

## Appendix A2 Q2 – ADULT SOCIAL CARE, PUBLIC HEALTH & HOUSING NEEDS

### Key Activities

**Champion the needs of the Island’s community in the development & implementation of the NHS sponsored Hampshire & Isle of Wight Sustainability Transformation Plan/Programme (STP)**

*Ongoing – through the Hampshire and Isle of Wight STP.*

**Drive forward integration with health, putting in place the right governance, commissioning and delivery arrangements so that we secure care closer to home, supporting more people in their own homes than in hospital and other forms of institutional care and enabling them to be as healthy as possible.**

*The Local Care Board (LCB) has agreed that it will actively work towards becoming an Integrated Care Partnership. Arrangements for continuing healthcare (CHC) continue to deliver the results required including over £423k of quality improvement plan savings and a fully operational “discharge to assess” process.*

*The Adult social care (ASC) provision rated “good” or “outstanding by the Care Quality Commission (CQC) has increased from 62% in December 2016 to 80% in September 2019*

**Complete the delivery of our three-year "Care Close to Home" strategy, promoting, improving and protecting wellbeing and continuing to increase the numbers of people we support in their own homes**

**During 2019/20: embed strengths based professional practice throughout care management teams of adult social care**

*Care Management forms have been redesigned and are live in our Learning Disability service and will be introduced to all teams from Jan 2020;*

*We are now working with Prof Sam Barron (Head of Social Work, Manchester Metropolitan University and author of Strengths-based approach practice framework, Department of Health and Social Care) to embed strength based leadership systems and behaviours throughout department and to support the cultural change which underpins strength based practice across our care management teams.*

*From a Commissioning perspective we are introducing new residential care contracts and from January 2020 We will be tendering against our new outcomes based focused domiciliary care contract. Further refinements of the restructure we have already implemented across our care management during summer 2019 will be made, aiming to place an Occupational Therapy service at the front door and increase our use of technology as a way to divert the need for formal care delivery.*

**Agree and secure ongoing funding for key schemes funded by the Improved Better Care Fund (BCF) including the Living Well service; the Raising Standards initiative; and investment in reablement care**

*The spending round published in Sept 2019 revealed that there will be a further years funding for the improved better care fund (iBCF). We have very recently received a positive evaluation of the Living Well service by Professor John Bolton (Institute of Public Care) and thus will be wishing to use iBCF funds in 20/21 to continue the Living Well service for a further year.*

*Equally, our raising standards initiative has garnered national interest because of its positive impact in improving CQC ratings: over 80% of registered care on the island is now rated as Good or Outstanding. So it is also our intention to use the continued iBCF funding to extend the raising standards initiative for another year.*

**Continue to drive improvements in adult safeguarding practice, embedding 'Making Safeguarding Personal' (MSP) and ensuring a high quality and consistent approach in the council and its partners**

*We expect to receive our most recent independent review/Audit of MSP in November 2019 and an action plan will be produced flowing its results.*

*Performance remains positive in Safeguarding: with 97.7% of initial safeguarding meetings held within 7 days and our conversion rate from alerts to enquiries of 57%.*

**On behalf of the Health and Wellbeing Board update the Joint Strategic Needs Assessment (JSNA) ensuring the data is relevant, current and informs decision making at all levels of the council and the health system.**

*The IWC is moving to a more interactive approach to display the data within the JSNA. This has been piloted with demographic information and can be viewed on [iow.gov.uk](http://iow.gov.uk)*

**Review and revise the council's approach to improve health and wellbeing**

*The Director of Public Health's [Annual Public Health Report](#) was reviewed by Cabinet on 14 November 2019 and published*

**Finalise and implement permanent arrangements for the role of Director of Public Health (by October 2019) and review Public Health spend as part of the 2020 budget setting process.**

*The Hampshire/Isle of Wight Partnership was agreed by Cabinet in July 2019 and will be subject to a six month review in January 2020*

**To ensure clinically safe effective services are delivered across the Public Health responsibilities, within budget and to those that are in greatest need, undertaking procurement of services as required.**

*The Substance Misuse service is currently out to tender and will be awarded in January. The 0-19 Public Health nursing service procurement is complete and the result was published on 25<sup>th</sup> November with the new contract starting on 1<sup>st</sup> August 2020. Plans to transfer the sexual health service to a new provider are progressing. The Wellbeing Service specification is being prepared for procurement to take place in 2020.*

**Recommission the Supporting People (SP) programme so that we can offer tailored and personalised support to those people at risk of homelessness or living in temporary accommodation**

*Currently in procurement phase, further update to be provided at the end of Quarter 3*

**Implement the recommendations of the 2019 independent review of the Housing Needs Service, including the development and implementation of a new Homelessness Strategy for the Island.**

The [Homelessness and Rough Sleeping Strategy 2019-24](#) was presented to Cabinet on 14 November 2019. The strategy outlines how the IWC will work with various partners to make sure that:-

- **Homelessness in all forms will be a rare occurrence:** we will provide the right support at the right time, so people can access a home and sustain a home they can call their own.
- **Homelessness will be a brief experience:** we will give individuals and families choice and control by systemically improving pathways, support and accommodation options to reduce the trauma associated to homelessness.
- **Homelessness a one-off experience:** we will increase access to settled homes.

The strategy aligns with the Governments rough sleeping strategy 2018 which is organised around the three core pillars of :-

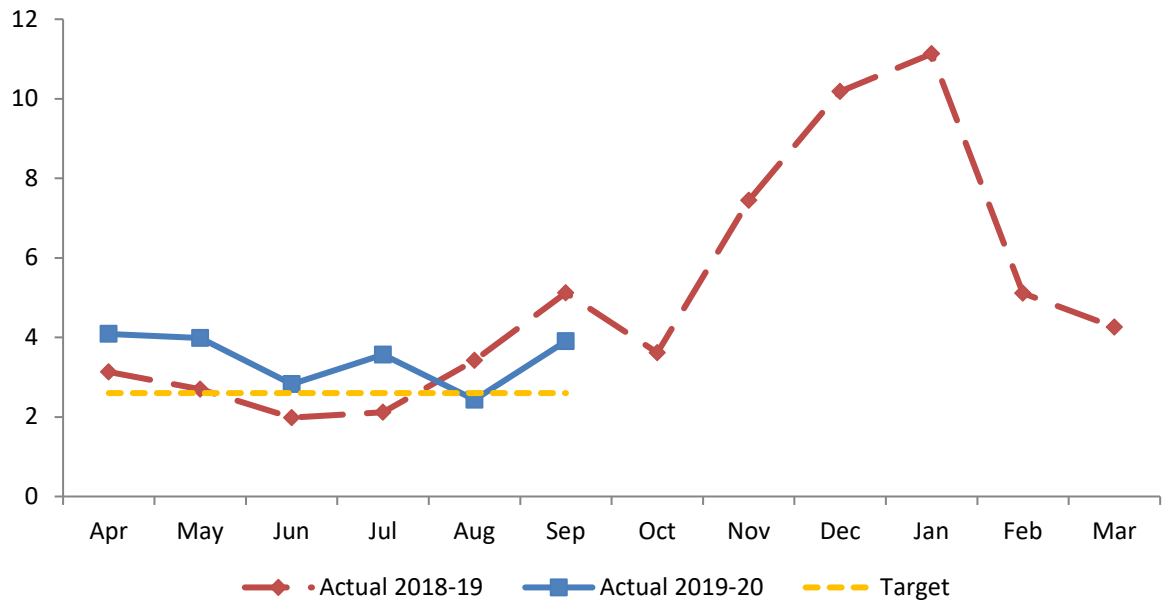
- **Prevention** – focusing on providing timely support before individuals and households become homeless.
- **Intervention** – focusing on helping people who are already in crisis to get swift, targeted support.
- **Recovery** – emphasising how we will support people to find a new home quickly and rebuild their lives via a new “accommodation first” approach,

The action plan in response to the findings of the independent review undertaken by the National Peer Support Service (NPSS) was presented to Corporate Management Team (CMT) for their oversight and review. This action plan spans all parts of the Housing Needs division including: recording practice; policies and procedures; training and quality of practice; and use of resources. Progress is now monitored through ASC Service Board and the Housing Vulnerable People Board

# Short Term Measures

## Adult Social Care

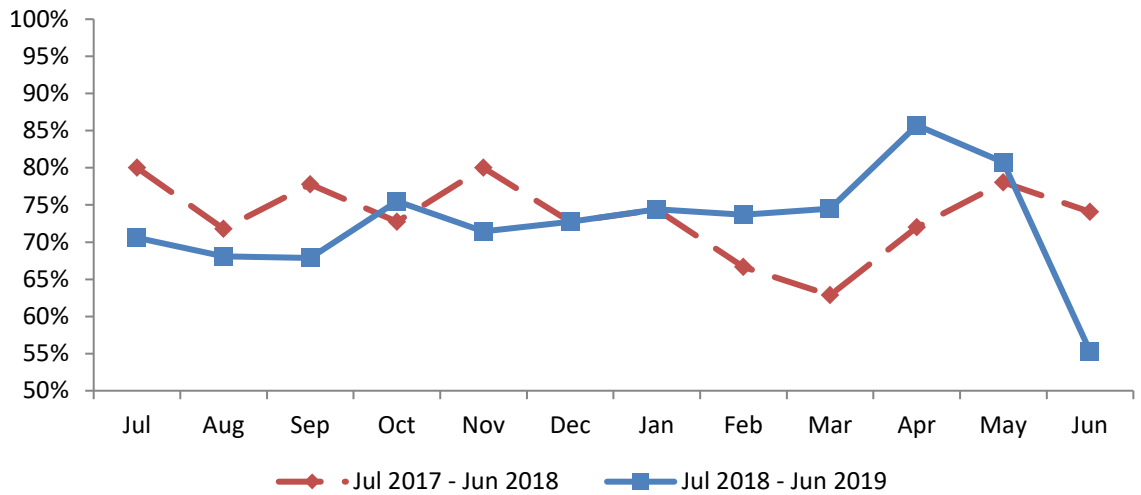
**Average daily rate of Delayed Transfers of Care (DTC) per 100,000 due to Adult Social Care**



Since Sept 18 Revised targets are now in place across ASC and the NHS. ASC sees a reduction from 4.58 to 2.6, NHS an increase from 2.29 to 3.3 and an overall target reduction from 6.87 to 5.9.

April 2019 DTC figures published in June 2019 include news for Social Care. Social care DTCs hit their national target for the first time in April 2019. The proportion of DTCs attributable to Social Care fell to 27.4% of total DTCs. This is the lowest proportion of DTCs attributable to Social Care since March 2015

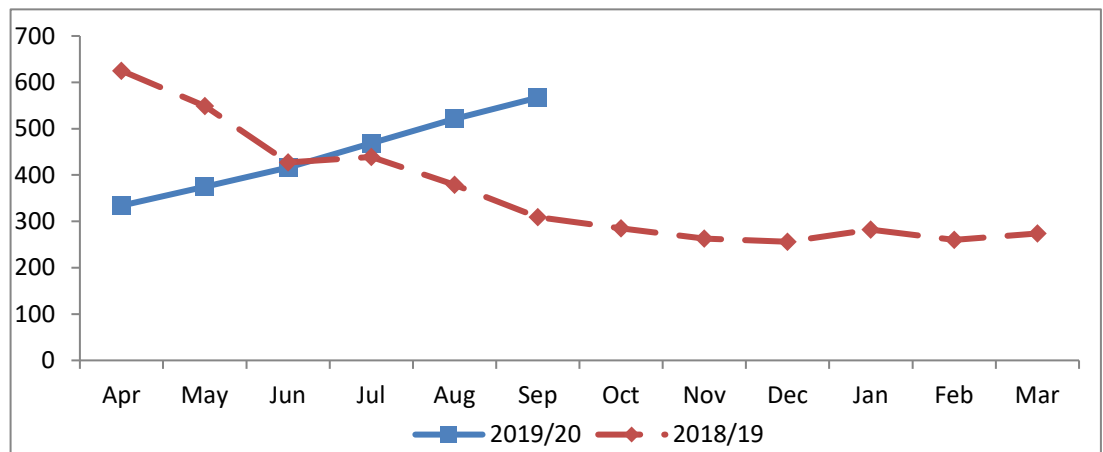
### Proportion of older people (65+) still at home 91 days after discharge from hospital into reablement / rehabilitation services



Figures and narrative for this measure will always be 3 months in arrears (91 days).

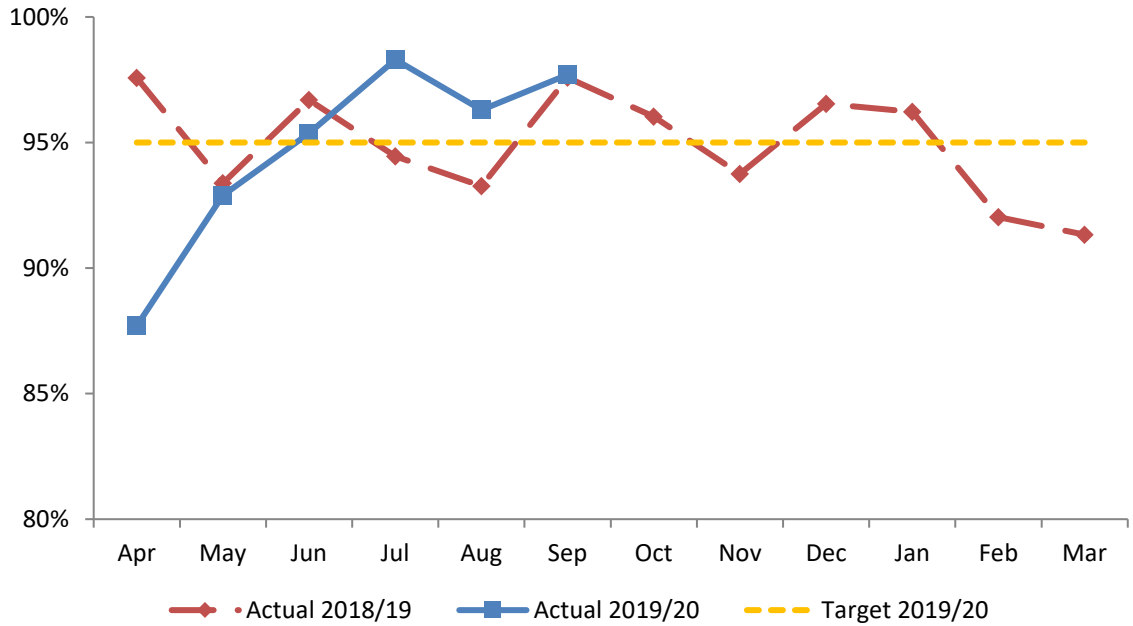
Of the 21 people in June that were not at home after 91 days, 4 were readmitted into hospital, 5 went into Residential Care and 12 people died. Outreach has invested in additional staff into the service to increase capacity to support the hospital with DTOC. Hospital referral rate for 2018-19 was at 67% (2017-18 was 54%) However it also means that more people who are being discharged from hospital have a Long Term Need (LTN) This has resulted in people exceeding the normal 42 day window of Reablement by a considerable amount. There are 25 people currently on the service with a LTN with 7 over 100 days on the service (one person has been on 641 days and 2 more on 200+ days) This is around a third of all people being supported in the community by the service. This puts the service in a position whereby capacity is now reduced because people are not moving on as quickly as they would if they were on reablement.

### Number of outstanding Deprivation of Liberty Standards (DoLS) Assessments



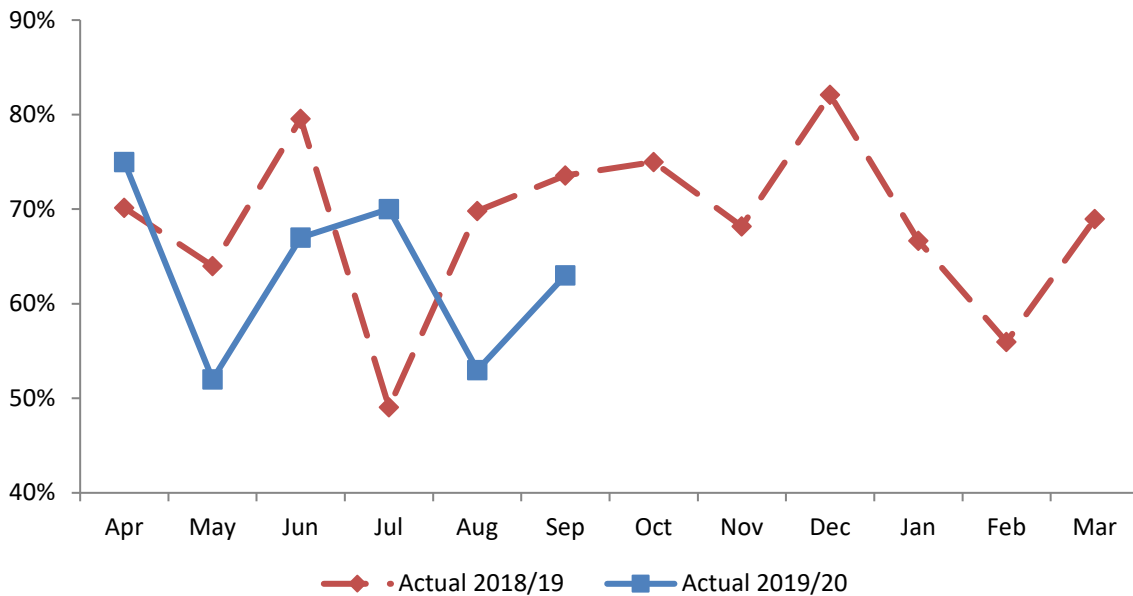
Number of outstanding DoLS assessments has risen steadily since February. More applications have been received so far in 2019/20 compared to 2018/19 and capacity issues mean fewer assessments are being completed. Additional assessment resources are being secured to support the demand.

**Percentage of safeguarding meetings held within seven days of the referral being received.**



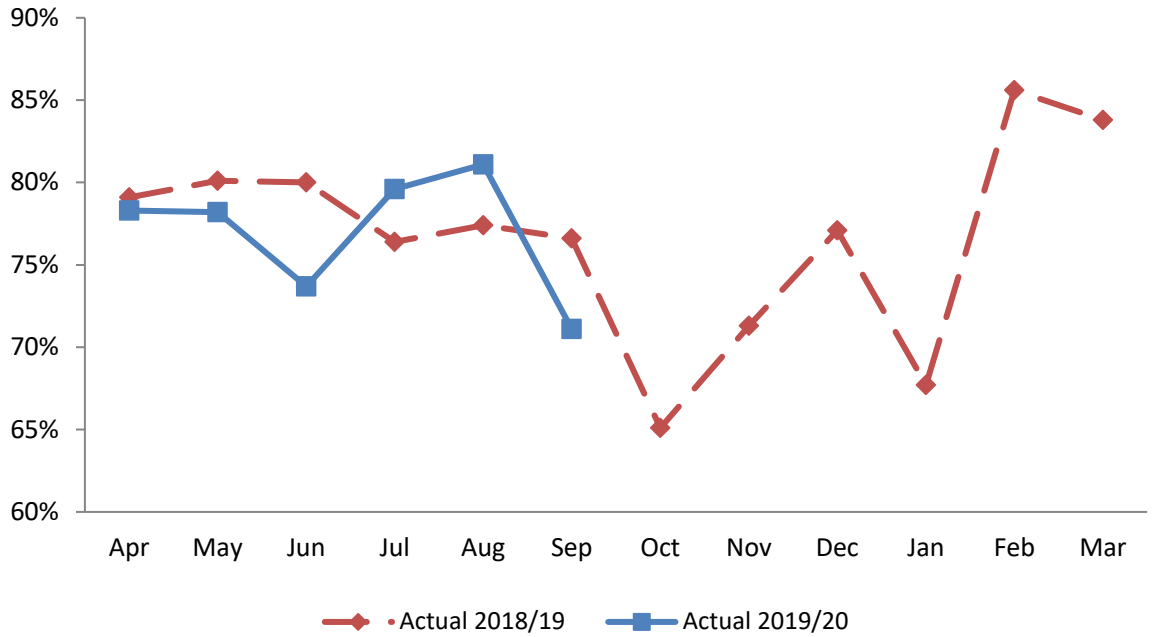
127 out of 130 meetings held during September 19 were done so within seven days of receiving the referral

**Percentage of adult safeguarding case conferences held within 28 working days of the safeguarding planning meeting**



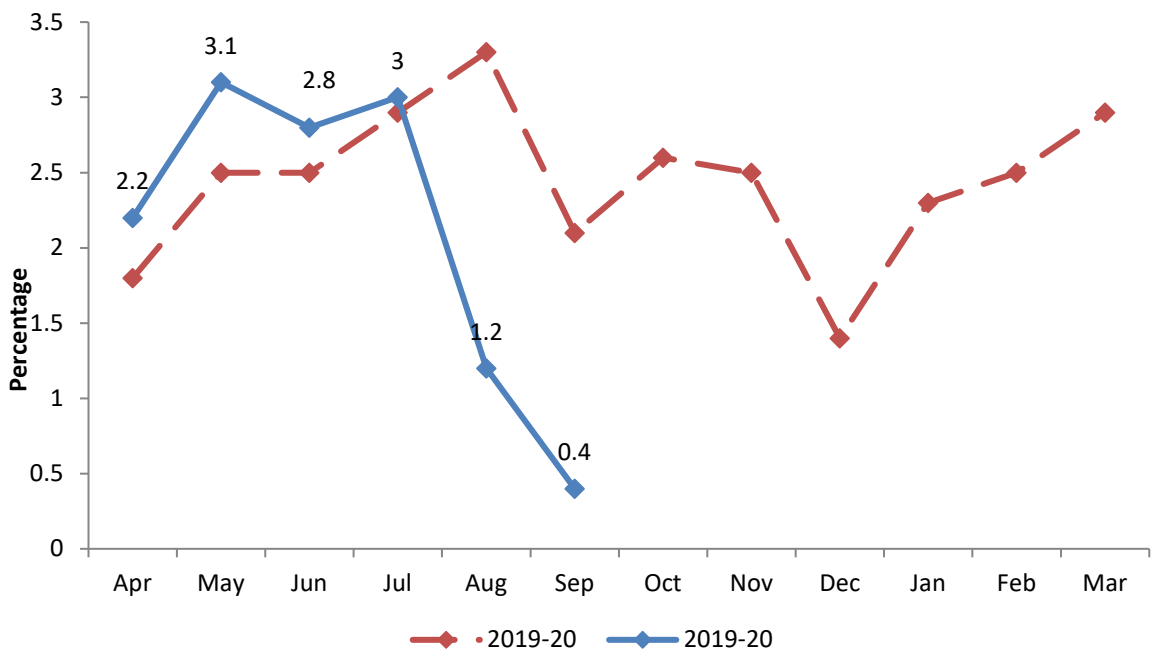
28 days remains challenging for the team and is reflected in the fluctuating performance. This is due to the complexity of personal outcomes and availability of the information from partners, individuals and family members

**Percentage of adult social care assessments completed within 28 days of the initial contact referral**



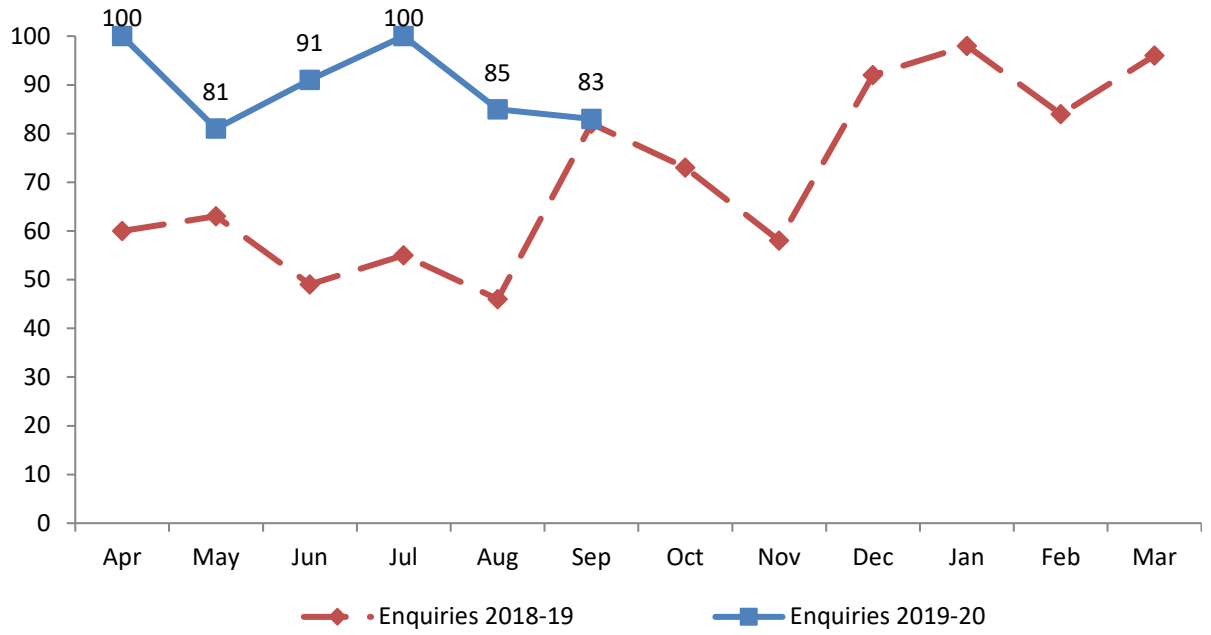
The team continue to develop a strength based approach however we are receiving more requests for urgent support, from families in crisis therefore an increase in YNA's require.

**Number of admissions to permanent residential or nursing care as a percentage of all initial contact (Rolling 12 months)**



There were 14 placements made during October (9 Residential and 5 Nursing). For 2018/19 Total = 208 (8 Aged 18-64 & 200 aged 65+).

## Number of adult safeguarding referrals (Rolling 12 months)

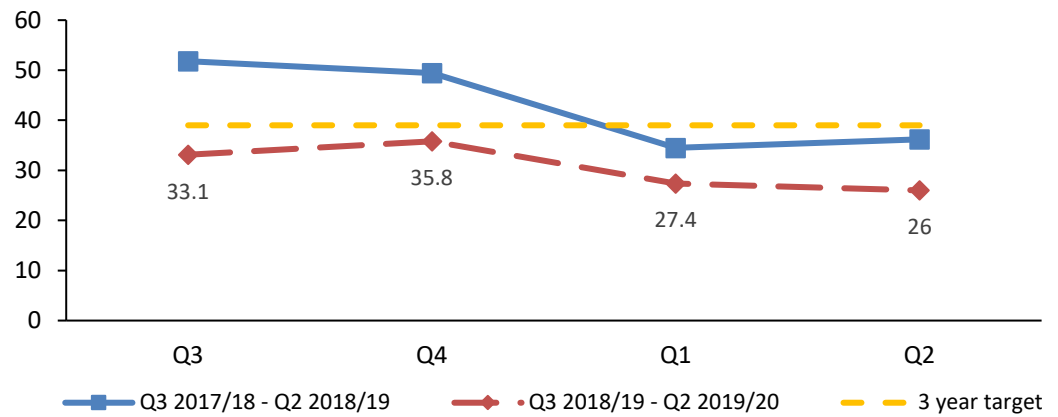


Number of Concerns remains relatively low -146 this month, maintaining impressive conversion rates 57% & 80%.



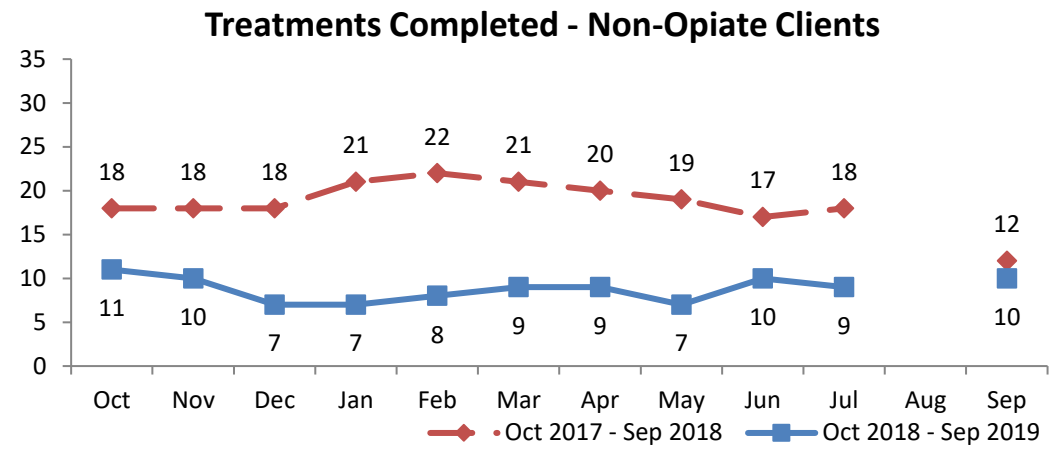
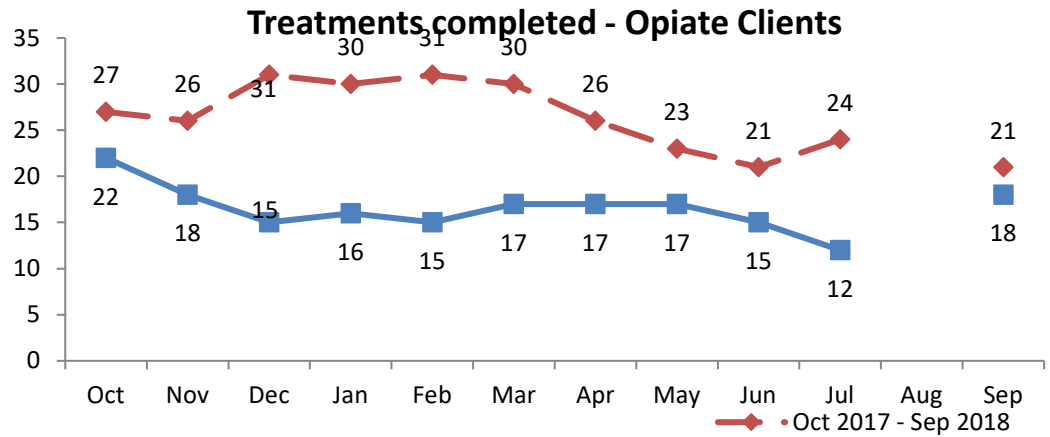
## Public Health

### Successful completions as a proportion of all treatment (alcohol) (Rolling 12 months)



The graph shows that the proportion of people successfully completing alcohol treatment dropped in Q1 2018/19 and have remained low since. This is due to the alcohol service being closed from Q1 2018/19 for 9 months. It reopened in Q4 2018/19. As the figures represent a 12-month rolling proportion of cases, an improvement is not expected until Q4 2019/20.

**Number of drug treatments completed - opiate and non-opiate clients (Rolling 12 months)**

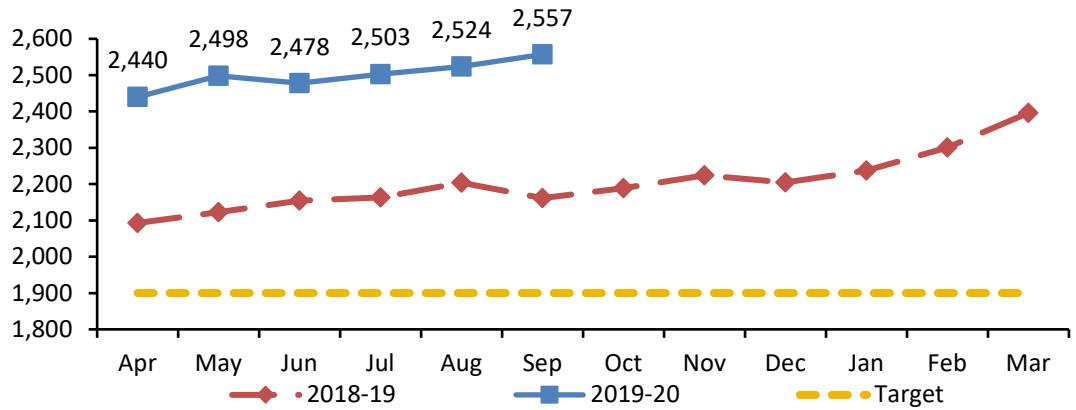


**Data is published one month in arrears by the National Drug Treatment Monitoring System although no data published in July.**

The number of people successfully completing treatment for both opiate and non-opiate use is less during 2018-19 compared to 2017-18. Due to the time lag associated with this measure, the 2018-19 data represents a time of transition during which the previous provider gave notice and the service transferred (successful completion is defined as someone not representing to treatment for 6 months). These numbers will be monitored alongside completion rates from treatment, and an improvement not expected until late Q3 2018-19 onwards.

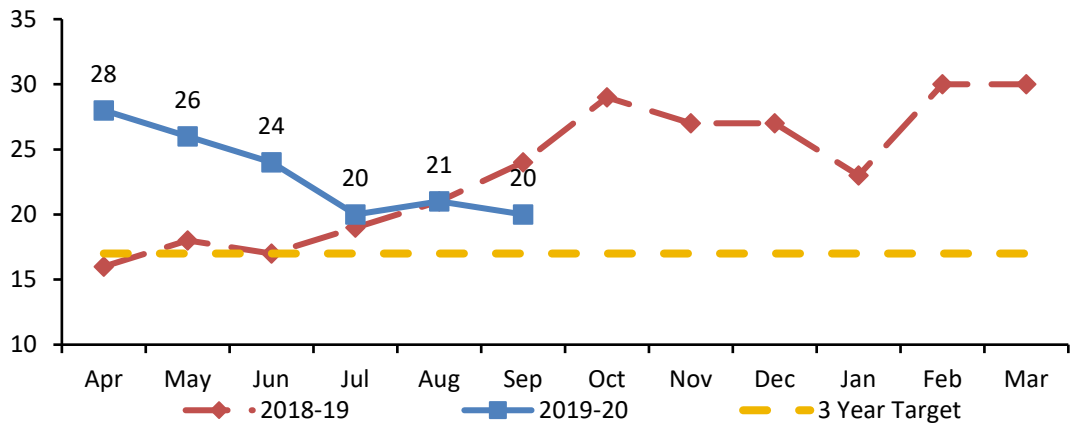
## Housing Needs

**Number of people on the housing register at month end (Rolling 12 months)**



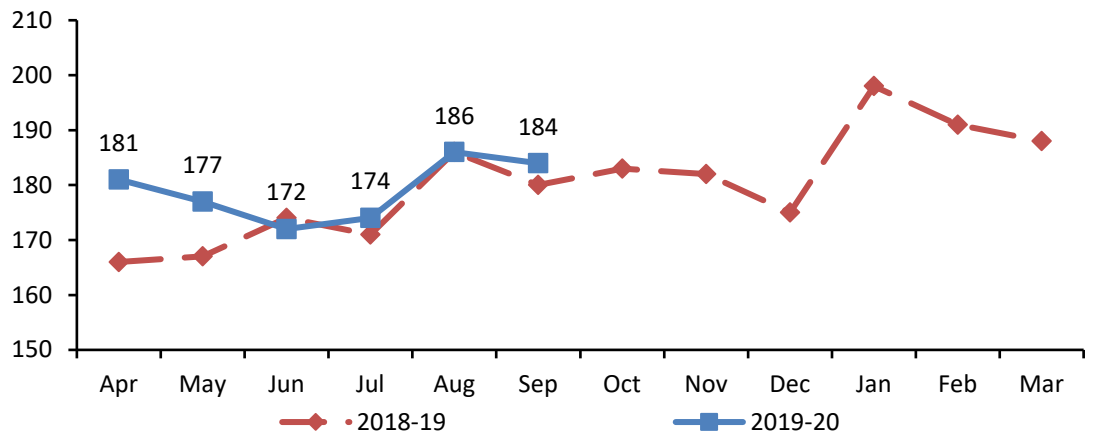
Number of active housing register applications indicate demand for affordable rented homes which is not currently being met. Work is due to commence to ensure that all of these are current.

**Number of people on band 1 of the housing register at month end (Rolling 12 months)**



Band 1 priority awarded to applicants with urgent housing needs some of which require specially adapted homes

**Number of households in temporary accommodation at month end (Rolling 12 months)**



Numbers remain high due to pressures on service and lack of affordable alternatives, however a reduction in demand for emergency accommodation has seen a drop in the last month.

## Strategic Risks

<b>Failure to recruit acceptable quality of professional practice across Adult Social Care (ASC)</b>			<b>Assigned to: Director of Adult Social Care</b>		
<b>Inherent score</b>	<b>Target score</b>	<b>Current score</b>	<b>Previous scores</b>		
			<b>Sep 19</b>	<b>Jul 19</b>	<b>May 19</b>
<b>14 RED</b>	<b>6 GREEN</b>	<b>8 AMBER</b>	<b>9 AMBER</b>	<b>9 AMBER</b>	<b>9 AMBER</b>
<b>Risk score reduced</b>					

<b>Failure to identify and effectively manage situations where vulnerable adults are subject to abuse</b>			<b>Assigned to: Director of Adult Social Care</b>		
<b>Inherent score</b>	<b>Target score</b>	<b>Current score</b>	<b>Previous scores</b>		
			<b>Sep 19</b>	<b>Jul 19</b>	<b>May 19</b>
<b>16 RED</b>	<b>6 GREEN</b>	<b>9 AMBER</b>	<b>9 AMBER</b>	<b>9 AMBER</b>	<b>9 AMBER</b>
<b>No change to risk</b>					

<b>Failure to secure the required outcomes from the integration of adult social care and health</b>			<b>Assigned to: Director of Adult Social Care</b>		
<b>Inherent score</b>	<b>Target score</b>	<b>Current score</b>	<b>Previous scores</b>		
			<b>Sep 19</b>	<b>Jul 19</b>	<b>May 19</b>
<b>16 RED</b>	<b>6 GREEN</b>	<b>10 AMBER</b>	<b>12 RED</b>	<b>12 RED</b>	<b>12 RED</b>
<b>Risk score reduced</b>					

<b>Additional demands placed upon the Isle of Wight Council and partners owing to pandemic flu</b>			<b>Assigned to: Director of Public Health</b>		
<b>Inherent score</b>	<b>Target score</b>	<b>Current score</b>	<b>Previous scores</b>		
			<b>Sep 19</b>	<b>Jul 19</b>	<b>May 19</b>
<b>16 RED</b>	<b>16 RED</b>	<b>16 RED</b>	<b>16 RED</b>	<b>16 RED</b>	<b>16 RED</b>
<b>No change to risk</b>					