

Title of meeting: Health Overview and Scrutiny Panel
Date of meeting: 13 September 2018
Subject: Adult Social Care Update on Key Areas
Report by: Andy Biddle, Acting Deputy Director, Adult Social Care

1. Purpose of Report

- 1.1. To update the Health Overview and Scrutiny Panel on the key issues for Adult Social Care, (ASC) in the period March 2018 to August 2018.

2. Recommendations

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

3. Overview

- 3.1. 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.
- 3.2. Following a systems thinking intervention work ASC's purpose is defined as:
- Help me when I need it to live the life I want to live
- 3.3. This overall purpose is service wide and overarching. 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.
- 3.4. ASC provides a service to approximately 7,000 people throughout the year with a staff compliment of 800. (600 full time equivalent posts) undertaking a wide variety of roles, both in commissioning and direct delivery of services.

4. Adult Social Care Strategy

- 4.1. In order to provide a social care service that meets the needs of Portsmouth residents, the Council's statutory duties and manages the demands of increasing needs and costs, ASC is proposing to implement a number of strategic shifts from 2018/19 to 2020/21, these are summarised below.

- 4.2. Make better use of 'enabling technology' that can do things for people, whether this be by offering advice around technology, its uses and where these can be purchased, or purchasing a technology solution where there is a duty to meet need. This aims to create a 'technology first' culture with every contact.
- 4.3. Enable people to have more control over services they access and encourage use of resources in individual communities in Portsmouth. Work with residents to ensure that services reflect their life experience and priorities.
- 4.4. Have a focus on 'reablement' services that aim to help people get to a level of independence, rather than 'do for' people. Ensuring that responding to people who need help is at the right time and in the right place and that we learn from experience which builds the evidence as to what works.
- 4.5. Shape the options for meeting people's needs in Portsmouth, increase options for care needs to be met in supported living, instead of a residential care environment. Increase the number of people who manage their own services via direct payments and gain greater volunteer/community sector services involvement in meeting need.
- 4.6. Improve service quality in the care sector, addressing concerns raised by Care Quality Commission, (CQC) inspections in Portsmouth City Council, (PCC) owned and managed residential units as well as more widely in the city.
- 4.7. By using the strategic approach above, adult social care will work toward addressing the financial deficit, achieving financial balance by using reablement to reduce the length of time people use funded services and further reduce dependence on residential/nursing care by maximising opportunities for supported living. ASC will aim to reduce reliance on domiciliary care by encouraging choice and control in care arrangements, through promoting direct payments and use of personal assistants. ASC will move commissioning for adults with mental health problems from residential environments to supported living and use enabling technology where possible and appropriate to help people manage some needs.

5. Summary

- 5.1. During the period March to August 2018 ASC have seen a number of developments and challenges

5.2 Demand for Services:

The number of older people receiving domiciliary care¹ from ASC per week as of December 2017 was 946 people, at a cost of £159,604, this had increased to 1016 people number at a cost of £167,000 per week as of June 2018. Whilst there was a decrease in the numbers of people receiving care between £50 and £200 per week, there was an increase of 18% in the number of people receiving domiciliary care funded at £200+ per week between December 2017 and June 2018, indicating a greater complexity of need.

In the last HOSP report the issue of the shortage of domiciliary care was highlighted. This meant that ASC had to seek care from providers at prices outside that which the Council would normally expect to pay, with an increasing percentage spent on the '3rd tier' providers. Since this time, funding made available through the NHS to manage issues over winter, (linked to reducing the number of patients medically fit for discharge in Queen Alexandra Hospital (QA)) has eased pressure in the domiciliary care market. This has reduced the wait for people in QA and improved available capacity in the community.

The emphasis on care in people's own homes is reflected in less people in Portsmouth placed in residential care homes:

258 (March 2016)
242 (March 2017)
230 (December 2017)
207 (June 2018)

In addition to the increase in needs of older people in the city is the rise in the number of people with challenging behaviour resulting from a learning disability. Within Portsmouth, 90 people with a learning disability amount to £8.3m of the ASC budget commitment which represents an increase of 4.1% on December 2017.² More people with a learning disability are also being enabled to live in a supported living environment, with specialist provision for 18 people being made available in this period. These changes in provision are achieved by a housing strategy managed between ASC and PCC Housing colleagues to increase availability of supported living environments.

The residential/nursing care market continues to be challenged locally with 9% of homes being rated *inadequate* and 33% as *requires improvement* as at June 2018, (higher than the national profile). There has been a reduction in the number of homes with potential closure notices from CQC, (from 8 to 2). PCCG and ASC have also created a 'Quality Team' (with nursing and social work representatives) to work with providers to improve quality and CQC ratings in Portsmouth. The Council has now entered into an agreement with Hampshire County Council (HCC) to run Harry Sotnick House for two years, (from April 2018) at which time the home should have achieved a 'Good' Rating from the Care Quality Commission (CQC) and will be returned to the Council to run.

¹ Based on the monthly financial trend figures for 'domiciliary care', 'in-house domiciliary care', 'in-house day care' and 'community services'

² Based on R250 using LD as a filter.

There continues to be a waiting list for assessment in community Social Work. Given the pressure on workforce capacity, there are two pieces of work being undertaken, one to analyse the ASC 'front door' and a domiciliary care intervention to further understand work tasks that use disproportionate amounts of time. Both of these interventions aim to improve effectiveness and reduce time spent on unneeded tasks. The integrated learning disability team, (led by PCC and incorporating Solent NHS Trust) have also implemented a named worker model based on national research and work programmes that provides a single point of contact for people receiving a service within the city.

Thus far in 2018, there has not been the level of instability in the domiciliary care market observed in 2017 from providers 'handing back' care packages they could not provide for. One national domiciliary care provider entered into a Company Voluntary Agreement in order to restructure its financial arrangements, but has continued to trade as normal, with care provided being unaffected. ASC continues to work through a domiciliary care board to review key issues in the sector, including the length of time to source care, ratings of providers and higher cost packages of care.

5.3.1 Statutory Impact:

The number of applications for Deprivation of Liberty Safeguards, (DoLS) authorisations have continued to rise in Portsmouth:

786 (2014/15)

1473 (2016/17)

1695 (2017/18)

1746 (2018/19) projected based on Q1 average of 145 per month

Whilst increasing, this is a stable trend without 'spikes' of demand to this point.

As highlighted in the previous report it has still not been possible to estimate the impact of Deprivation of Liberty in domestic settings, following a 2017 Court of Protection ruling. Numbers of referrals are increasing, but previous experience suggests that any precedent takes 12 months plus to show impact.

The Department of Health & Social Care, (DHSC) announced in July 2018 that the 'Mental Capacity (Amendment) Bill' had been introduced to the House of Lords and sought to replace the current system of DoLs.

DHSC state that the reforms seek to:

- introduce a simpler process with a swifter access to assessments
- be less burdensome on people, carers, families and local authorities
- allow the NHS, rather than local authorities, to make decisions about their patients
- get rid of repeat assessments and authorisations when someone moves between a care home, hospital and ambulance as part of their treatment³

³ <https://www.gov.uk/government/news/new-law-introduced-to-protect-vulnerable-people-in-care>

The DHSC estimate is that the reforms will save local authorities significant amounts of money though, given the cost of DoLS has never been included in the Local Government settlement, the net effect may be a reduction in unfunded pressures, rather than a saving.

5.3.2 Acute Hospital Pressures:

Winter 2017/18 saw the Portsmouth health and care system come under significant pressure, issues including the number of A&E patients seen within four hours, high bed occupancy and significant delays in ambulance handovers at QA.

Pressure on ASC to discharge patients from the acute hospital setting continues to be a challenge, however there have been two significant changes that have had a positive impact for those people who are Medically Fit For Discharge, (MFFD). NHS funding made available over the most recent winter period enabled temporary staffing levels in the Hospital Social Work team, (part of the Integrated Discharge Service) to increase. This decreased the number of people awaiting assessment. In addition, (as referred to earlier) NHS funding has purchased additional domiciliary care capacity, making care available in a more timely way.

2018/19 winter demand is likely to continue to outstrip capacity. Portsmouth & South East Hampshire, (PSEH) CCGs therefore commissioned a detailed analysis of the people who were MFFD at QA. Portsmouth City and Hampshire County Councils were active participants in the work that informed the analysis. The resultant plan is to provide care outside of Hospital for more people earlier by increasing temporary care resources. Portsmouth CCG and PCC have agreed the resource requirements to achieve this in line with the reablement principle discussed in the ASC strategy. The rationale for allocating ASC resource to this work is that the earlier people can come out of Hospital, the more independence in daily living skills they are likely to have, with a lesser requirement for care.

The resource agreed by the Council will be directed toward greater domiciliary care capacity for people being discharged from Hospital and increased therapy and social work resources to ensure that this care is used in a timely way to achieve maximum independence for Portsmouth residents with care and support needs.

5.5 Funding and Budget:

The projected 18/19 gross annual expenditure for adult social care (ASC) activities is £71.1m. The majority of this figure comes from the ASC council cash limit budget of £41.8m. ASC funding also relies on income (assessed charges for care) which is anticipated to be £10.3m in 18/19.⁴

⁴ *These projections are based on the reported position as at Q1 2018/19.*

ASC is also funded by monies transferred from the NHS in order to support social care activities. In 2018/19 funding transferred from the NHS via the Better Care Fund (BCF) is projected to be £18.7m.

As reported in the March 2018 HOSP update, additional grant funding has been made available to adult social care over the financial years 2017/18, 2018/19, 2019/20.

The conditions for use of this fund were specified as:

- meeting adult social care needs;
- reducing pressures on the NHS (including supporting transfers of care from hospital);
- ensuring the local social care provider market is supported.

The schemes that have attracted funding were reported in the March 2018 HOSP. The ASC strategy as at item 4 of this report includes the intention to consider the use of the remaining transformation funds to implement the strategy and work toward financial balance

The significant pressures at Q1 2018/19 are DoLS, services commissioned for people with a learning disability and in-house care home staffing costs.

5.6 Savings

The saving target for 2018/19 is £860k and progress against savings are reviewed monthly within the service and discussed with the portfolio member. The service reported an underlying deficit of £3.1m in Q1.⁵ The ASC strategy is linked to moving back into financial balance by 2020/21. The budget position continues to be reported in line with council procedures.

5.7 Priorities for 2018/19

The priorities set out in the previous HOSP report are reproduced below with progress updates.

5.7.1 Implement the ASC Strategy to achieve the key shifts and work toward financial balance.

The strategy was presented to the Leader and Deputy Leader of the Council and the S.151 Officer in July 2018 by the Portfolio Holder for Health, Wellbeing and Care and the Director of Adult Social Services. The service is working up the delivery plan and begin communicating this with staff in September 2018.

5.7.2 Ensure all registered services are adhering to the Care Quality Commission (CQC) regulations & outcomes laid out under the CQC '5 Key Lines of

⁵ *These projections are based on the information as at 31/06/2018 = Q1 2018/19*

Enquiry⁶. An associated outcome was to review the current PCC residential homes and plan and support the implementation of the changes that ensure CQC compliance and sustainable quality change

The 'turn around team' established in January 2017, has undertaken work with all of the older person's residential care homes owned and managed by PCC. All 3 have had CQC inspections. All reports have been published and formal Notices and CQC 'special measures' have been ended in the two homes to which they applied. This means that no PCC homes remain in special measures.

Turn Around team learning will be applied across registered and non-registered services and will form part of the workforce strategy in preparation to accompany the overarching ASC strategy.

5.7.3 Configure the older persons/physical disability service model to focus on reablement and prevention of unnecessary hospital admission.

A manager has been recruited to build the in-house response service and a project plan is in preparation.

This work also supports the next stage from colocation to integrated working with Solent NHS Trust community colleagues. An intervention has commenced and completed a check phase into locality working between Solent NHS Trust and ASC. The next stage is to begin working with live cases and then to scale up results across the localities.

5.7.4 Achieve savings targets.

As detailed above, work continues to meet the savings targets set for 2018/19.

5.7.5 Replace client record system for ASC.

The project plan has been revised in accordance with what is needed to be delivered and has involved a comprehensive analysis of requirements, resource, dependencies and risk. Business requirements have been mapped and agreed. Data migration and archive solutions have been agreed. Technical configuration is underway. The governance for this project is via a monthly board.

5.7.6 Re-tender domiciliary care contract

The existing contract was extended to enable a new specification that accounts for outcome focussed services and the new model of reablement/admission avoidance to be developed. The Systems Development Board then approved the intervention to understand how domiciliary care

⁶ <https://www.cqc.org.uk/sites/default/files/20171020-adult-social-care-kloes-prompts-and-characteristics-final.pdf>

operates in Portsmouth and experiment with different ways of working. Check has been completed and Redesign is scheduled for October 2018.

5.7.7 Tender/renew Community Equipment Store contract.

The current contract has been extended for 2 years and work has now begun to draft a new specification to account for the needs of the service in the future. This is being informed by the work of the CES Contract Monitoring Group, which has practitioner input so that any new specification meets the needs of the community and is informed by practice on the ground. The group has also been working on issues around availability of stock and efficiencies in terms of other equipment provision which could potentially be part of the future CES contract.

Signed by: