

## **What are we doing in Portsmouth? - Transformation Programme**

There are 6 key elements of the Transformation programme - all overlap and together offer a coherent approach. It will deliver cost effectiveness and better outcomes for people.

### **Not Using Hospitals**

- We have 7 people in hospital (specialist hospitals)
- By March 2017 we expect to have only 2 people in hospital
- We have a team to support and keep people in the community
- We know who is a risk of admission and we support them more closely

### **Health**

- We have an excellent Liaison Team at Q A hospital
- Every G P surgery has a Link Nurse
- Health facilitation training is available to all providers
- There is a local "health equalities" plan across all health service
- We support people to have Health Action Plans

### **Day Services**

We have de-commissioned 66% of the in-house service and much of the independent sector provision and re-commissioned services that focus on the 4 Preparing for Adulthood outcomes:

- Work
- Health
- Independence/Learning
- Relationships and Community

We have replaced 'block contracts' where we agree to pay a provider a fixed amount with individual budgets so people can change their service and the money moves with them. This approach works together with the introduction of a named worker for all service users and a focus on a support plan that identifies clear long and short term, aspirational outcomes for people. We have moved from a Supermarket model of provision where Day Centres try and do everything to a High Street Model where you go to a particular place for a particular purpose and the focus is on independence and personal development.

We are currently reviewing services for people who would be described as 'at risk' under Transforming Care. We will look to integrate into other services where we can and provide specialist provision where we are unable to.

### **Transition**

Transition is a perennial concern for young people and their families. Since the Children's Act statements have been replaced by Education Health and Care Plans which from the age of 14 should focus on the 4 Preparing for Adulthood outcomes. We have dedicated Transition Workers within the integrated Team and as a National Demonstration site are tackling 3 issues:

- Making sure that EHC Plans identify and support achievement of aspirational PfA outcomes.
- Using information from planning to inform commissioning particularly for people who may 'fall between stools' for example people with autism
- Working with Colleges to make sure transition in and out of College is smooth and that we work together under the umbrella of the EHCP

The re-design of Day Services supports the PfA focus

## **Housing and Support**

In 2013 we set a target to reverse the residential care/supported living ratio 40(SL)/60(Res Care) and we have done that. But often Supported Living is only understood as a service type and we need to make sure that people have as much choice and control as possible and that they are supported to be independent. The Local Government Association is clear that pressure on LD budgets is greater than on any other Care Sector and that the only sustainable approach to tackle this is by supporting people to be independent and part of their Communities

We are addressing 4 key questions

- How do we expand the range of housing and support options?
- How do we support people to explore what is right for them?
- How do we decide what is 'good' and how will we measure it?
- What are the rules around development?

We have had 2 stakeholder conferences to look at this and work is being led by a sub group of the Partnership Board that service users and carers are part of.

Our excellent collaborative relationship with Housing means that we can provide changing options and currently 5 significant housing developments are underway

## **Respite**

Currently the basic offer is Russets a residential Care Home. It is expensive, it doesn't reflect the range of respite options that people want and it is expected to accommodate emergency placements and a range of needs often which are incompatible. So we are looking to move from a one stop shop to offer a menu

- Gig buddies
- Outreach Support
- Holidays
- Shared Lives

We have converted 2 houses to support emergency placements and provide for people who need a smaller quieter environment. This will be financed by ceasing independent sector respite, reducing cost of staffing that was required because of the unsuitability of Russets for some and by use of Russets by other Agencies.

## **Integration**

We have an exceptionally able and committed integrated team made up of Nurses, Social Workers, Psychology, Occupational Therapists, Speech and Language Therapy, Psychiatry. Integration is often a challenge but works well. CQC have just rated the Service 'Outstanding' which they have stated is not the case in any LD Team in the UK. We have introduced single line management and a Named Worker system. This reflects an asset based approach. Using a Support Planning tool the Team developed, we focus on key outcomes - the things that matter to us all and proactive engagement and planning. This has meant we spend less time attending to what is not working. It also means that when opportunities occur because of the relationship and knowledge the Named Worker has referrals are readily forthcoming.

## **Collaboration**

The sixth theme is about doing things together. In terms of Carers - for example - we provide regular meetings and Newsletters. Carers welcome the Named Worker approach and the consistency of someone they know. All new contracts require that providers involve Carers and Service Users in measuring the quality of that service and support Carers and Service users to have their say. We have recently trained Service users and Carers to 'enter and View' for example Stakeholders are also involved in the design of services whether that's sitting down with architects plans or advising re colour schemes and furnishings.

We also see providers as partners and have a provider forum and maintain regular contact. We encourage Named Workers to get to know providers well.

This all comes together in the Partnership Board which has a very collaborative feel and which monitors the transformation programme as well as being the conduit for stakeholder views.

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