

CABINET MEMBER FOR COMMUNITY WELLBEING, HEALTH & CARE

RECORD OF DECISIONS of the meeting of the Cabinet Member for Community Wellbeing, Health & Care held on Monday, 10 July 2023 at 4.00 pm at the Guildhall, Portsmouth

Present

Councillor Matthew Winnington (in the Chair)

Councillors Lewis Gosling
 Graham Heaney

1. Apologies for absence

Apologies for absence were received from Councillors Brian Madgwick and Kirsty Mellor.

2. Declarations of interest

There were no declarations of interest.

3. Portsmouth Health & Care Discharge to Assess Model

Simon Nightingale, Assistant Director, Health & Care Services, introduced the report and outlined measures to reduce pressures on discharge pathways. Andy Biddle, Director of Adult Care, noted that the Jubilee Unit was a real success and very much an integrated operation. However, two significant issues with the Discharge to Assess (D2A) pathway, introduced during Covid, needed ironing out. One was financial in that the funding had more capacity than the subsequent local discharge grant and it was uncertain how much longer current funding would last. The other was that people were leaving hospital far earlier with more intensive needs. It took longer for homeless people or those with housing problems to go through reablement so Adult Social Care (ASC) was working with Housing, Neighbourhood & Building Services (HNBS).

Councillor Gosling congratulated ASC on the success of the Jubilee Unit, which was due to Portsmouth already having integrated working in place when Covid started. He had been asked about it at the recent LGA Conference in Bournemouth. He noted delays in returning home were not just amongst the homeless but also when housing was unsuitable so it was advisable to work with HNBS to resolve problems before the winter.

In response to questions from Councillor Heaney, Mr Biddle said it was difficult to measure outcomes. Data was submitted to central government on the number of people in their own homes three months after reablement; ASC was seeing more people going home so it did well on those targets. However, there was work to do with people who dealt directly with discharge, for example, a better knowledge of the domiciliary care available was needed. D2A was the right approach because staying in hospital reduced people's independence and muscle strength. Society had not invested in the foundations in D2A per se to make it a success as there was no national

pathway. If society wanted to make D2A an embedded success then it needed to think about prevention and where it spent NHS funding. D2A was successful locally but that was not enough. Mr Biddle would far rather see fewer people going into hospital and a sea change on admission avoidance. Councillor Heaney suggested using other local authorities' experience to build a model that could be applied more widely nationwide.

With regard to boundaries and who was responsible for funding, Mr Biddle said it was cloudy as local authorities (LA) and the NHS had different boundaries. LAs had a duty of care to people who lived in their boundaries but NHS boundaries depended on GP registration so a Hampshire resident could come under the Portsmouth NHS area. If a Hampshire resident had a GP in Portsmouth and was in a care facility in Portsmouth the social care element would be funded by Hampshire County Council. In situations like these the "hand-offs" were very different depending on where people lived as LAs and the NHS operated very differently. Councillor Winnington had experience of boundary issues from his previous employment, for example, Crookhorn was outside the Portsmouth LA boundary but the Crookhorn GP practice was part of the Portsdown Group. He had had considerable experience of complex battles on responsibility for funding but not so much recently.

Officers said that across Hampshire and the Isle of Wight (HIOW) about four weeks of D2A funding was provided. HIOW used its funding to buy beds. From April they had reverted to assessing in hospital so there was no four-week period as in Portsmouth. This had led to performance discrepancies and an inequitable service, in itself an issue. Southampton had four-week periods but were close to moving to more assessments in hospital. Portsmouth could be at risk of a similar situation.

Councillor Winnington said ASC was aware of the danger of D2A becoming "assess to discharge" if funding ran out. Portsmouth had a working D2A model and if it could not run it, no-one could. If funding could be kept it would be outstanding and it would save money too. Despite requests from LAs for a five-year funding plan, central government gave one-off amounts so LAs did not know what they would get. Louise O'Sullivan, Group Accountant, said the Integrated Care Board had given £1.7m for external placements but more placements were needed so ASC was trying to understand what requirements would be and how much funding was needed.

Summing up, Councillor Winnington said it would be interesting to hear other views at an integrated healthcare seminar he was attending the following day in London. He would feedback views as well information from partnership boards at the monthly update meetings with the opposition spokespeople. He also requested a conversation with Jubilee Unit staff on re-naming it on a Sherlock Holmes or Arthur Conan Doyle theme.

The Cabinet Member noted the report which is for information only and is not subject to call-in.

4. Meals Delivery Service

Andy Biddle, Director of Adult Care, introduced the report and emphasised that ASC was keen to work with Age UK to make the service a success. Age UK were a local provider, the meals were freshly prepared on their premises and the service gave added value as it checked welfare, for example, enabling a customer to be provided with cutlery and bedlinen.

In response to questions from members about promoting the service, Mr Biddle said it was no longer limited to ASC clients; anyone could be referred or refer themselves. Age UK were working with care homes and carers to promote it but ASC still needed to consider the advertising reach. The service was trying to be as flexible and innovative as possible. Members noted the service's phenomenal value and congratulated those involved. The initial difficulties in finding a new provider were worthwhile.

With regard to funding meal services, the contract with a national supplier ended in April 2022. There had been no physical contribution from the LA but it had reclaimed VAT. There had been no financial contribution from the LA since around 2016 when arrangements would have been very different. Recently the service has had to become one that "washes its face" financially and was viable.

With regard to providing a financial guarantee to Age UK, and therefore stability for the service, there was no current allocation in this financial year. The one-off contribution this year was from a non-recurrent reserve. ASC felt it was reasonable to help Age UK as customer numbers were lower than expected.

Councillor Winnington said money could be found from underspends or there was scope with certain grants to use leftover funding. The council had a good working relationship with Age UK (their Chief Executive represented the voluntary and community sector on the Health and Wellbeing Board) and ASC were continually talking to them to do everything to support expansion as the service was a very good wraparound model. However, it had to be made clear to the voluntary sector that funding may not continue as sometimes the non-recurrent overspend got out of control. As with other services, people needed to be reminded "to use it or lose it." If ASC ended up giving extra funding that money could not be used elsewhere and if the service was still unsustainable then ASC could end up subsidising it again from tighter budgets. It might not benefit Age UK to have non-recurrent funding as they needed certainty and ASC did not know how much non-recurrent funding Age UK would need. Councillor Winnington had seen voluntary sector organisations go out of business as non-recurrent funding had not returned. It was not a "no" to guaranteed funding but ASC would keep the conversation going and revisit the situation at the end of the second quarter. The number of customers might increase when the weather was cooler.

That the supplier in Hampshire (the same one Portsmouth had used) was proposing to withdraw showed the difficulties in the sector. Councillor Winnington emphasised that the council wanted the service to continue and would do anything they could to support Age UK, for example, increase

awareness amongst domiciliary care providers, but to make it sustainable everyone in the sector had to raise awareness and make referrals. The cost of the meals had increased but it was still lower than the cost would be with inflation. It was about the same as the pre-inflation rise with the previous provider.

The Cabinet Member noted the report which is for information only and is not subject to call-in.

The meeting concluded at 4.49 pm.

Councillor Matthew Winnington
Chair