

## **REPORT OF THE EXECUTIVE MEMBER FOR ADULT SOCIAL CARE AND PUBLIC HEALTH TO THE MEETING OF FULL COUNCIL ON WEDNESDAY, 15 MARCH 2017**

I am grateful to colleagues at St Mary's for enabling me to be a part of the Emergency Care Improvement Programme's (ECIP) verbal feedback to stakeholders on 23 February and to hear first-hand the positive developments at the trust as well as the significant challenges that they face. ECIP examined three areas of the hospital's work in detail: patient streaming, patient flow and delayed transfers of care (DTOCs). This latter area is of key significance to adult social care (ASC) because it shares responsibility with health partners to ensure that people leave hospital actions as expeditiously as possible. DTOCs are a key performance indicator for the trust, the clinical commissioning group and ASC – and performance in this one area is accorded the highest importance nationally. At the time of drafting this report, the trust was still awaiting receipt of the formal report from ECIP. This caveat aside, ECIP was very complimentary about the psychiatric liaison service provided at accident and emergency as well as several other areas of effective clinical practice. Key areas for improvement included: improving the accuracy of the DTOC data that is submitted monthly to NHS SITREP (Situation Report); ensuring that elderly patients are mobilised during their hospital stay whenever possible; and improving hospital systems around admission and flow through the hospital. Adult social care undertook its own detailed analysis of the DTOC data submitted for December prior to the arrival of the ECIP team and identified several errors – so it was helpful that ECIP was able to provide independent assurance around this matter. Since the verbal feedback was provided, new systems for DTOC data sign off have now been instigated in ASC – and Dr Tozer is now meeting weekly with hospital social work and other managers to ensure that DTOCs are not inappropriately apportioned to ASC. Equally, ASC has been working to secure great capacity in community services so that people can go home – and I am pleased to report that two new domiciliary care agencies are currently going through their registration process with Care Quality Commission (CQC).

I have received several briefings regarding the forthcoming CQC inspection report on the trust. We still do not have any date of publication – but trust colleagues have informed me that it is imminent. We can expect the CQC report to be highly critical of the trust's mental health services and over the past two months ASC has been fully engaged in the newly established Mental Health Programme Board as well as the wider mental health alliance arrangements for the whole of the Southampton, Hampshire, Isle of Wight and Portsmouth area. The CQC has returned twice to monitor progress since its original inspection last November and the trust has developed a detailed action plan that it has implemented at a matter of urgency and key priority from December. As Executive lead, I would like to see further development of the council's commitment to the 'mental health challenge' campaign, embedding best practice as an employer, as well as considering developing the role of a mental health champion within the next administration.

With colleagues, I have met with coastal protection officers, to discuss a current project involving Bay town and parish councils, and highlighted the public health benefits of the project.

With the Employment Sub-committee, I have been involved in the recruitment of an assistant director of integrated commissioning (the interviews take place over the 13 and 14 March) and I am pleased to report tangible progress in how the CCG and council have worked together in recent months.

Also since my last report to council, I have attended a providers' meeting of several organisations supporting adults in receipt of social care and support. This provided me with a valuable opportunity to hear the strengths and weaknesses of current commissioning arrangements and how these different providers are responding to the current demographic and financial challenges. I am especially delighted that ASC is now making good progress in the development of its market position statement – and expect to receive the first draft at the beginning of April. This is very overdue and the absence of our market position statement has meant that providers have had to develop their medium and longer term business plans without any indication of the council's priorities for the future of adult social care.

I have also planned meetings with several service users, the National Autistic Society, Carers UK, and other voluntary sector partner agencies. In addition, I am delighted to announce that we have secured additional funding to address domestic abuse needs on the Island.

Finally, the March Budget provided an additional £2 billion statement for adult social care. Dr Tozer immediately prepared an overview of the priorities for this extra funding – which could be as much as £3.2 million in 2017/18. However, at the time of drafting this report we await formal confirmation as well as explanation of the government's "conditions" for this additional funding. As soon as we have this information, I will ensure that members are notified.

**Councillor Richard Priest**  
**Executive Member for Adult Social Care and Public Health**