

| Title of meeting: | Cabinet Member for Health, Wellbeing & Social Care |
|-------------------|--|
| Subject: | Adult Social Care Older Persons Strategy Update |
| Date of meeting: | 6 th February 2020 |
| Report by: | Chief Health & Care Portsmouth |
| Wards affected: | All |
| | |

1. Purpose of report

1.1. The purpose of this report is to update the Cabinet Member as to progress against the Adult Social Care Strategy.

2. Context

In order to provide a social care service that meets the needs of Portsmouth residents, meets the Council's statutory duties and manages the demands of increasing needs and costs, Adult Social Care (ASC) has been working to a service wide strategy. Implementing the ASC Strategy will achieve outcomes for residents and work toward financial balance. By 2022, our aim is that ASC in Portsmouth will be:

- Delivering services that have technology at the heart of the care and support offer;
- Working in a 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 help them achieve the outcomes they want to achieve and keep 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 people with care and support needs and their carers.

2. Recommendations

2.1. It is recommended that the Cabinet Member notes the progress against the Strategy.

Key:

ASC - Adult Social Care

MTFS - Medium Term Financial Strategy

CIS - Community Independence Service

PRRT - Portsmouth Rehabilitation & Reablement Team

MCP - Multispecialty Community Provider

AT - Assistive Technology

CCG - Clinical Commissioning Group

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| Key Strategic aim/shift | Project objectives | Lead | Update | MTFS link |
|--|--|--|---|--|
| Delivering services that have technology at the heart of the care and support offer | Developing a set of principles and ways of working to guide staff in having the right conversation with people. Agree the measures across all rehab services. | Project manager / Head of Service | Intervention underway studying current use of AT, learning wider demand and new technology that can support the care planning process. | Group Accountant - CIS - reduce length of stay in Domiciliary Care. |
| | Understand the role and capability of Assistive Technology, (AT) in supporting reablement approach. | | PRRT/CIS carrying AT to use as standard when assessing need. Hospital Discharge project has offered recommendations to increase | Reduce package growth in dom care. |
| | Ensure there is a clear offer for acute admissions avoidance and supporting timely discharges. | | take up and decrease response times for AT in Portsmouth. Funding identified from 'winter pressures'. | |
| | Introduce electronic care- planning into PCC managed care homes, meeting the standards of Good Governance, (Regulation 17 ¹). | Senior Project Manager / Head of Service | Project Group established | |
| | Redesign domiciliary care delivery in the city | Contracts Team manager / Interventionist. | The technology model is in draft ready for discussion with existing providers as part of soft market testing. The application enables real | Senior accountant - Reduce package |

¹ The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. <u>http://www.legislation.gov.uk/ukdsi/2014/9780111117613/contents</u>

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| | | time updates on health and wellbeing, to help timely, informed decision-making. | growth in Dom care. |
|---|--|--|------------------------|
| Assistive Technology (AT) Board - bringing together partners in Health & Care in Portsmouth from statutory, independent and voluntary to increase implementation of AT in care. | Project manager / Head of Service | Board established with statutory attendance. Independent sector have working group ready and representation to be agreed on AT Board. AT Development plan approved and Joint AT development plan being explored with NHS partners via the MCP. | To be established. |



| Key Strategic aim/shift | Project objectives | Lead | Update | MTFS link |
|---|---|--|---|---|
| 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. | Identify where low-level, preventative services and support are required. Establish access to these services along with measures. | Project manager / Head of Service | Funding has been identified for a community catalyst role². This post has been created to achieve 3 broad aims: provide personal, flexible and responsive support and care give local people more choice and control over the support | Finance Manager ASC - Reduce package growth in dom care / cost |
| | Develop a co-ordinated approach to provision of information and tools that help people to access support and maintain independence. | | they get offer an alternative to more traditional services Ongoing discussion with CCG colleagues around the links with social prescribing. | avoidance. |
| | Structure assessment and processes to consider non-statutory service solutions. | | Information and advice resource in development with the HIVE via BCF funding. | Spend to Save project identified. |
| | Enhance care and support in PCC managed care homes. | Head of Service | Redesign of ASC Duty service in process. To include an active link with community connector service. | |

² <u>https://www.somerset.gov.uk/social-care-and-health/somerset-micro-enterprise-project/</u>



| Strength Based learning and development offer to be reviewed. Case Audit tool introduced. |
|--|
| 'Be There for Care' project, enabling volunteers to work with residents in care homes ³ . |

| Key Strategic aim/shift | Project objectives | Lead | Update | MTFS link |
|---------------------------------------|--------------------------------|-------------|--|--------------|
| Working effectively to target | Identify effectiveness of the | Project | Gathering data through PRRT and CIS | Group |
| investment in reablement. | reablement offer required | manager / | to understand reablement demand | Accountant- |
| | through demand; outcome; | snr project | across services. | CIS - |
| | impact on future costs. | manager / | | reduce |
| | | Head of | Established links with CCG/Solent | length of |
| | | Service / | colleagues to plan reablement | stay in |
| | Upskill and support social | | investment priorities in Portsmouth. | Domiciliary |
| | workers and other | | | Care |
| | professionals to think beyond | | Duty redesign work linking with CIS to | |
| | traditional service solutions | | expand reablement capacity. | Senior |
| | and identify clear rehab goals | | | accountant |
| | as part of the assessment | | Dom care redesign work linking with | - PRRT - |
| | process. | | reablement approach | target and |
| | | | | focus |
| | Use strength based, outcome | | | reablement |
| | focussed approach to | | | offer in the |
| | assessment. | | | city. |
| Delivered through a market based | Develop tools and processes | Project | Corporate Communications plan for | To be |
| on individual services to people that | to ensure co-production with | manager / | working with Portsmouth citizens | established. |
| meet need, achieve key outcomes | service users and the market | Head of | drafted. | |
| and keep them safe. | | Service | | |
| | | | | |

³ <u>https://volunteer.hiveportsmouth.com/we-support/bethere/</u>

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| i mance comments as no deci | Sion is being taken | |
|-----------------------------|--|--|
| | Develop approaches for | Publishing market position statement |
| | market including outcome- based commissioning | for ASC in February/March 2020. |
| | | Initial provider day took place in |
| | | December 2019. Significant interest |
| | | and working groups agreed to move |
| | | forward with introducing pilot model in |
| | | Portsmouth. |
| | | Extra care specification drafted for re- |
| | | tender, including community connector |
| | | model. |

| Key Strategic aim/shift | Project objectives | Lead | Update | MTFS link |
|-------------------------------------|---------------------------------|-----------|--|------------|
| Providing quality and effective in- | Repurpose outdated estate to | Project | Hilsea Lodge has now closed and staff | Finance |
| house services | provide for gaps in services in | manager / | have transferred to work with people in | Manager |
| | Portsmouth. | Head of | other units. This was partly facilitated | ASC |
| | | Service | through secondment agreements with | Senior |
| | | | Hampshire County Council. Uses for | accountant |
| | | | the site to fill gaps in provision | - estates |
| | | | currently in discussion with Housing, | management |
| | | | Neighbourhood & Building services. | / managing |
| | | | | in-house |
| | | | Whilst there is an intention to design | spend. |
| | | | and build supported living for people | |
| | | | with a physical disability using a site in | |
| | | | the city, work will focus on repurposing | |
| | | | the Edinburgh House site. | |
| | | | Edinburgh House has been | |
| | | | demolished in order for the site to be | |
| | | | repurposed to provide extra care for | |
| | | | people living with dementia. | |
| | | | | |



| Commenced exploration of demands for use within in-house residential /nursing / rehab units. This is in conjunction with CCG and Solent NHS Trust partners. |
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| Harry Sotnick House project group established and working towards 1/4/20 for HSH to come back into PCC management. |



Key Challenges:

- Project and Programme management capacity is the most significant challenge in implementing the strategy.
- The change to the existing domiciliary model to work in the way that we have learned is most effective is significant.
- Keeping informed of and assessing the wide range of technology in the market.
- Upskilling staff in technology and strength based practice.
- Demand exceeds capacity for community connectors.
- ASC continues to be challenged by the budget position.
- ASC continues to be challenged by the pressures to discharge people from hospital which can result in inappropriate and costly placements.
- To develop clear commissioning intentions across all cohorts of service users, understanding demand and supporting flexible, creative responses within limited budgets.
- Transforming an existing market that has gaps in provision and creating a diverse range of provision.
- Co-producing services and supporting service users using Direct Payments.

Signed by (Director)

Appendices:

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

| Title of document | Location |
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