

Title of Meeting: Health Overview and Scrutiny Panel
Date of Meeting: July 2020
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 key issues for Adult Social Care, (ASC) in the period October 2019 to March 2020.

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. The 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, the service 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. Health and Care Blueprint Priorities

3.1. Implementing the Strategy that ASC adopted in 2018 aims to enable the service to be financially stable and sustainable whilst achieving outcomes for residents. By 2022, the 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'.

Given the significant impact of COVID-19 on both the finances of Portsmouth City Council locally and Adult Social Care nationally, there is understandable uncertainty as to how this impacts on the future strategic direction. It is likely that this will emerge from the recovery work that will take place alongside the continued response to COVID-19.

3.2. Delivering the Blueprint Priorities

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

3.3. 'SystemOne' client record system

Following the successful implementation of SystemOne for ASC in March 2019, the feedback from Social Care practitioners, GPs and NHS colleagues has been extremely positive as SystemOne enables involved parties access to relevant information about the client/patient. The provision of a small SystemOne Support team has enabled end users to have direct access to support them in their day to day functions and assisting the design of solutions to meet new and changing business requirements. The SystemOne Support team also facilitate involvement with practitioners via regular SystemOne User Groups and SystemOne Champion Forums, and

producing a monthly Newsletter which includes new and helpful information for end users.

A social care archive system was made available in December 2019 as the previous client record system was decommissioned in April 2020. The archive allows nominated Adult and Children's Social Care users the ability to view relevant historic Social Care information, and was designed in conjunction with practitioners from both Adult and Children's business requirements.

3.4 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 began 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. There have been delays in the progress of Roll-in due to the COVID-19 outbreak but progress is now being made toward selecting a provider to pilot an up scaled model and obtaining the necessary electronic monitoring systems to complete this pilot.

3.5 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.

3.6 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 SystmOne 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 was delayed until Spring 2020. As with most other priorities, this was impacted by the pandemic response and will require re-shaping as services begin to move toward the 'new normal'

3.7 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.

3.8 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.

3.9 Social Work Duty Project

A review using principles from systems thinking methodology has been carried out on ASC's social work duty service. The learning has informed the next stage of the project, which is live experimentation with a dedicated duty team taking calls directly from the public and professionals, rather than these being fielded through a help desk first. This has enabled more calls to be dealt with there and then, rather than having to put cases on a waiting list. The pandemic meant that this duty team quickly adapted to become the duty response, and has responded effectively to this challenge. This change in practice is intended to be maintained in recovery.

4 Demand

The figures below are snapshots of people with care and support needs with open care packages on the last day of the month.

4.1 Domiciliary Care - age group 65+.

	Client numbers	Sum of predicted weekly cost
October	798	£ 157,696.22
November	804	£ 156,358.95
December	804	£ 158,491.50
January	807	£ 160,047.98
February	816	£ 160,417.53
March	827	£ 169,972.99

There is a 4% rise in numbers of people in receipt of care and support October to March and a 7% rise in costs. By the end of March data was available for two weeks of people being funded through the Covid-19 funding who will be included in the March figures. Looking at February 2020 (the last 'normal' month) numbers were up 2% on October and so were the costs, so the March rise is likely to be due to the pandemic.

Looking at cost bands:

COST BANDS	October	November	December	January	February	March
0-50	90	95	91	92	95	87
50-200	444	439	444	441	447	438
200+	264	270	269	274	274	303
TOTAL	798	804	804	807	816	828

There was a 1% drop in people with care and support needs in the £50-200 group and a 13% increase in those in the £200+ group.

Again the people funded through Covid-19 will have contributed to the rise in March.

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 Hourly 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.

4.2 Residential Care

Residential Occupancy

	RESIDENTIAL PERMANENT	In house residential	Indep Residential
Apr-19	349	74	275
May-19	344	70	274
Jun-19	347	71	276
Jul-19	354	76	278
Aug-19	354	75	279
Sep-19	356	73	283
Oct-19	358	73	285
Nov-19	353	70	283
Dec-19	358	68	290
Jan-20	360	70	290
Feb-20	359	72	287
Mar-20	355	67	288

There was a 3% increase in people in need of residential care from April 19 - October 19 but a subsequent drop of 1% from October to March. Since this drop only happened in March (figures had been stable from October to February) this may also be the start of the Covid-19 effect (there was a 10% drop in people with care and support needs in April 2020).

The residential care market continues to experience challenges locally and there continues to be fewer care homes rated 'good' than the all England average. In response to this, the Quality Improvement Team funded jointly between Portsmouth City Council and Portsmouth CCG are engaged with homes to offer advice and support. The team have worked with providers and completed audit/assessment work, offering feedback for areas of improvement. This work has included providing support to providers for day to day queries, issues and concerns and supporting the set-up of NHS mail, with the ending of fax use in the NHS.

Solent NHS Trust and PCCG are also piloting a new model of care to support local care homes. The pilot includes all care homes but focuses on a full Multi-Disciplinary Team, (MDT) process for eight care homes. The team is comprised of Nurses; Physiotherapists; GPs and medicines optimisation Pharmacists and Technicians. The support is both proactive and reactive and involves:

- MDT meetings within the home to the 8 care homes within the pilot
- Reactive support when required
- Full medicines optimization review for residents
- Virtual telehealth system provided 24/7 in order to access urgent care advice
- Training within homes around early warning signs for residents where medical advice is required to prevent escalation or hospital admission and training to support good skin and pressure area care.
- Quality audits carried out to support homes to share good practice and focus on areas for development

4.3 Deprivation of Liberty Safeguards, (DoLS)

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)
- 1917 (2019/20)

The projected figures for 2019/20 were 1876 but the actual figure being higher reflected that a greater number of people were subject to DoLS during this time.

The Department of Health & Social Care, (DHSC) had intended that the 'Liberty Protection Safeguards' (LPS) would replace the current system of DoLS by October 2020. However, the DHSC have announced a delay to the implementation of LPS until April 2021 at the earliest. ASC will be picking up the scoping the impact of the changes and anticipated that this will be likely to need specific project management and a dedicated training resource.

4.4 Acute Hospital Pressures

As previously reported, mitigating the pressure to maintain the flow through the Hospital by discharging patients has been managed by year on year funding committed from the Department for Health & Social Care. Some of the areas this funding was used for include extra domiciliary care, increased Social Work assessment and increased therapy/reablement capacity. These measures decrease the number of people awaiting assessment and make care available in a more timely way. These arrangements were continued in the 2019/20 year and subsequently planned for in the 2020/21 year. The process of allocating funding in conjunction with PCCG colleagues was temporarily interrupted by the COVID-19 outbreak in March 2020, but work has recently started to plan priorities for support. 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.

Signed by:
