

Report to: Health Overview and Scrutiny Panel
Date: 24 January 2017
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 January 2017.

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 we were 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). These figures have now been released to the Council but are embargoed by NHS Digital and are not to be used for any comparison with other authorities or circulated, so cannot be included in this report.

The national carers survey was sent out in autumn 2016. 55% of carers returned the survey, which is a very high percentage. We are currently analysing the results and will be writing to carers who participated thanking them for their input and assuring them that a copy of the results will be shared once we are allowed to publish them.

3.2 OPPD Assessment Service Intervention

In the previous HOSP update, the ASC OPPD assessment service was at the point of "redesign" in their "Systems Thinking" intervention, working to the "Vanguard Method". We have now commenced and made some progress with "Roll in" which is the process of training staff to focus work on steps that are of value to the service user and to cease working with waste work that does not directly benefit the service user.

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.

The service is also on the point of publishing the first set of data related to measures that directly relate to the service experienced by citizens of Portsmouth. This data, (related to demand, capacity, capability, quality, finance and customer satisfaction) will help us to understand and improve performance by acting on the system, further reducing waste and being able to intervene in a more timely manner.

The learning disability service has now completed the check phase of the intervention, and will be moving to re-design in February 2017.

3.3 Independence and Wellbeing Team (IWT):

The IWT works with Portsmouth Citizens whose needs fall outside those met by mainstream adult social care services, with the aim of promoting independence and preventing dependence. The team work with people who are socially isolated and need support to engage with their local communities. The team are involved in working with people from the BME community, to facilitate access to hot meals and coordinate/enable voluntary opportunities. The team also work in the local community to communicate with voluntary sector organisations and share information with people who may need to access these services.

One of the many projects the team are engaged with, (funded through the Better Care Fund) is the Community Connector project. This project aims to reduce loneliness and social isolation amongst vulnerable adults by connecting individuals to existing community based resources appropriate to their needs and interests. This in turn will reduce or delay the need for health and social care services.

The anticipated outcomes of the project are:

Short Term;

- Successful signposting to appropriate agencies and services within the local community
- An enhanced sense of wellbeing
- Inclusion in the local community and increased socialisation
- Delay in need in accessing mainstream health and social care services.

Long Term;

- Clients feeling less lonely/socially isolated
- Improving independence and self-resilience
- Established Friendships/extended networks of support

Some examples of the groups that Community Connectors have been involved in include:

- Swimming
- Bus journeys/travel

- Social Groups
- Craft Groups
- Community Exercise
- Volunteering Opportunities
- Men's Kitchen
- Healthy Walks
- Helping Hooves
- Groups for people with dementia
- Learning Courses
- New Age Kurling
- Age UK's Activity Centre
- Confidence building with mobility scooters

The project has worked with over 200 people in its first year and has been very well received by those who have received a service. Some of the comments received from Portsmouth citizens are reproduced below:

COMMENTS FROM COMMUNITY CONNECTOR CLIENTS

"Thank you for all your support, it boosted my confidence, the project is a very valuable service and I would recommend to others."

"We wouldn't have tried any of these things without you- thanks for all your help."

"I appreciated the support from the Community Connector, I feel happier and I no longer feel isolated. I have a new circle of friends, have joined Facebook. The Community Connector has given me the incentive, inspiration and motivation that I previously did not have."

I have not suffered from anxiety for weeks now; I think it's from trying the new things we have worked on together"

"The volunteer was very good; she was very calm and relaxed".

3.4 Budget:

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

The outturn figure for Q2 showed a projected overspend of £1.2m. Challenges in managing the finances include the learning disability service demand; pressures from QAH in discharging people as soon as possible after they are medically fit, which in turns means larger packages of care and added pressure on the domiciliary care market, leading to use of non-preferred providers. This is compounded by the increased complexity of existing and new cases requiring domiciliary care support in the community.

3.6 Integrated Locality Teams

Following the co-location of health and social care teams in May 2016, work is ongoing to look at management structures and move towards integrated working. The co-location has seen better joint working and information sharing, so this needs to be further expanded as we work towards an integrated health and social care service.

3.7 Learning Disabilities

A presentation was given to HOSP on Learning Disabilities in December 2016, so we have not provided any further update in this update letter.

Angela Dryer
Deputy Director Adult Services