

**Report to:** Health Overview and Scrutiny Panel

**Date:** 26 July 2016

**Report by:** Angela Dryer, Deputy Director of Adult Services

**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 July 2016.

## **2. Recommendations**

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

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

### **3.1 Performance:**

In the previous HOSP update, the Adult Social Care Outcome Framework (ASCOF) measures were detailed, and it was outlined that:

Out of all the councils in the UK that provide Adult Social Care services, Portsmouth ranked fourth for overall value for money, as a reflection of the hard work and dedication of staff who continue to provide a quality service in the face of budget pressures. This also highlighted the challenge we face in meeting ongoing savings targets.

There are some clear issues with the ASCOF and SALT, (Short And Long Term care) returns. Due to the volume and scope of the data collected, by the time it's published it's usually at least 6 months after the end of the financial year it's relevant to. An additional challenge in providing data for 2015/16 has been the change in IT systems for partner agencies resulting in them being unable to extract meaningful data to feed our national returns at this stage.

We are anticipating early access from NHS Digital to the preliminary national data to be released between late summer - mid autumn once HSCIC has completed its initial validation of our 15/16 data submissions (primarily SALT & ASC-Finance returns).

### **3.2 OPPD Assessment Service Intervention**

The community based Social Work/Occupational Therapy and Hospital based Social Work teams have been undergoing a "Systems Thinking" intervention, working to the "Vanguard Method" at the direction of the Cabinet Member for ASC. This is a 3 stage process - the first involves understanding the work

that is being done by the teams and classifying work that is not related to achieving service user purpose as waste, ("check"). The second stage allows for experimentation with live cases carried out by a small team to assess whether it is possible to achieve service user purpose without the waste work, ("redesign"). Examples include a shorter assessment and removing some of the ceilings for authorisations. All actions that are proposed are checked to ensure they are legal and proportionate. The Intervention Team are currently engaged in the third stage, ("roll in") involving training all staff how to work without waste steps, thus improving customer experience by intervening in a more timely and effective way.

A fundamental part of this process is designing measures for the service which relate to the people of Portsmouth who use the service and what is important to them. This will mean that the national measures will become less relevant as they have not been set by our service users and do not enable leaders to act on the ASC system to improve it.

Whilst the ASCOF and other national measures will continue to be available to HOSP, ASC will increasingly focus on development of local measures and these will be remitted to HOSP as soon as they start to be gathered. These will provide meaningful, accurate data around Demand, Capacity, Capability, Quality, Financials and Customer Satisfaction. For this last measure we'll be asking every single service user for a score out of ten and be able to report on it. The purpose of gathering data will change from supplying data nationally and benchmarking with other Authorities to gathering data locally and using this to improve the system to the benefit of service users in Portsmouth.

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

In the last update report, HOSP were advised that there would be changes in the DASS role. In April 2016 Innes Richens Chief Operating Officer (COO) for Portsmouth Clinical Commissioning Group (PCCG) was appointed to a joint role, taking on the statutory function of the DASS as well as continuing in the role of COO for PCCG. A Deputy Director (Angela Dryer) was appointed As Adult Services lead within Portsmouth to provide strategic and operational leadership and ensure effective management for all operational and strategic functions of adult social care services.

### **3.4 Budget:**

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

The introduction of the New Minimum Wage, as anticipated, has led to an increase in care costs. The 2% precept money has been fully allocated to Social Care. This increase in council tax, has assisted in meeting this pressure, but the amount received has been fully utilised in offsetting higher costs to providers.

The increased number of Deprivation of Liberty Safeguard applications has also produced a significant budget pressure. A number of councils are currently challenging the government on the impact of this legislation and the lack of funding allocated to LA's to manage the pressure.

### **3.5 Safeguarding:**

Since the last report the Portsmouth Safeguarding Adults Board (PSAB) has held a successful development day which has resulted in an agreed set of priorities which will shortly be published as the board's strategic plan and presented to the Health & Wellbeing Board in September 2016

A Board Manager has been appointed, currently on a temp contract running until the end of March 2017. This arrangement will be reviewed in the new year with a view to making a permanent appointment.

A Safeguarding Adult Review has recently been completed and the final report and recommendations has been published on the PSAB website

Portsmouth has also seen a significant rise in the number of applications made under the Mental Capacity Act's Deprivation of Liberty Safeguards (DoLS). This applies to people who live in care establishments or hospitals and who lack the mental capacity to consent to be in the placement and are deemed to be subject to "constant supervision and control". In order for the DoLS to be applied the individual is assessed by a specially trained Doctor and Best Interest Assessor. The views of those supporting the individual including family members are sought; Independent Advocacy is also provided if there is no one to carry out the representative role. The application is then authorised by a suitably trained Senior Officer.

In 2014/15 786 applications were managed. This rose to 1460 in 2015/16. Indications for the 1<sup>st</sup> quarter of 2016/17 are that this number is likely to further increase during this financial year.

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

The District Nursing and Physiotherapy teams employed by Solent NHS Trust moved in to the Civic Buildings and Medina House in May 2016 and are now co-located with their PCC employed Social Work and Occupational Therapy colleagues. This will enable both organisations to begin discussing the shape of a future integrated service, in line with the Portsmouth Blueprint.

## **3.7 Learning Disabilities**

### **3.7.1 Having a Good Day**

We will have decommissioned 66% of the in-house day services by mid-July. We have completed the tender process for the Health and Independence, Work and Community Connection Services. Named workers will use a simple planning tool which we have developed to finalise which services people will use and the outcomes that the services will be expected to deliver. Allocation of banded rates will provide indicative personal budgets. None of contracts will be Block' so individuals will be able to use Individual Budgets effectively.

Social Enterprise continues to flourish with a growing range of options;

- Looking after the main railway stations
- Creating furnishings and recycling
- Walking dogs in conjunction with the Cinammon trust in order to support older people's ability to keep their pets
- Running craft groups in older persons homes
- Delivering Library books to housebound people
- Running a number of cafes across the city
- Maintaining gardens
- Working in Southsea Library
- Working as an artistic enterprise, exhibiting and selling

Service users are working in a structured way to develop learning and skills with employment as a clear and realistic goal for some.

### **3.7.2 Respite**

We have produced a Transformation Plan which has been shared with Carers who form part of a steering group. The central aim is to reduce use of Residential Respite and develop alternatives; specifically an Outreach Service, a Buddying Service and discrete accommodation and support for emergency placements and for people who require a smaller quieter environment. Funding has been granted to adapt the two properties adjacent to Russets to provide the last and work will be completed by September.

### **3.7.3 Integrated Team**

The move to single line management has led to a step change in terms of integrated working.

There is now significantly improved engagement in shared responsibilities across the Team and increased flexibility of roles in terms of supervision, duty oversight for example.

#### **3.7.4 Collaboration/Advocacy**

We now have established monthly carer meetings and regular Carer and Service User newsletters. Service Specifications for new services include a requirement to support self-advocacy and the involvement of service users and carers in setting and measuring quality indicators. We are involved in co-production in terms of Housing and Support and Respite transformation. The Partnership Board has been re launched very successfully with increased membership and better focus. All user groups will feed into and will be informed by the activity of the Board. Volunteer trainers have been established and will eventually be floated as a Social Enterprise. The Learning Disability Champion is now a Portsmouth City Council employee and based at the Kestrel Centre.

#### **3.7.5 Transition**

The Preparing for Adulthood working group is made up of a mix of service users, carers and professionals and feeds into both the Learning Disability Partnership Board and Priority Five Board. We have been successful in becoming a National Demonstration site focussed on ensuring that

- Education Health and Care Planning process delivers improved outcomes
- The planning process supports effective joint commissioning

This work is dovetailing with work on Transforming Care and Personal Health Budgets

#### **3.7.6 Transforming Care**

While the number of inpatient placements remains relatively extremely low work is underway regarding people 'at risk'. Services for this group will be the focus of the next stage of the Day Service Transformation. Respite Services are being modified and a new resource will be available in September for people who find larger settings problematic. A major build for 12 people will shortly be underway to replace two existing resources. The emphasis throughout will be on minimising the level of discrete provision and supporting integration and this process has successfully begun via the Day Services Transformation.

**Angela Dryer**  
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