significant challenge we have faced to date. The forecast for future years also suggests further savings will be required, possibly in the region of £3m per annum until 2017/18.

Approximately £1.2m of the saving in 2013/14 will come from staffing budgets. Whilst this has meant reducing the number of posts in Adult Social Care by 50, we were able to reduce the number of people actually at risk by taking into account vacancies and requests for voluntary redundancy. A process of selection is now underway in areas of the service where compulsory redundancy is necessary.

We are now in the process of considering pressures over the next few years with the ongoing reduction to public sector funding and how new measures, such as the Dilnot reforms on the funding of social care, will impact on local budgets.

### 3.3 ASC Development Projects

Caroline Square Extra Care Sheltered Housing (ECSH):

Completion due in October with 43 flats available for rent from November 2013. An open day for Councillors and professionals is to be arranged for late October.

Maritime House ECSH:

Works scheduled to start on site mid-May for 80 flats for rent and 20-bed re-ablement unit. Completion programmed for late November 2014.

Longdean Lodge:

Housing 21 have submitted a bid for £2.5m to the Department of Health for grant funding a 50-flat extra care facility. Allocations should be announced in May. Cabinet approval received for providing the land to Housing 21 for free as the Public subsidy element of the grant bid.

Development would start once the Victory unit has transferred to their new premises in Dec/January 2015 with completion expected in June/July 2016.

New Residential Home - East Lodge:

East Lodge site allocated to scheme by Cabinet for 60-bed dementia care home for older people, 10-bed respite care for adults with physical disabilities and associated day services.

Closure in principle of Edinburgh House and Hilsea Lodge approved for transfer to new facilities.

An external architect has been engaged and surveys of the site for planning and construction purposes are underway.

Initial programme identifies a planning application in September and start on site in July 2014. Completion planned for October 2015.

### 3.4 Rehabilitation Services

#### Grove Unit

The Grove Unit, based at Longdean Lodge, opened in April 2013 and provides 16 beds for assessment, transition and reablement, for those who are at risk of hospital admission or for those who are able to be discharged from hospital but need a short period in such a setting before returning home.

The Grove, alongside the existing Victory Unit, Spinnaker Ward and the Portsmouth Rehabilitation and Re-ablement Team will form a jointly commissioned single community pathway for intermediate care, rehabilitation and reablement for Portsmouth, provided in partnership by Portsmouth City Council and Solent NHS Trust.

The service is being funded by the CCG with ASC accommodating the unit and also providing the non-nursing element of care. The effectiveness of such a service will be evaluated over the next 12 months at which point a decision can be made as to whether it should be continued and how it would be funded.

#### Spinnaker Unit

Spinnaker Ward, a community inpatient rehabilitation service, developed as part of the integrated intermediate care arrangements in Portsmouth has continued to exceed the performance standards set for it by commissioners since January 2012 when the decommissioning of a rehabilitation ward at Queen Alexandra Hospital was approved by HOSP. Patient experiences have been very positive and samples indicate the vast majority of people on the ward meet their rehabilitation goals.

Performance information on length of stay, occupancy rate, effective discharge and waiting times indicates the service is working very effectively and efficiently, with very few problems in discharge or waiting times. The ward has very positive working arrangements with Queen Alexandra Hospital who have no recorded issues or increase in length of stay for patients because of moving rehabilitation into the community ward.

### 3.5 Continuing Health Care (CHC)

In September 2012, Continuing Healthcare services were integrated across health and social care. Since then the CHC Team has provided a cohesive and holistic service to clients that trigger a CHC checklist and those that are found eligible for CHC funding.

Since integrating, there have been no delays to funding applications as a result of health and social care disputes, there has been a significantly reduced number of appeals to the funding outcome decision and a smoother

transition for clients that following review no longer trigger CHC funding and return to Local Authority.

### Personal Health Budgets

The CHC Team are currently developing a personal health budget model to be launched by April 2014 for CHC clients which will promote independence to clients that historically may have been offered limited options of care provision.

A personal health budget is an amount of money that is allocated to an individual to allow them to meet their health and well-being needs in a way that best suits them. At its heart is a care plan, agreed between the service user and professionals, which sets out the individual's health and social care needs and includes the desired outcomes, the amount of money in the budget and how this will be spent.

By April 2014 people on the NHS Continuing Healthcare scheme will have the right to ask for a personal health budget. We are also looking at the wider roll out of personal health budgets for areas such as mental health and people with a long term condition.

There is an internal working group within the integrated Continuing Healthcare service which will ensure that the process is tested and operational in advance of April 2014. However, the national regulations which would enable us to deliver personal health budgets through direct payments have been delayed and therefore the original plan to have commenced our trial has been pushed back

### 3.6 Carers - Review of Services

A review of services has conducted stakeholder interviews and focus groups on Substance misuse, Learning Disability, Adult Mental Health, Dementia Young Adult Carers, and Stroke.

Data analysis of social care and local services is being completed and comparisons drawn between local and national evidence on effective carers services.

Next stage is to consider needs of "hidden carers", working with Age UK, ethnic community groups and with community groups in Charles Dickens, Paulsgrove, Cosham, St Thomas. Recommendations will then be made on opportunities for continuous improvement to services.

### 3.7 Resource Allocation System

The government have set targets for people eligible to receive adult social care services to receive either a personal budget or direct payment. In order

to offer consistent and equitable funding the majority of local authorities use a Resource Allocation System (RAS). The RAS is a way of calculating indicative support costs for client needs. Portsmouth City Council have been working with FACE (the current market leader in RAS development) to develop a bespoke RAS for Portsmouth

A recent pilot satisfied Adult Social Care that indicative budgets generated by the RAS were acceptably aligned with the 'Panel'-authorised cost of these clients' existing care provisions. A go-live date is planned for July 1st in one team to further test the tool, with the intention to phase implementation service wide from autumn 2013.

### 3.8 Learning Disability - Integration of Teams

Although the Section 75 Agreement to formalise integration has yet to be signed, there are no outstanding obstacles to proceeding other than (at time of writing) uncertainty regarding the level of funding that is available from Solent. The Joint Commissioning Unit and Solent NHS Trust are committed to ensuring that the funding related to the staffing establishment is in place.

The structure of the team and line management arrangements are in place and despite some understandable anxiety with any new arrangements, there is a high level of optimism and commitment to making the integrated service work. Clarity has been achieved over eligibility for a service from the integrated team.

### 3.9 Health and Social Care Partnership (HASP)

With many of its original objectives achieved, HASP will now evolve into a more 'provider' focussed group, reporting in to commissioners at the Integrated Commissioning Board (ICB). So far the HASP has overseen the development of integrated rehabilitation services, both community and bed based, as well as a virtual ward pilot which has integrated community social work and health teams with primary care. It is currently engaged in a review of occupational therapy services. Members of the HASP will include Adult Social Care, Solent NHS Trust, and Portsmouth Hospitals Trust and to date has been seen as a successful approach to the delivery of integrated Health and Social Care services.

### 4.0 'Fulfilling Lives' - Lottery Funding

One hundred local authorities, including Portsmouth, have been selected to bid for lottery funding aimed at developing schemes to combat isolation of older people, often seen as a contributory factor in increasing vulnerability leading to social and health care involvement.

A bid has been submitted and thirty local authorities will be selected to proceed into the next round, to further develop their proposals. The voluntary

sector will lead on the final bid and a process is in place for them to choose a lead bidder.

#### **4. Alcohol Services - including advice and referrals**

Recent tendering for substance misuse services does not affect the specialist alcohol interventions from QA hospital or GP surgeries, which are delivered by the Alcohol Specialist Nurse Team and Alcohol Interventions Team

The alcohol element of the combined community drug and alcohol services will change as the in-house "hub" team will take on assessment and care management responsibility for those clients from 1st July. Solent NHS Trust will be providing medical interventions within this model and Portsmouth Counseling will provide 1:1 counselling (as now). Psychosocial group interventions will move from Cranstoun to Society of St James.

A wider range of detoxification options are available since moving from the block contract. Ten providers of detoxification services have applied to join our purchasing framework which will operate from 1st July. In the interim we are spot-purchasing from five providers. We are also currently tendering for a community based rehabilitation program as a direct alternative to residential treatment.

Referral rates: The number of alcohol users in treatment has increased significantly. National data (NATMS) showed 1038 alcohol users had been in treatment in the 12 months to the end of March 2013. This has increased from the baseline of 604 in the year 2008/9. The alcohol strategy target set that year was to increase numbers by 75% by 2013. Based on the provisional figure for March, we have missed this target by only 19 people, although this is likely to improve further when numbers are confirmed following next month's data. We currently have the highest rate of dependent drinker population in treatment in the South East region.

Hospital admissions: In the first 6 months of 12/13 (the most recent data available) there has been a 12% reduction in alcohol related admissions compared with the same period in the previous year. Portsmouth has gone from the highest rate in the South East to the 4th highest rate. In Q2 of 12/13 our rate was even marginally lower (n. 4) than the England average, representing a significant change over the past two years ago when we were substantially higher.

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May 2013