

Report to: Health and Social Care Scrutiny Panel
Date: 16 January 2014
Report by: Robert Watt, Head of Adult Social Care
Presented by: Justin Wallace-Cook, Assistant Head of Adult Social Care
Subject: Adult Social Care update on key areas

1. Purpose of the Report

1.1 To brief the Health and Social Care Scrutiny Panel on recent developments in Adult Social Care since the previous report in June 2013.

2. Recommendations

2.1 That the Health and Social Care Scrutiny Panel note the content of this report.

3. Update on Key Areas

3.1 ASC Budget

Adult Social Care continues to face significant financial challenges, with £4.7m savings to find in 2013/14 and a further £3.2m in 2014/15

Whilst we hope to avoid a further reduction in posts as was necessary in this financial year, savings will be required from direct provision and commissioning of services.

Budget proposals were put before the council in November and consultation will now take place with any service users that may be affected by these proposals.

3.2 ASC Development Projects

As part of our ongoing strategy to improve residential and independent living facilities for vulnerable people across the City, the following projects are underway.

Extra Care Sheltered Housing (ESCH):

- Caroline Square
 - New extra care facility developed on the site of the former residential home, Caroline Lodge, providing 43 apartments which will be available for rent with on-site care as well as catering and hairdressing facilities.

- Maritime House
 - Work has commenced on the site of the former residential home, Alexandra Lodge, to build 80 extra care apartments for rent as well as a 20 bed reablement unit.
 - Completion is programmed for late January 2015 with the apartments being available to rent from February 2015 onwards.

- Longdean Lodge
 - Formerly a long stay residential home for older people, Longdean now provides short term re-ablement and respite.
 - The plan was to re-provide for these services and develop the site to provide more extra care facilities, however, Housing 21's bid for £2.5m to the Department of Health for grant funding a 50-flat extra care facility was unsuccessful.
 - Opportunities still exist for Housing 21 to be awarded grant monies from future "slippage monies" or for PCC's Housing Services to include this scheme in their development programme
 - Any development would commence once the Victory Unit has transferred to their new premises in February 2015 with completion expected in June/July 2016.

- New Dementia Care Residential Home - East Lodge:
 - East Lodge site allocated to scheme by Cabinet.
 - An external architect has been engaged & detailed surveys of the site completed.
 - Conditional planning permission received on 4 December for a 72-bed residential care home for older people with dementia.
 - Commencement of works from September 2014 with completion planned for October 2015.
 - Closure in principle of Edinburgh House & Hilsea Lodge approved for transfer to new facilities.

3.3 Care Bill - Reforming Care and Support

What does the Care Bill do?

Part 1 of the Care Bill sets out to reform adult care and support in England: It delivers many of the commitments in the *Caring for our Future White Paper*. It also provides for a new capped costs system for funding care and support, based on the recommendations of the Dilnot Commission.

The Bill's focus is to:-

- ensure that people's **well-being**, and the outcomes which matter to them, will be at the heart of every decision that is made;
- put **carers** on the same footing as those they care for;

- create a new focus on **preventing and delaying needs for care and support**, rather than only intervening at crisis point;
- put **personal budgets** on a legislative footing for the first time, which people will be able to receive as direct payments if they wish.

The Bill aims to make care and support **clearer and fairer**, by:

- reforming the funding system for care and support, by introducing a **cap on the care costs** that people will incur in their lifetime.
- ensuring that people do not have to sell their homes in their lifetime to pay for residential care, by providing for a new **universal deferred payments scheme**;
- providing for a **single national threshold for eligibility** to care and support;
- giving new guarantees to ensure **continuity of care** when people move between areas, to remove the fear that people will be left without the care they need;
- including new protections to ensure that **no one goes without care if their providers fails**, regardless of who pays for their care;
- new provisions to ensure that young adults are not left without care and support during their **transition to the adult care and support** system.

Progress to Date

The Bill completed its House of Lords stages on 29 October 2013 and was presented to the House of Commons on 30 October 2013. This is known as the first reading and there was no debate on the Bill at this stage.

This Bill is expected to have its second reading debate on a date to be announced.

Portsmouth Adult Social Care will continue to follow the progress of the Care Bill through the parliamentary process and will be setting up a Project Group to consider any actions we need to take in order to meet the requirements of the legislation.

3.4 The Better Care Fund (BCF) formerly The Integration And Transformation Fund (ITF)

The crisis facing the Health and Social Care system is well documented with significant demographic challenges and cuts to public sector funding.

- 1.9m with 3 or more chronic conditions growing to 3 million by 2026
- Number of people aged over 85yrs doubling between 2013 and 2030
- The '100 Club' of centenarians has grown fivefold in the past 30 years and 25% of all children born today are expected to live beyond the age of 100.
- In addition, Adult Social Care budgets reduced by £2.68bn/20% 2010-13.

Changes are therefore required in approaches to meeting care needs, as the present system is unsustainable and cannot meet predicted demand. The emphasis is therefore now to move from a model of 'repair' to one of 'prevention', moving money toward initiatives that prevent ill health and deterioration in health. The creation of the BCF, a pooled fund of £3.8bn, is aimed at addressing this.

Why the Fund Matters

The BCF provides an opportunity to create a shared plan for the totality of health and social care activity and expenditure. However, changing services and spending patterns will take time. The BCF plan for 2015/16 needs to be finalised early in 2014 and form part of a five year strategy.

Integrating services calls for a change in our current arrangements to sharing information, staff, money and risk. There is already excellent practice in some areas of the local system that now needs to be replicated everywhere.

Details of the BCF

The BCF is not new money. The £3.8bn pool brings together NHS and Local Government resources that are already committed to existing core activity. The fund will be made up of:-

- £1.9bn NHS funding
- £1.9bn based on existing funding in 2014/15 that is allocated across the wider health and social care system comprising:
 - £130m Carers' Breaks funding
 - £300m CCG reablement funding
 - £354m capital funding (including £220m of Disabled Facilities Grant)
 - £1.1bn existing transfer from Health to Social Care.

The requirements of the fund are likely to significantly exceed existing pooled budget arrangements. Councils and CCGs will, therefore, have to redirect funds from some existing provision to shared programmes that deliver better outcomes for individuals. This requires a new approach to delivering services and setting priorities, and presents Councils and CCGs, working together through their Health and Wellbeing Board, with an opportunity to shape sustainable health and care for the foreseeable future. In practice this will mean working with provider services to achieve the best outcomes for local people. It will undoubtedly require disinvestment from acute services to those in the Community that provide rehabilitation and reablement.

The Government has made clear that part of the fund will be linked to performance. But as yet there is no detail on how this "pay-for-performance" element will work.

The Expectations of the BCF

There are a number of assumptions and expectations as to the changes required if the Health and Social Care system is to become sustainable.

- The funding must be used to support adult social care services in each local authority, which also has a health benefit. However, there will be flexibility in how this investment in social care services is best used.
- The local authority will agree with its local health partners how the funding is best used within social care, and the outcomes expected from this investment. Health and Wellbeing Boards will be the natural place for discussions between the Board, clinical commissioning groups and local authorities on how the funding should be spent.
- It will also be a condition of the transfer that local authorities and clinical commissioning groups have regard to the Joint Strategic Needs Assessment for their local population, and existing commissioning plans for both health and social care, in how the funding is used.
- In addition there will be an expectation that:-
 - 7 day services are provided,
 - There is better data sharing between Health and Social Care,
 - There is a joint approach to assessments and care planning with:-
 - Accountable professionals
 - Single Point of Access to Health and Social Care
 - Community Geriatrician involvement
 - Agreement on consequential impact of changes in the acute sector.

Stakeholder event and next stage

The Health and Social Care Partnership (HaSP) held a stakeholder day on 7 November, involving partners from across the health and social care system, to elicit their views on what should be included in the initial BCF plan, which will be submitted early in the New Year. This plan will be agreed with the Health and Wellbeing Board.

3.5 Safeguarding

The new Pan Hampshire Safeguarding Policy and Procedures are now being worked to, with emphasis on a person centred approach to safeguarding and full involvement of people in the process.

As part of a restructure of safeguarding services, the Team will now deal with complex and institutional cases, and provide advice and guidance to others as requested. New modular training has been developed to reflect new policy, and more multi agency training is also being commissioned.

An Independent Chair for the Portsmouth Safeguarding Adult Board has recently been appointed.

3.6 Carers - Review of Services

A review of carers' services was completed at the end of the summer 2013.

The report contains options for how the service may be configured in future, however because the new care bill will have implications for carer services it has been decided to not change the current model until this is implemented post March 2015. Whatever model is decided the following recommendations will be taken account of in any service development:

1. Continuing the success of the support groups by providing guidance and support to help them evolve into well-facilitated, self-sustaining forums.
2. Building on the success of the self-assessment process, further develop personalised support and resilience for individual carers.
3. Outreach work is key to the success of the service. Effective networking and relationship management across voluntary and statutory sector services is essential.
4. The service needs to target the following groups with unmet needs: BME carers, working and working age carers, and older carers.
5. The service needs to be formally specified, targeted and monitored regularly.

On the 26 November 2013 an open event for carers and professionals was held inviting them to comment on the review and suggest ways forward regarding the recommendations. We have also consulted with carers centre staff and are awaiting feedback from the wider staff group which will close on the 17 January 2014. Following this we will finalise our action plan with priorities for the coming year. This will be monitored by the Operational Carers performance management group, a new group specifically, set up to drive forward the action plan.

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