

**Report to:** Health Overview and Scrutiny Panel  
**Date:** 23 February 2016  
**Report by:** Robert Watt, Director of Adult Services  
**Presented by:** Justin Wallace-Cook, Assistant Head of Adult Social Care  
**Subject:** Adult Social Care update on key areas

## **1. Purpose of the Report**

To update the Health Overview and Scrutiny Panel on some of the key issues for Adult Social Care up to January 2016.

## **2. Recommendations**

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

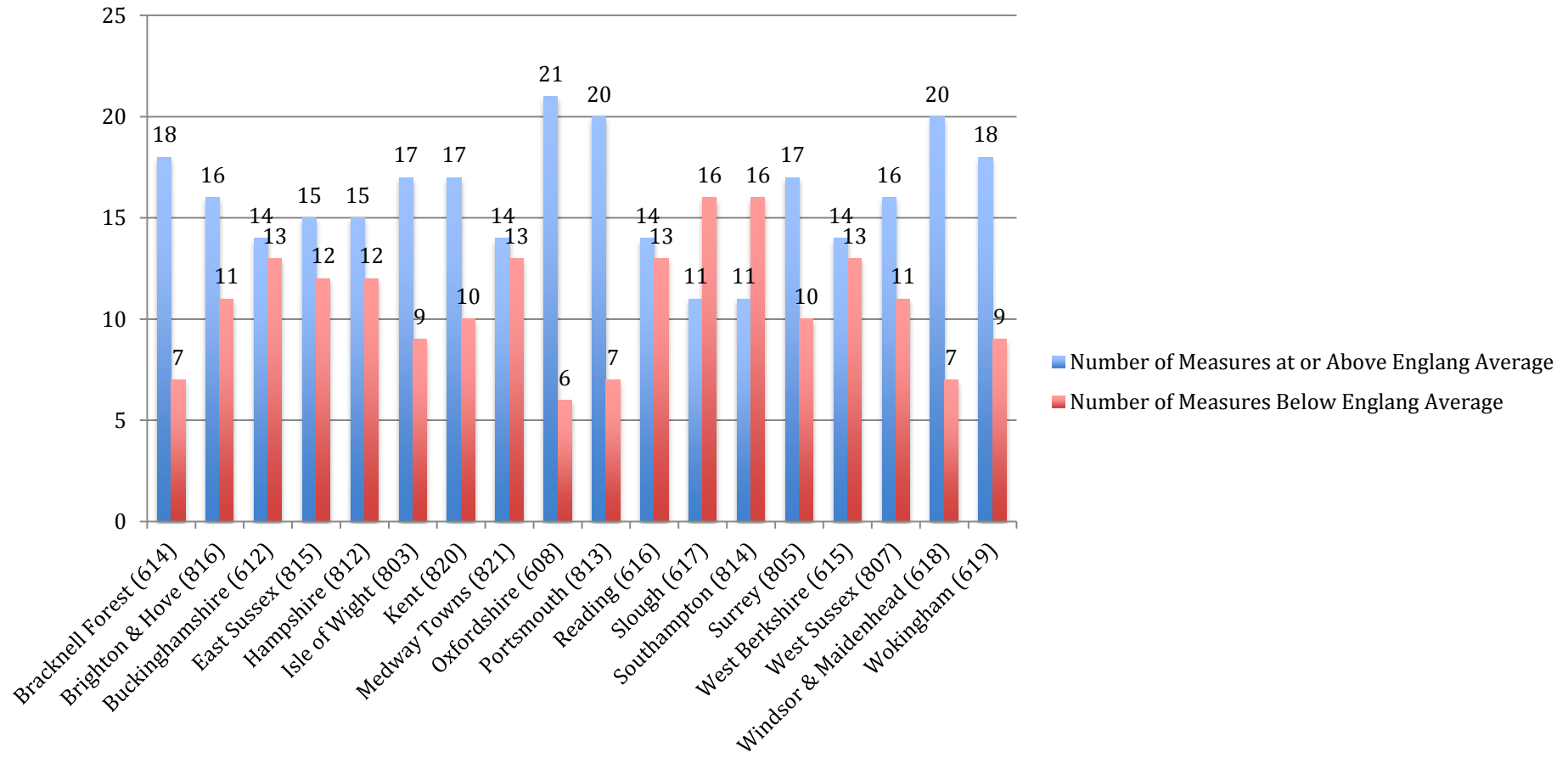
## **3. Update on Key Areas**

### **3.1 Performance:**

The Adult Social Care Outcome Framework (ASCOF) measures how well the care and support system achieves the things we would expect for ourselves and for our friends and relatives, such as quality of life and social inclusion. Of the 27 measures that ASCOF covers, we are above the England average in 20 this year. When we compare this to our nearest neighbours, Portsmouth is second only to Oxford. We rank above Southampton, which has 16 measures above the national average, and Hampshire with 15. (See chart on next page).

Due to the way Adult Social Care is funded, it is difficult to compare performance measures across areas with differing local challenges and levels of affluence. However a study recently published in the Municipal Journal, compared the ASCOF measures with the amount of money spent by each council on Adult Social Care. Out of all the councils in the UK that provide Adult Social Care services, Portsmouth ranked fourth for overall value for money. This is a reflection of the hard work and dedication of staff who continue to provide a quality service in the face of budget pressures. It also highlights the challenge we face in meeting ongoing savings targets.

## Overview Performance of 27 National ASCOF Measures By Council 2014/15 Actuals



### **3.2 Director of Adult Services (DASS):**

The HOSP will be aware that the current Director of Adult Services (statutory role of Director of Adult Social Services - DASS) will be leaving the service in the near future, at a date yet to be confirmed (at time of writing). A proposal to bring together a new senior management role, working across Adult Social Care and the Clinical Commissioning Group, was agreed by the Council's Employment Committee in December. The merging of roles will enhance the existing good working relationships in the City and bring us a step further towards fully integrating health and social care. This is consistent with the themes in the 'Blueprint' for how Health and Social Care will be delivered in Portsmouth in the future. <https://www.portsmouth.gov.uk/intranet/documents-internal/hlth-health-and-care-portsmouth-blueprint.pdf>

Details of the new role are still be finalised and will need to take into account how the statutory role, title and functions of Director of Social Services will be performed.

### **3.3 Budget:**

How Adult Social Care is funded remains a key concern for the city.

Since the last report the savings target has been revised with the service expected to find £1,104,500 by April 2017. This is in addition to meeting approximately £2.4m savings required from 2015/16. Savings proposals have been agreed by the Council which affect all parts of Adult Social Care and the services it is able to provide.

There are also a number of existing and anticipated pressures during the course of 2016/17 which will place an additional strain on the resources available to us. The current demand for domiciliary care and Learning Disability support services is such that it is proving difficult to meet the savings targets required in those areas. In addition, the New Minimum Wage is expected to result in increased costs of care. Whilst the government is allowing a 2% increase in council tax specifically to meet these costs, it is strongly anticipated that this will fall somewhat short of what is required, making Portsmouth a net loser, placing the city in the bottom 20 of unitary councils to benefit, or otherwise, from this new power.

### **3.4 Hospital acute services:**

Portsmouth Hospitals Trust remains under pressure from high numbers attending the Emergency Department. Community Health, Social Care and Voluntary Sector services are working hard to ensure those people who require ongoing community support, and can be discharged safely, are returned home as quickly as possible.

The Department of Health have commissioned an Emergency Care Improvement Programme (ECIP) as part of a review of 28 hospitals across the country that have faced particular challenges in managing high levels of demand. Those undertaking the programme of work will be reporting on their recommendations for improvements to all system partners over the next few weeks.

### **3.5 Safeguarding:**

Since the last report a new Independent Chair of the Safeguarding Board has been appointed and arrangements are in place to appoint a Board Manager.

The Safeguarding Annual Report will be presented to HOSP for noting at today's meeting.

Priorities for 2016/17 will be agreed at the forthcoming Safeguarding Board in February.

#### **3.5.1 Mazars Report (Southern Health NHS FT)**

This report summarises the findings of an Independent review of deaths of people with a Learning Disability or Mental Health problem who were in contact with Southern Health NHS Foundation Trust, April 2011 to March 2015. The focus report is very much on the reporting and investigation of incidents. Officers of both HCC and PCC have been invited to take part in meetings to understand what recommendations and actions will arise from the report, however much is concentrated on internal leadership, processes and communication.

#### **3.5.2 Gosport War Memorial**

Further to the announcement made in Parliament on 9 December 2014 by the Minister of State for Care and Support, an Independent Panel has been set up to review documentary evidence concerning care of families' relatives and subsequent investigations into their deaths in Gosport War Memorial Hospital.

The remit of the Panel will be to:-

- Consult with the families of the deceased and of those treated to ensure that the views of those affected are taken into consideration.
- Obtain, examine and analyse documentation from relevant organisations and individuals.
- Produce a report that hopes to add to public understanding of the events and their aftermath.

We will be assisting the Panel with any request for information regarding former patients who may be known to Adult Social Care.

### **3.6 Multi-disciplinary locality teams**

Plans for co-location of Adult Social Care and Solent NHS staff were put on hold before Christmas to ensure there was a strong focus on managing winter pressures and hospital discharges over the Christmas period. It is anticipated that co-location, as described in the previous report, will now take place in May.

A successful event held in December brought together the respective workforces of Solent NHS and ASC to foster joint understanding of how we can work better together in a new integrated service. The event included screening of a DVD, made with participants from both organisations, which was sponsored by Health Education Wessex.

### **3.7 Learning Disabilities**

#### **3.7.1 Transforming Care**

The Winterbourne View scandal, exposed by the Panorama programme, shocked the nation. It led to the Government pledge to move all people with learning disabilities and/or autism inappropriately placed in such institutions into community care and a national strategy was created to:

- Get people out of hospital who do not need to be there anymore.
- Supporting people in crisis to avoid going to these types of hospitals.
- Developing community services to reduce crises.
- Safeguarding and monitoring peoples care.

Nationally the targets set have not been achieved, however in Portsmouth the number of people placed in this type of setting is very low, currently 6 people. Based on population figures Department of Health estimates may have expected that figure to be nearer 34 beds.

#### **3.7.2 Residential Care to Supported Living**

Since 2001 Portsmouth has been moving away from a reliance on registered residential care, creating supported living arrangements in cooperation with independent sector providers, Housing Associations and the City Council Housing Department. In 2013 of the combined number of people in Residential Care and Supported Living setting, 52% were in Residential Care Settings and 48% in Supported Living. A target was set in the Learning Disability Development Plan that by the end of 2016 we aim to reduce the number in residential care to 40% Care and increase to 60% those in

Supported living. That target has almost been achieved and currently of the 270 people either in Residential Care or Supported Living 42% are in Residential Care and 58% in Supported Living.

The latest supported living development is to redevelop Corben Lodge in Milton. The existing building is remaining and will be converted into three separate dwellings, with four bedrooms in each. Twelve people have already been identified all of whom currently live in Residential Care. The bulk of the work is internal but there will be some changes to the outside, such as new entrances and landscaping, all of which can be considered enhancements.

Although we proud of our supported living strategy there is a continual need for the city to place greater emphasis on independence, self-determination and helping people choose who they live with. Supported Living is not simply a change in model or arrangements. There is also the need to develop a greater range of housing and support options that avoid returning to large group living.

**Robert Watt**  
**Director of Adult Services**