

Report to: Health Overview and Scrutiny Panel

Date: 29 June 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 June 2017.

2. Recommendations

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

3. Update on Key Areas

3.1 Overview:

Portsmouth City Council Adult Social Care, (ASC) provides support and advice to adults aged 18 years and over who require assistance to live independently. This may be the result of a disability, long term health condition or frailty associated with growing older. Our aim is to help people have as much choice and control as possible over how their needs for care and support are met. For some, when independent living is no longer possible, we will help people find the longer term care arrangements that best suit them.

Following the systems thinking intervention work ASC's purpose is defined as:

Help me when I need it to live the life I want to live

This overall purpose provides an overarching purpose for the service. For specialist areas within the service the wording may change slightly to reflect the work undertaken but is able to be linked back to the overall purpose of the service.

ASC provides a service to approximately 6,000 people throughout the year with a staff complement of 800 (600 full time equivalent posts) undertaking a wide variety of roles, both in commissioning and direct delivery of services.

4.0 Summary of 2016/2017

During 2016/17 ASC were faced with a number of challenges, not all of which were predictable. These included:

- **Demand for services:**
- ASC has seen an increase in the demand for older people with complex needs requiring larger packages of care. Supporting people to remain at home is what the majority of people tell us they want. This has led to increase in the average weekly cost of people with needs being supported to remain at home.
 - The number of older people receiving domiciliary care from ASC per week as of March 2016 was 951 (via either a Direct Payment (DP) or direct provision) at a total weekly cost of £118,897.16 (£125.10 pw per person). By March 2017 this figure had changed to 957 people at a total weekly cost of £138,843.72 (£145.08 pw per person).
- Whilst the figure above shows an average increase per week in costs, what it does not reflect is the fact that in March 2016 57.51% of people receiving domiciliary care had packages costing less than £100. This reduced to 46.80% by March 2017. Conversely 17.39% of people's packages cost over £200 in March 2016, a figure which increased to 21.95% by March 2017.
- This increase in cost for domiciliary care was due not only because of increased complexity, but also because ASC successfully supports people to remain at home longer, which is reflected in the statistics relating to:
 - Residential care - seeing a reduction in numbers from 258 (March 2016) to 242 (March 2017)
 - Nursing care - seeing a reduction from 147 (March 2016) to 140 (March 2017).
- **New legislation and Court Judgements**

Of all of the precedents handed down by the Courts that affect ASC, by far the majority concern Deprivation of Liberty. There have been 23 significant judgements that impact on practice in the last 2 years. Which has seen the number of applications since The "Cheshire West" judgement alone increase from 786 in 2014/15 to 1473 in 2016/17. The Supreme Court Judgement in 2016 and subsequent legislation is likely to extend the duty relating to Deprivation of Liberty to people within their own homes. At this stage it is impossible to estimate the impact that this will have on demand and capacity.
- **Acute Hospital Pressures**

Pressure on Portsmouth ASC to discharge patients more quickly from the acute hospital setting has increased significantly. With the Discharge to Assess model and a general expectation that that as soon as a referral is received the team assesses and discharges the patient, care costs and demand on the limited capacity of the provider market

to respond, as well as challenges in recruiting and retaining staff within the hospital team saw an increase in delayed transfers of care attributable to ASC, with awaiting allocation being a significant issue.. Following some analysis undertaken at the hospital team it was identified that in excess of 40% of referrals for Social Work input from Hospital wards were found to be inappropriate. The introduction and imbedding of the Integrated Discharge Bureau at QA has had the inevitable teething issues which have impacted on the work of the Social Work team. The team now aim to see people and triage them on the day the referral is received, which has reduced the inappropriate referral significantly.

- **Funding and budget pressures**

The 16/17 gross annual expenditure for adult social care (ASC) activities was £64.5m. This is funded from a variety of sources. The majority is from the ASC council cash limit budget of £43.4m. ASC funding also relies heavily on income (client assessed charge for care) which was anticipated to be £9.4m in 16/17.

ASC is also funded by monies from the NHS. This is central Government policy that part of the NHS allocation is transferred to Local Authorities in order to support social care activities. In 2016/17 this NHS funding will come via the Better Care Fund (BCF) which is £7.1m.

In addition to the increase in population of older people is the rise in the number of people with challenging behaviour resulting from a learning disability. Within Portsmouth 90 people account for £7.7m of our expenditure.

- **Market sustainability**

Significant challenges exist in respect of the local market for social care, including cost and sustainability of some services, in particular where there are low rates of pay to staff; local authority rates being challenged as insufficient to provide quality services; and the ability to retain a suitably qualified workforce in competition with surrounding local authorities.

- Whilst ASC has reduced the number of people who are placed in residential care and increased the number of people in receipt of care and support in their own homes, there continues to be a need for nursing home care placements. ASC contracts with Care UK to provide 62 beds in Portsmouth, (in Harry Sotnick House) and the home have had a voluntary suspension in place in 2016/17 which has recently been lifted. This self-imposed suspension has impacted on ASC as it has required placements, which would have been made within Harry Sotnick House to be found elsewhere.
- The environment of the domiciliary care market both nationally and locally is a complex one, a mixture of large national and smaller

regional or local companies employing carers often from a limited pool of people, with a growing demand for services. Providers pay staff varied rates, though many use the National Living Wage, (previously National Minimum Wage). A recent court judgement has also legislated for staff who cover 'sleep-in' shifts to be paid at least the NLW for the entire shift, again increasing cost for providers and PCC

- The national state of the market as reported through the media and regulatory bodies has highlighted concern over the [state of domiciliary care](#); [providers 'handing back' Local Authority funded contracts](#) and [here](#); [a lack of domiciliary care capacity](#); [the increased cost of domiciliary care](#); [and the overall fragility of the market](#). In addition, National commentators focus on [market funding](#) and linking [standards directly to funding](#).
- During 2016/17 2 domiciliary care providers ceased providing care within Portsmouth. The transfer of packages from these two providers amounted to 820 hours of care per week and affected 75 ASC funded clients as well as a number of privately funded individuals.
- The situation in relation to domiciliary care remains challenging with approximately 900 hours per week affecting 95 individuals being handed back and alternative provision sourced.
- **Better Care Fund**
- The aim of the BCF is to bring about greater integration of Health and Social Care through the pooling of resources. Although creating a pooled fund it is not new money, rather that which is already in the Health and Social Care system now being brought together to enable organisations to integrate services, share risk, and agree priorities.
- Since its announcement in 2013 we have been working closely with local NHS partners to see how we will put in place the principles behind the BCF and how we will make the diminishing resources we have work to best effect.
- The BCF currently funds fieldwork resources, (Social Work and Occupational Therapy) for Older People and people with Physical disabilities and funds the community connector scheme, engaging with people to help manage social isolation and prevent development of need for social care in the future.
- At the spring budget of 2017 the government announced additional monies for adult social care for the next three years, known as the Improved Better Care Fund. For Portsmouth the amount equates to approximately £7m over the three years. ASC and the finance support services are currently drafting a financial strategy which will set out the criteria for access to these funds to ensure bids for the money demonstrate sustainable transformation.

5.0 Budget & Savings

- The outturn position for ASC showed a £700k overspend position for 2016/17.
- The saving target for 2017/18 is £1.3m. Progress against savings are reviewed monthly within the service and discussed with the portfolio member. Budget position reported in line with council procedures.

6.0 Priorities for 2017/18

It is proposed that updates against these priorities are reported through the quarterly letters

- To ensure all registered services are adhering to the Care Quality Commission (CQC) regulations & outcomes laid out under the CQC 5 Key Lines of Enquires.
- To ensure a fit for purpose training programme for care staff is in place to meet the requirements of the Care Certificate.
- Standardise policies, processes and procedures across the residential services to provide a robust and consistent approach to care for our most vulnerable service users.
- Provide a detailed and structured activities programme across the dementia services.
- To work with external partners and third sector to bring new experience to people with dementia & work with social enterprise arenas'.
- Complete Roll-in of systems thinking across OPPD services and redesign ASC's initial point of contact.
- Configure OPPD service model focussed on re-ablement and prevention of unnecessary hospital admission.
- Appoint a Principal Social Worker - **Completed**
- Appoint a lead interventionist and complete systems thinking interventions across all areas of ASC - **Completed**
- Achieve savings targets.
- Agree integrated working methods with community health provider.
- Agree a service offer for people with autism.
- Replace client record system for ASC.
- Re-tender domiciliary care contract.
- Tender for bed based care home resources for people with challenging behaviour.
- Tender/renew Community Equipment Store contract.

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