

Title of Meeting: Health Overview and Scrutiny Panel
Date of Meeting: 21 November 2019
Subject: Adult Social Care Update
Report By: Andy Biddle, Assistant Director, Adult Social Care

1. Purpose of Report

To update the Health Overview and Scrutiny Panel on the composition of the Adult Social Care Strategy Board and details on how the 2015 Health and Care Blueprint priorities will be achieved

2. Recommendations

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

2.1. 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.

ASC's purpose is defined as:

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

3. Adult Social Care Strategy Board

- 3.1. Much of the work in the ASC Blueprint will be progressed through discrete project arrangements, but for the purposes of co-ordination and ownership there will be a regular review of the full ASC leadership team to provide examination and challenge. Furthermore, on a monthly basis, a strategy session will be held to review progress on work-streams, and allow ASC senior leadership team to work together on the strategy development in a programmed way.

- 3.2. The progress with the strategy implementation will be further supported by having a wider perspective from across the Council. This is consistent with good project practice, which would assume some level of external view on the

progress. In addition, there is a need to ensure that the wider organisation knows that shaping the future of ASC is important to all areas of the business and that all areas of the business have a contribution to make in serving the city's most vulnerable residents. For example, clear links with the work of colleagues in Housing and building services are already being developed, along with a developing relationship with the work of the HIVE.

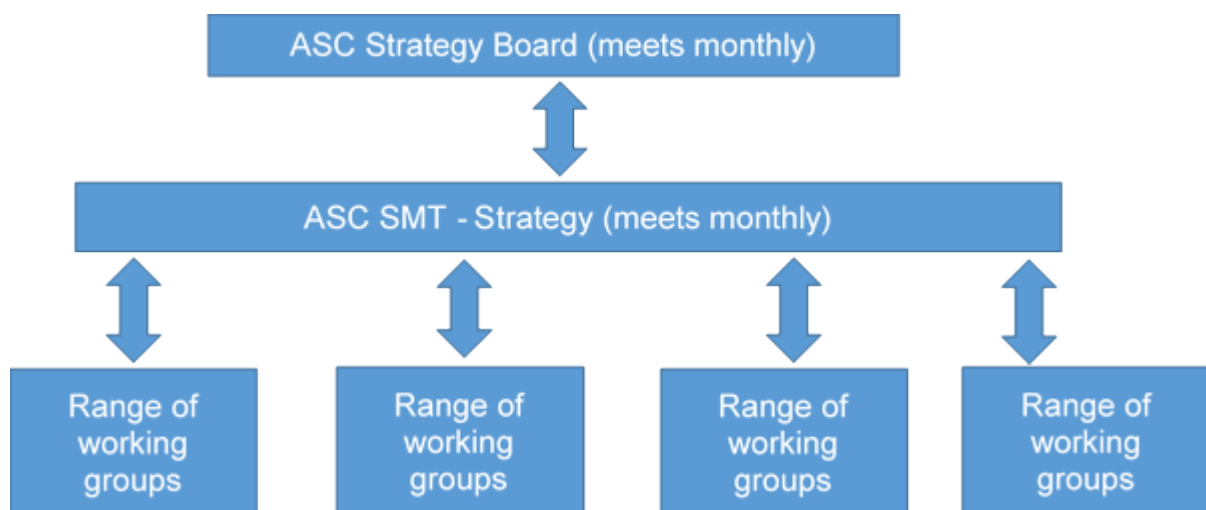
3.3. A Governance Board will therefore meet regularly to consider progress against the strategy, with a remit to:

- oversee the development and implementation of the ASC strategy, including receiving and responding to issue and highlight reports
- put in place effective and sufficient resources to support the change programme
- unblock any barriers to delivery and escalate major issues to relevant bodies; and
- ensure effective communication across the city of the programme

3.4. The board membership will include:

- Chief of Health and Care Portsmouth - Chair
- Cabinet Member for Health and Wellbeing
- Director of Adult Social Care / Representative of ASC leadership team (attending on a revolving basis)
- Director of Finance and s151 officer
- Director with responsibility for VCSE development
- Director of Housing, Neighbourhood and Building Services
- Corporate Communications Representative

3.5. The structure for the ASC Blueprint implementation is set out below. Critically, the service leadership team is the engine room for the implementation, driving the business of the working groups and developing clear position statements for, and asks of, the Strategy Board.



4. 2015 Health and Care Blueprint Priorities

4.1. Implementing the ASC Strategy will enable ASC to be financially stable and sustainable whilst achieving outcomes for residents. 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 meet 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.

These outcomes align to the priorities in the 'Blueprint for Health & Care in Portsmouth' published in 2015, which were:

- 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; and
- Create better resources and opportunities for vulnerable people and their carers.

Furthermore, the ASC Strategy is being viewed alongside Solent NHS Trust Business Planning to identify opportunities for further developing the work programme for Health and Care Portsmouth to deliver the 'Blueprint for Health & Care in Portsmouth

4.2. Delivering the Blueprint Priorities

A number of work programmes are being established to deliver the ASC Blue Print and in turn will meet the priorities of the 2015 City Blue Print. These include:

4.2.1. 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. This will support the reduction in the need for multiple assessments and enable services to be brought together in the community. 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.

4.2.2. Developing the domiciliary care market

In order to move from 'time & task' to more personalised support, the 'systems thinking' intervention, has worked with a cohort of people in Somerstown / Southsea, to design a prototype system which includes:

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

'Roll-in' of the new model is expected to begin in January 2020 and is expected to lead to an improved service to people to improve their independence and give people more control, choice and flexibility over the support they receive.

4.2.3. Accommodation based services

Following the closure of Edinburgh House, Council colleagues in regeneration and housing are supporting ASC in repurposing the site to provide extra care for people with dementia. This aims to lead to an improved service to people to improve their independence and give people more control, choice and flexibility over the support they receive. Furthermore, this will create better resources and opportunities for people with care and support needs and their carers.

In addition to Dementia Extra Care and to improve services available for people to improve their independence and give more control, choice and flexibility over the support they receive, ASC are developing a range of options for the use of Harry Sotnick House. This is in addition to its use of a nursing home and aims to create better resources and opportunities for vulnerable people and their carers in the city.

Following residents and their families identifying placements and wishing to move sooner than the proposed closure date, Hilsea Lodge is also no longer in use as a residential home as of September 2019. Future options for the Hilsea Lodge site need to be explored, however the site will be repurposed to

provide for gaps in provision in the city, likely to be extra care, supported living or social housing.

4.2.4. Integrated Localities

In order to do away with multiple assessments and bring services together in the community where there is a commonality of provision, ASC and Solent NHS Trust 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. Challenges with Information Technology have prevented a scale up from a pilot team to the South Locality health & social care teams in the summer of 2019. The increase in this way of working is still anticipated, but delayed until January 2020.

4.2.5. 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. 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. The result will be improved services available for people to access to maintain their independence.

4.2.6. Medium Term Financial Strategy

As detailed previously, the MTFS was drafted in 2018 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. Following demand challenges in the current financial year, the MTFS is being updated.

5. The 2019/20 Focus

The central task for the rest of 2019/20 is to ensure the ASC strategy is deliverable, has a clear work programme underpinned by robust project planning to enable the anticipated savings requirements and outcome improvements to be achieved across Health & Care Portsmouth.

Demand for Services:

The number of older people receiving domiciliary care from ASC per week as of March 2019 was 1012 at a cost of £168,000, as of October 2019 these costs have risen to £181,722, whilst the numbers of people have reduced, this

indicates a higher level of need from less people. From March 2019 to October 2019, the number of people receiving care costing between £50 and £200 per week has fallen slightly, (502 to 499) whereas those whose care costs £200+ per week has seen a 6% increase.

The emphasis on care in people's own homes has been consistently reflected in less people in Portsmouth placed in residential care homes, however there has been an increase between May and October of 2019. This will be monitored to understand whether this is a new pattern or a minor spike in numbers.

- 258 (March 2016)
- 242 (March 2017)
- 230 (December 2017)
- 207 (June 2018)
- 210 (May 2019)
- 225 (Oct 2019)

The residential care market continues to experience challenges locally, however as at October 2019 has improved from 9% of residential care homes being rated as inadequate to 3% and moving from 31% to 34% requires improvement. Portsmouth Clinical Commissioning Group, ASC and Solent NHS trust continue to work in the sector to support improvement and decrease hospital admission from care homes. Whilst in 2018/19 A&E attendance rates in Portsmouth increased, they decreased from care homesⁱ.

There continues to be a waiting list for assessment in community Social Work and ASC. The project conducted from June 2019 has now reported and a new model is proposed to address the waiting list. The business case for temporary resources to enable this is in preparation.

Whilst ASC continues to monitor the domiciliary care market, providers remain under pressure financially both nationally and locally. ASC in Portsmouth pay around 10% below the South East region Hourlyⁱⁱ rate. ASC has a programme of engagement with providers set up in 2019 and is actively working with the sector to redesign the cost model for domiciliary care.

5.1. 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)
- Projectedⁱⁱⁱ 1876 (2019/20)

The Department of Health & Social Care, (DHSC) have announced that the 'Liberty Protection Safeguards' (LPS) will replace the current system of DoLS by October 2020. ASC are currently engaged in scoping the impact of the changes, though this is likely to need specific project management and a dedicated training resource.

5.2. Acute Hospital Pressures

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. These arrangements were continued in the 2019/20 year and ASC are awaiting written government confirmation of the grant continuing into 2020/21. The rationale for allocating PCC resource to this work continues to be that admission to hospital can drive deterioration in ability and lead to greater care needs.

Reporting figures to June 2019, Portsmouth Delayed Transfers of Care, (DTC) have reduced from a high of 9.3 per 100,000 to 7.3 per 100,000, significantly below the rates for all England, (9.8) and comparator Authorities, (10.7)^{iv}

Signed by:

ⁱ Portsmouth local authority area profile - Older people's pathway - CQC 23/10/19.

ⁱⁱ Portsmouth local authority area profile - Older people's pathway - CQC 23/10/19.

ⁱⁱⁱ Based on 5% increase in referrals to September 2019

^{iv} Portsmouth local authority area profile - Older people's pathway - CQC 23/10/19.