

Title of meeting: Health Overview and Scrutiny Panel
Date of meeting: June 2019
Subject: Adult Social Care Update on Key Areas
Report by: Andy Biddle, Assistant 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 September 2018 to May 2019.

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. ASC's purpose is defined as:

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

- 3.3. ASC provides a service to approximately 7,500 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. 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 has been developing a service wide strategy covering changes in the way we work from 2018/19 to 2020/21.

4.1.2 Context

Implementing the ASC Strategy will achieve outcomes for residents and work toward financial balance. By 2022, our aim is that adult social care in Portsmouth will be:

- Delivering services that have technology at the heart of the care and support offer;
- Working in way that recognises the strengths that people have, and have access to in their networks and communities - and draws on these to meet their needs;
- Working efficiently and responsively, using a reablement approach centred around the needs of the customers;
- Delivered through a market based on individual services to people that meets their needs and helps them achieve the outcomes they want to achieve and keeps them safe;
- Delivered, (where appropriate) through PCC residential services in one service area to enable quality and maximum effectiveness.

This strategy will enable ASC to be financially stable and sustainable.

These outcomes align to the priorities in the 'Blueprint for health & care in Portsmouth' published in 2015:

- Improve the range of services people can access to maintain their independence
- Give people more control, choice and flexibility over the support they receive
- Do away with multiple assessments and bring services together in the community
- Bring together services for children, adults and older people where there is a commonality of provision, including a family centred approach
- Create better resources and opportunities for vulnerable people and their carers.

The delivery plan and priorities for the ASC strategy will be presented to the Adult Social Care Strategy Board in May 2019, following a consultation and restructure within ASC. The Board is a cross-Council Board led by the Chief of Health & Care Portsmouth which holds the service to account for progress and delivery. This Board will ensure the 'fit' with the Blueprint so that the strategy works toward more integrated health and social care in the city and aligns with the recently published NHS plan.

4.1.3 Key achievements/priorities.

The strategy and delivery plan is designed to develop over time, key achievements/priorities aligned to the strategy at May 2019 include:

Implementation of the 'System1' client record system.

System1 went live for ASC in March 2019. This enables NHS and social care professionals to view patient records and inform decision making and communication by knowing of each other's involvement. Initial feedback from GP's in the city demonstrates the positive impact of seeing social care involvement. The project is now focused on the development of an archiving solution and change development requests. The success of the project has been made possible by full user involvement in planning and decision-making.

Developing the domiciliary care market.

In order to move from 'time & task' to more personalised support, the 'systems thinking' intervention, (commissioned in 2018) is in the 'redesign' phase. This involves working with a cohort of people in Somerstown/Southsea, designing a prototype system which includes

- 1) Real-time digital care records available to the Care Coordinator, Social Worker, applicable family members, and anyone else who needs access.
- 2) Scheduling care based on the actual time needed by the client, rather than pre-planned multiples.
- 3) Increasing/decreasing the length of care call based on need.
- 4) Chargeable clients being billed on the basis of the actual minutes they received.

Redesign findings will be presented to Members/Senior officers in July 2019, to decide on next steps.

Older Persons Care Homes.

In line with the Cabinet Member decision in November 2018. ASC engaged with residents and families and enabled people to move to new accommodation from Edinburgh House by the end of April 2019. This was earlier than planned as relatives decided to move their loved ones more quickly than had been anticipated. Council colleagues in regeneration and housing are supporting ASC in repurposing the site to provide extra care for people with dementia.

Harry Sotnick House

In order to develop the market for care and support and provide a wider range of housing and support options, a project group has been established to transfer the management of HSH to ASC. Hampshire County Council colleagues have been managing the home since 2018 and will transfer management to ASC in April 2020. Under HCC management, the home have moved from a rating of 'Inadequate' to a rating of 'Good' in less than 12 months, which is a significant achievement. ASC will work closely with HCC colleagues to ensure a safe and effective transition through shadowing management of the home, consultation and discussion with residents and their families and planning for the future use of the home.

Integrated Localities.

In order to deliver health and care in an integrated way ASC, Solent NHS Trust and Portsmouth Multi-speciality Community Provider, (MCP) commissioned an integrated localities intervention in 2018. This brings together health & social care professionals in a single team, using systems thinking methodology in their work. The development of System1 has meant this intervention uses the shared client record system and the model will scale up from a pilot team to the South Locality health & social care teams in the summer of 2019. The team are currently working on a shared assessment process which will enable a more holistic approach regardless of discipline.

Community Independence Service

This service is configured to provide intensive support to people at home, using a reablement approach to prevent avoidable admission to hospital, long

term care and care packages at home. CIS is funded through the ASC transformation fund and we are working to validate the mix of preventative and actual cost savings with finance colleagues. Finding the right skills has been challenging, the team is still recruiting. Initial feedback from residents and colleagues is positive and the service continues to develop as an ASC priority making an impact on unnecessary hospital admission.

Medium Term Financial Strategy

In 2018, finance colleagues and ASC developed an MTFS to enable a single view of known factors affecting the financial position and financial sustainability over the medium term. The MTFS aims to balance the financial implications of decisions against resources, enabling informed decision making.

The MTFS is designed to be a living document that develops over time. Finance colleagues are currently working with ASC to refresh the MTFS and reflect developments in the ASC strategy. In 2019/20, the key elements within the MTFS which support the service becoming financially sustainable include the focus on the ASC care homes, high cost placements, the learning disability budget and the CIS.

The central task for the current year will be to ensure the ASC strategy is deliverable, with the anticipated savings requirements and methodology being regularly monitored and reported. The MTFS will also act as the vehicle for identifying future ASC savings to meet the corporate requirements.

5. Developments & Challenges

5.1. During the period September 2018 to May 2019 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 959 people, at a cost of £150,000, increasing to 995 people at a cost of £163,000 per week by June 2018 and 1012 at a cost of £168,000 by March 2019. Between December 2017 and June 2018 the number of people receiving care between £50 and £200 per week reduced and the number of people receiving domiciliary care funded at £200+ per week increased by 17%, indicating a greater complexity of need. As of March 2019, the split between those receiving care costing between £50 and £200 and those costing £200+ has remained relatively stable, which suggests a lower complexity and a potential impact of reablement services.

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

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

258 (March 2016)
242 (March 2017)
230 (December 2017)
207 (June 2018)
197 (May 2019)

In addition to the needs of older people in the city, we continue to see pressure on budgets for people with challenging behaviour resulting from a learning disability. Within Portsmouth, 90 people with a learning disability amount to £8.5m of the ASC budget commitment.²

The residential care market continues to experience challenges locally with 9% of residential care homes being rated as *inadequate* and 31% *requires improvement* as at May 2019. Portsmouth Clinical Commissioning Group and ASC continue to work together through a 'Quality Team' to help providers improve quality and CQC ratings, the team are currently working with 11 providers. The quality team also coordinate visits to care providers through independent visitors, for a view of the provider's quality.

There continues to be a waiting list for assessment in community Social Work and ASC have used existing staff to lead a piece of work analysing the demands on the community service. The aim of the work is to understand the demands and then plan how to reduce the wait for people.

In November 2018, a national domiciliary care provider, (Allied Health Care) was unable to continue trading and was purchased by another company. In Portsmouth, the number of people affected was small compared to neighbouring Local Authorities and the new company was able to employ existing staff, minimising the impact on service users. Whilst ASC continues to monitor the domiciliary care market, providers remain under pressure financially both nationally and locally. ASC has a programme of engagement with providers set up in 2019 and is considering how to support the market in addition to cost of living rises.

5.3 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)
1787 (2018/19)

The Department of Health & Social Care, (DHSC) announced in May 2019 that the 'Mental Capacity (Amendment) Act' had received Royal Assent. The 'Liberty Protection Safeguards' will replace the current system of DoLS. DHSC state that the reforms seek to:

² Based on R250 using LD as a filter.

- 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

ASC will begin to focus on preparation for the LPS which will involve strategic and operational planning, ensuring sufficiently trained staff to implement and give advice around the new system, commissioning sufficient independent advocacy and transitioning existing DoLS arrangements

5.4 Acute Hospital Pressures:

Whilst the December, Christmas and New Year period was managed successfully and remained stable, urgent care pressures on the health & care system have increased since, with Portsmouth Hospitals Trust experiencing higher numbers of people attending A&E, high bed occupancy and delays in ambulance handovers at QA.

As previously reported, mitigating the pressure to maintain the flow through the Hospital by discharging patients was managed by funding committed from the Department for Health & Social Care. This funding was used to build extra domiciliary care and increase Social Work assessment and therapy/reablement capacity, decreasing the number of people awaiting assessment and making care available in a more timely way.

Portsmouth City Council has approved similar arrangements for the 2019/20 financial year, whilst working with NHS Solent colleagues to provide community alternatives to conveyance and admission. The rationale for allocating PCC resource to this work is that admission to hospital can drive deterioration in ability and lead to greater care needs.

5.5 Funding and Budget:

The reported 18/19 gross annual expenditure for adult social care (ASC) activities was £74.9m. The majority of this figure comes from the ASC council cash limit budget of £37.3m. ASC funding also relies on income (assessed charges for care) which is anticipated to be £10.7m in 18/19.⁴

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) was £7.4m.

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

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

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 significant pressures at Q4 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 2019/20 is £966k and progress against savings are reviewed monthly within the service and discussed with the portfolio member. Whilst the service continues to have an estimated underlying budget deficit of £2.5m.⁵, the ASC strategy is linked to moving back into financial balance by 2021/22. The budget position continues to be reported in line with council procedures.

Signed by:

⁵ *Budget & Council Tax 2019-20 and Medium Term Budget forecast 2020/21 to 2022/23 - 12 February 2019*