



NOTICE OF MEETING

CABINET MEMBER FOR HEALTH, WELLBEING & SOCIAL CARE

THURSDAY, 2 DECEMBER 2021 AT 10.00 AM

COUNCIL CHAMBER - THE GUILDHALL

Telephone enquiries to Anna Martyn Tel 023 9283 4870

Email: Anna.Martyn@portsmouthcc.gov.uk

If any member of the public wishing to attend the meeting has access requirements, please notify the contact named above.

Information with regard to public access due to Covid precautions

- Attendees will be requested to undertake an asymptomatic/ lateral flow test within 48 hours of the meeting. Around one in three people who are infected with COVID-19 have no symptoms so could be spreading the virus without knowing it. Asymptomatic testing – getting tested when you don't have symptoms - helps protect people most at risk by helping to drive down transmission rates. We strongly encourage you to take up the habit of regular asymptomatic testing to help prevent the spread of coronavirus to your colleagues and residents you work with.
- We strongly recommend that attendees should be double vaccinated.
- If symptomatic you must not attend and self-isolate following the stay at home guidance issued by Public Health England.
- All attendees are recommended to wear a face covering while moving around within the Guildhall.
- Although it will no longer be a requirement attendees may choose to keep a social distance and take opportunities to prevent the spread of infection
- Hand sanitiser is provided at the entrance and throughout the Guildhall. All attendees are encouraged to make use of hand sanitiser on entry to the Guildhall and are requested to follow the one-way system in place.
- Attendees are encouraged book in to the venue (QR code). An NHS test and trace log will be retained and maintained for 21 days for those that cannot or have not downloaded the app.
- Those not participating in the meeting and wish to view proceedings are encouraged to do so remotely via the livestream link.

Membership

Cabinet Member for Health, Wellbeing & Social Care

Councillor Jason Fazackarley (Cabinet Member)

Group Spokespersons

Councillor Jeanette Smith

Councillor Lewis Gosling

Councillor Kirsty Mellor

(NB This agenda should be retained for future reference with the minutes of this meeting).

Please note that the agenda, minutes and non-exempt reports are available to view online on the Portsmouth City Council website: www.portsmouth.gov.uk

Deputations by members of the public may be made on any item where a decision is going to be taken. The request should be made in writing to the contact officer (above) by 12 noon of the working day before the meeting, and must include the purpose of the deputation (for example, for or against the recommendations). Email requests are accepted.

A G E N D A

Meeting information: Risk assessment for Council Chamber

1 Apologies for absence

2 Declarations of interest

3 Informal Inspection of Regulated Services (Pages 7 - 12)

Purpose

To update the Portfolio holder as to how Adult Social Care, (ASC) assures the quality of internally provided services regulated by the Care Quality Commission, (CQC).

4 Adult Social Care Annual Complaints Report (Pages 13 - 20)

Purpose

To update the Portfolio holder of complaints and other contacts received during the period of 1 April 2020 to 31 March 2021 for social care services provided to adults and to compare these to the previous 12 month period.

5 Substance Misuse Treatment and Support Services Re-tender (Pages 21 - 28)

Purpose

To inform the Cabinet Member for Health, Wellbeing & Social Care of the commissioning plan to re-procure substance misuse treatment and support services in Portsmouth.

6 Covid-19 Intelligence Update (Pages 29 - 30)

Purpose

To provide an update on the latest position regarding Covid-19 data and intelligence for Portsmouth.

Members of the public are permitted to use both audio visual recording devices and social media during this meeting, on the understanding that it neither disrupts the meeting nor records those stating explicitly that they do not wish to be recorded. Guidance on the use of devices at meetings open to the public is available on the Council's website and posters on the wall of the meeting's venue.

Whilst every effort will be made to webcast this meeting, should technical or other difficulties occur, the meeting will continue without being webcast via the council's website.

This meeting is webcast (videoed), viewable via the council's livestream account at <https://livestream.com/accounts/14063785>

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Coronavirus Risk Assessment for the Council Chamber, Guildhall

Date: 21 October 2021(based on Government Autumn and Winter Plan and associated Guidance published September 2021)

Review date: Next time Government guidance is updated

Author: Lynda Martin, Corporate Health and Safety Manager, Portsmouth City Council

Coronavirus Risk Assessment for the Council Chamber, Guildhall

Manager's Name and Job Title completing Risk Assessment:	Lynda Martin Corporate Health and Safety Manager	Risk Assessment Dept:	Corporate Services	Date:	21 October 2021	Signature:	
		Location:	Council Chamber, Guildhall				

Hazard	Who could be harmed and how	All controls required	How controls will be checked	Confirmed all in place or further action required
Risk of exposure to Covid-19 virus - Ventilation	Staff, contractors and attendees	<ul style="list-style-type: none"> The capacity for the Guildhall Council Chamber for all attendees (including members of the public) has been calculated to be maximum of 30 people to accommodate 2 m social distancing. Improvements in ventilation permits up to an additional 30 attendees. Members of the public will be advised to follow Covid safety recommendations. If 2m social distancing cannot be maintained then face coverings should continue to be worn and should only be removed when addressing the meeting. The actions taken to maximise ventilation in the Guildhall Council Chamber includes: <ul style="list-style-type: none"> The removal of internal casement secondary glazing windows. Large casement windows will be opened. Pedestal fans - positioned in each of the wing areas and along the back wall behind the pillars, maximum speed and modulation setting. High level doors and window - the double doors to the high level galleries and the gallery corridor window will be opened. 	Security staff will be available to ensure numbers are not exceeded. Staff will ensure windows are open and fans switched on.	In place
Risk of transmission of virus - Risk mitigation	Staff, contractors and attendees	<ul style="list-style-type: none"> The Guildhall takes its responsibility to help limit the risk of infection seriously and has the following measures and requirements in place, attendees should: <ul style="list-style-type: none"> Be double vaccinated. Have a negative Asymptomatic / lateral flow device within 48 hours of a meeting. Wear face coverings at all times, unless exempt. Follow Track & Trace requirements - track and trace QR posters will be displayed to allow check in. Not attend if their result is positive attendees must and follow government guidance regarding isolation: https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection. 	The Guildhall Trust and PCC Facilities Team to implement and monitor.	In place
Risk of transmission of virus - Hygiene and prevention		<ul style="list-style-type: none"> Wash hands for 20 seconds using soap and water or hand sanitiser. Maintain good hygiene particularly when entering or leaving. Hand sanitiser will be located at the entrance of the building. Hand sanitiser and wipes will be located in the meeting room. Additional cleaning measures are in place, door handles, surfaces, etc. No refreshments will be provided. Attendees should bring their own water bottles/drinks. All attendees should bring and use their own pens/stationery. Doorways marked, where possible, with entry and exit channels. 	The Guildhall Trust and PCC Facilities Team to implement and monitor.	In place

Hazard	Who could be harmed and how	All controls required	How controls will be checked	Confirmed all in place or further action required
		<ul style="list-style-type: none"> Only one person should use the lift at a time. Attendees should follow entry/exit signage to and around the building. Each speaker to have their own microphone. No sharing of microphones. 		
PPE	Staff, contractors and attendees	<ul style="list-style-type: none"> All attendees must wear a face covering and are encouraged to bring their own. Face coverings to be available at the entrance to the Guildhall if required. Gloves, anti-bacterial wipes and bin bags to be provide to all events staff. Sanitiser available at the entrance and exit of the building and in reception areas. <p>The following guidance on using face coverings should be followed:</p> <ul style="list-style-type: none"> Wash/sanitise hands prior to fitting the face covering Avoid touching face or mask, to not contaminate the covering Change face covering if it becomes damp or contaminated Continue to wash hands regularly 	Posters displayed Guidance provided in advance of meeting to all attendees.	In place
Financial Risk	Staff, contractors and attendees	<ul style="list-style-type: none"> The council meeting may need to be cancelled at short notice if the Covid-19 situation changes due to local outbreaks, local sustained community transmission, or a serious and imminent threat to public health. Contact details of all attendees held by the event manager to enable easy efficient cancellation. Technology in place to move to virtual council meeting if required and permitted by legislation. 	Financial commitments minimised wherever possible. PCC Insurance department aware of council meeting.	In place

Updates	<ul style="list-style-type: none"> This risk assessment is a live document and will be updated as new information becomes available. All managers should feel free to adapt the measures contained within this risk assessment when assessing the risks for their own department's work activities/ premises.
Further information	<ul style="list-style-type: none"> Further government information on support during the coronavirus pandemic can be found here HSE guidance, on working safely during the coronavirus pandemic can be found here Staff wellbeing advice during the coronavirus pandemic can be found here

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Agenda Item 3



THIS ITEM IS FOR INFORMATION ONLY

(Please note that "Information Only" reports do not require Integrated Impact Assessments, Legal or Finance Comments as no decision is being taken)

Title of meeting: Health, Wellbeing & Social Care Portfolio Meeting

Subject: Informal Inspection of Regulated Services

Date of meeting: 2nd December 2021

Report by: Marie Edwards - Head of Regulated & Provider Services

Wards affected: All

1. Requested by

Cllr Jason Fazackarley, Cabinet Member for Health, Wellbeing & Social Care

2. Purpose

To update the Portfolio holder as to how Adult Social Care, (ASC) assures the quality of internally provided services regulated by the Care Quality Commission, (CQC).

3. Information Requested

The approach taken by ASC to assuring the service and the Council of the quality of in-house services through informal inspection.

4. Overview of the Care Quality Commission regulation process

Portsmouth City Council is registered with the Care Quality Commission (CQC) for the delivery of 7 regulated services

- 3 services are registered for the delivery of Accommodation for persons who require nursing or personal care
 - Harry Sotnick House
 - Russets
 - Shearwater
- 4 services are registered for the delivery of Personal care
 - Ian Gibson Court
 - Portsmouth Rehabilitation and Reablement Team (ILS)
 - Community Independence Service (CIS)
 - Portsmouth Shared Lives Service
- Each scheme / service has a Registered Manager (RM) who is registered with the CQC, as well as a variety of staff relevant to the service provided.

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- All services are subject to inspections from the CQC in line with their registered activity
- With the exception of Ian Gibson Court, which is part of Local Authority Housing Neighbourhoods & Buildings, (HNB) all services sit within Adult Social Care
- All staff within services receive mandatory training as required
- Portsmouth City Council is required to have a Nominated Individual (NI) for all its regulated services. The nuances of this role are such that the organisation can only have 1 NI.
- The NI has "overall responsibility for supervising the management of the regulated service and for ensuring the quality of the services provided"
- The PCC NI is the Director of Adult Social Care

Traditionally several CQC inspectors would turn up unannounced and spend a minimum of one day on site to complete an inspection looking at the Key Lines of Enquire (KLOE). The five key questions the inspections are based on:

Is the service Safe.

Is the service Effective.

Is the service Responsive.

Is the service Caring.

Is the service Well-led?

With the on-going risks relating to COVID-19 still present, CQC won't be returning to business as usual. They will be drawing on intelligence gathered about a service and focus on services where they have concerns about care, taking appropriate regulatory action to protect people if necessary. CQC will be more targeted and focused around areas of risk. As a result, the inspections may not always lead to a change in rating for a service. CQC new approach will deliver a hybrid inspection regime. In order to minimize the time on site CQC will try to conduct inspections remotely as much as possible. Services will be asked to send a lot more electronic copies of documents or perhaps a log in to home's care system (electronic care planning). This will enable on-site time to be focused and kept to a minimum.

The key components going forward will be:

- A strengthened approach to monitoring, with clear areas of focus based on existing KLOE, to enable CQC to continually monitor risk in a service.
- They will use technology and their local relationships to have better direct contact with people who use the care homes, their families and staff in the care homes.
- Inspection activity will be more targeted and focused on where they have concerns, without returning to a routine programme of planned inspections.
- They will continue to adapt the transitional regulatory approach and remain responsive as the situation changes.
- There is a commitment from CQC to consider longer-term changes to how they regulate, which will be explored through engagement on the future CQC strategy

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- Previous ratings will be feed into the assessment of risk, but they will no longer determine the frequency of inspections as CQC inspections will be more targeted and focused around areas of risk.

5. Informal Inspection Process

The 'Quality Assurance and Learning Framework' is supported by the Head of Regulated and Provider Services, working with the team of registered managers. The purpose is to audit standards across the care homes (including through peer review), consider independent reports (i.e., CQC/ Healthwatch/Corporate Health & Safety /internal audit etc), audit, and support and drive-up standards through consultation, challenge and feedback.

The quality assurance framework articulates how all of the various strands of quality work come together as a coherent package to drive improved outcomes for residents. There are a number of processes that support the informal inspection process, these provide good governance and quality assurance across the services.

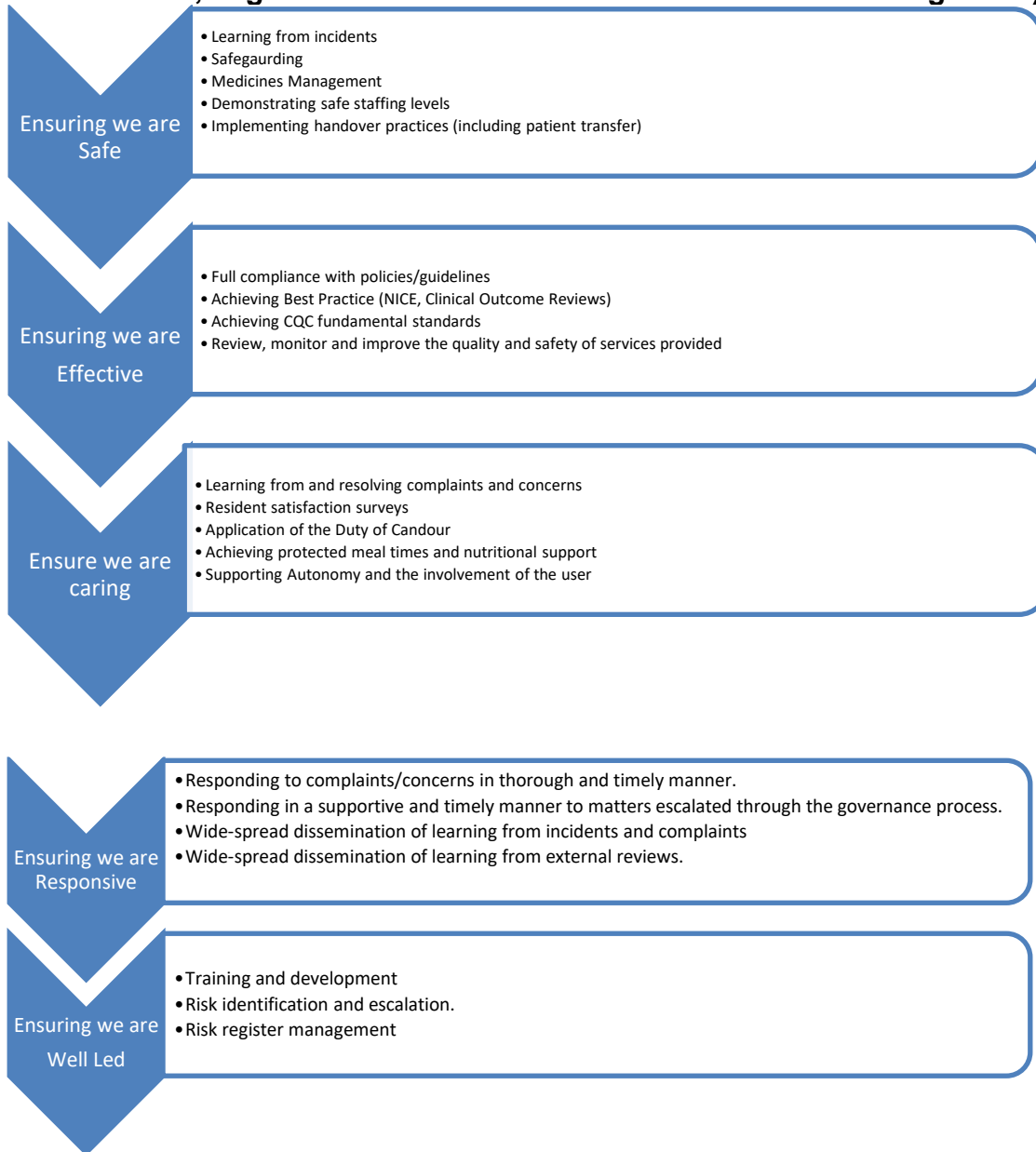
Comprehensive informal inspections are completed by the Head of Regulated & Provider Services annually with support from key individuals such as Social Workers, safeguarding team and NHS colleagues. This provides a robust scrutiny of care practice within the service against the five KLOE. Any resulting actions are monitored and reviewed by the head of service to ensure compliance of action plans through to completion. The informal inspection reports are shared with the chief executive, cabinet member, ASC Director/Deputy, staff and loved ones at the care home.

6. Key Learning

To ensure that we not only deliver the highest quality care to our service users under the *Health and Social Care Act 2008 (Regulated Activities) regulations 2014* but that we learn from incidents and mistakes. The key learning is linked to the CQC Key Lines of Enquiry as follows:

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7. Governance

The NI and Head of Regulated & Provider Services, review and monitor governance compliance against the following performance indicators:

- Compliance with the CQC Key Lines of Enquiry
- Implementation of service relevant National Institute for Clinical Excellence, (NICE) guidelines
- Progress with addressing the priorities of the adult social care strategy and risk register
- Compliance and progress against any actions identified through inspections.

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- Reviewing trends in incidents and accidents and their action plans
- Action plans from audits

The Head of Regulated & Provider Services proactively invites external assessments to validate the success and quality of the services it provides. These assessments are undertaken by, but not exclusively:

- Healthwatch
- Health and Care Portsmouth Quality Team
- Solent NHS Trust Quality Team
- Service user and relatives' feedback

The Governance process also ensures all relevant service areas complete an on-going self-assessment against the CQC Key Lines of Enquiry and internal audits. In addition, all informal inspection findings and any other recommendations are reported to the ASC senior management team governance and workforce meeting.

.....
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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Agenda Item 4



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(Please note that "Information Only" reports do not require Integrated Impact Assessments, Legal or Finance Comments as no decision is being taken)

Title of meeting: Health, Wellbeing & Social Care Portfolio Meeting

Subject: Adult Social Care Annual Complaints Report

Date of meeting: 2nd December 2021

Report by: ASC Complaints Manager

Wards affected: All

1. Requested by

Cllr Jason Fazackarley, Cabinet Member for Health, Wellbeing & Social Care

2. Purpose

To update the Portfolio holder of complaints and other contacts received during the period of 1 April 2020 to 31 March 2021 for social care services provided to adults and to compare these to the previous 12 month period.

3. Information Requested

Analysis of all complaints and other contacts received during the period of 1 April 2020 to 31 March 2021 for social care services provided to adults.

4. Overview of the Annual Report

For the financial year 2020/21, there were 62 statutory complaints made about Adult Social Care, (ASC) compared to 67 in the previous year. Included within 2020/21 are 4 complaints involving an independent provider, compared to 8 in the previous financial year.

In addition to statutory complaints, there were 21 customer contacts, six contacts that were responded to under different procedures and one representation.

The number of service users open to Adult Social Care on 31st March 2020 was 6,687. The 62 complaints received therefore represent less than 1% of all the people receiving a service from Adult Social Care.

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5. Background to Report

- Complaints levels have decreased by 7% year on year (62 complaints).
- The most complained about location was the Finance and Benefits, (FAB) team (9 complaints).
- Inadequate service (21), funding (9) and staff communication (9) were the largest reason for complaints.
- Performance on 20-day responses has fallen to 63% from 80% last year.
- Performance on 10-day responses has also dropped to 48% of responses sent within 10 working days compared to 63% last year.
- One complaint was investigated by the Local Government Ombudsman and Social Care and no fault found against Adult Social Care.
- 40% of complaints were upheld to some degree, a decrease from 54% last year.
- Adult Social Care received 19 compliments this year compared to 22 in 2019/20.

The Complaints Managers will continue to support operational staff and managers in handling and responding to complaints in the future. We aim to continue to increase our learning from complaints, to disseminate good practice and to achieve more service improvements as a result.

6. Report detail

For the financial year 2020/21, there were 62 statutory complaints made about Adult Social Care, compared to 67 in the previous year. Included within 2020/21 are 4 complaints involving an independent provider, compared to 8 in the previous financial year.

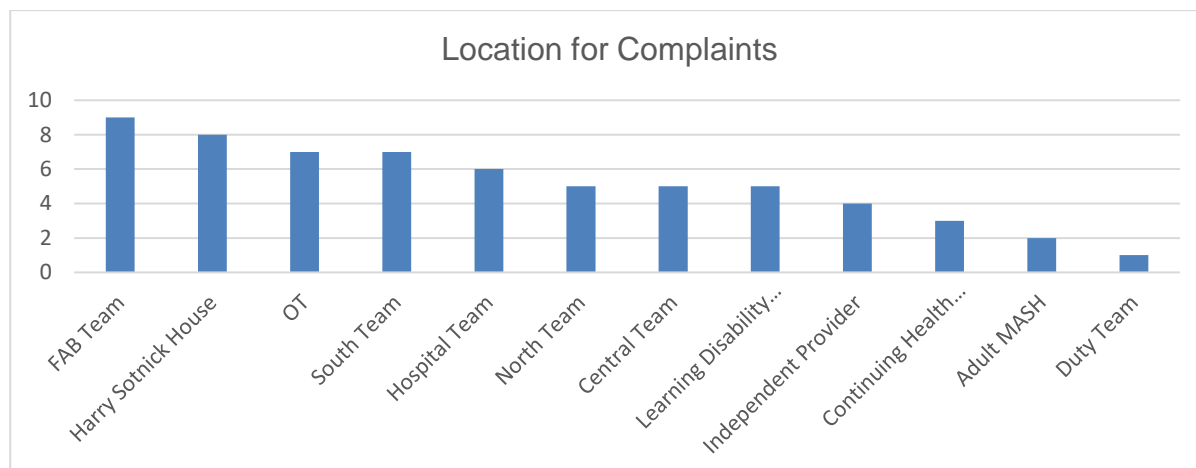
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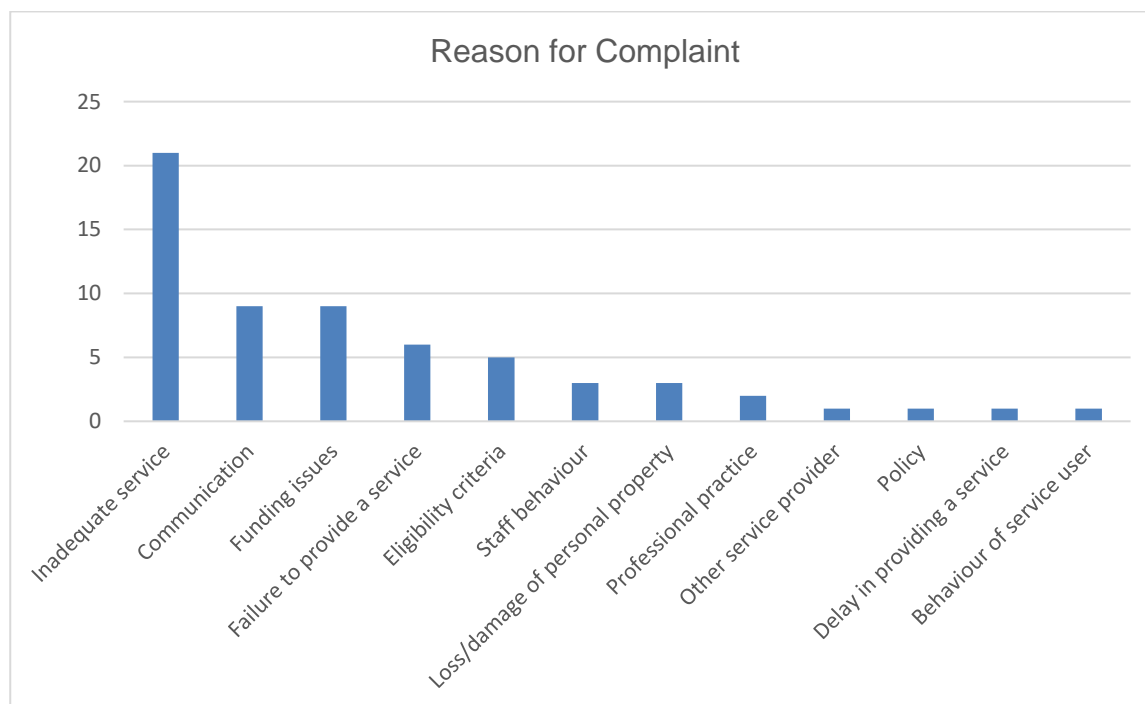
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To set the complaints figures in context, the following chart outlines the number of complaints for each location/team.



It is also important to consider the reasons why complaints were made.



Inadequate service, complaints about communication and funding were the most prevalent complaint themes this year.

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Examples of complaints about inadequate service:

- A service user felt that ASC did not understand his situation fully, his aspirations and the support that is needed to help him acquire his dreams.
- A complainant was unhappy with service provided by an independent domiciliary care agency.

Examples of complaints about funding:

- A complainant was unhappy about ASC asking a service user for their credit card details.
- A relative was unhappy about charges and interest applied to deferred payments.

Examples of complaints about staff communication include communication regarding an outstanding debt, communication from the Hospital social work team in relation to a discharge and charging for care.

PERFORMANCE

Under the complaints procedure, we aim to send complainants a full reply within 10 working days if possible, or if the matter is more complicated, the target timescale is 20 working days. Staff are encouraged to ensure their responses are proportionate to the complexity and level of investigation required.

The extent to which timescales have been met can be seen below.

Full Reply Performance (working days)	Financial Year 2020/2021	Financial Year 2019/2020
0-20 days	66% (48% within 10 days)	80% (63% within 10 days)
20+ days	34%	20%

Overall, 66% of complaints have received a response within 20 working days, which is a decrease from last year, (80%) 48% of complainants received their reply within 10 working days which is also less than the previous year (63%). Some complaints will take longer than 10 days to investigate and reply to, particularly if the matter is complex, there is a need to interview staff or further responses or meetings are required to resolve the complaint.

The Complaints Managers will therefore continue to highlight the importance of dealing with complaints in a timely way and encourage staff to have a positive attitude to complaints handling. Complaints Managers also encourage managers to make a quick initial assessment of a complaint when they receive it, to enable any

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immediate issues to be dealt with and to establish that the right person is handling the complaint.

LOCAL GOVERNMENT AND SOCIAL CARE OMBUDSMAN CASES

Most complaints continue to be resolved at the early stage of the procedure. If the matter remains unresolved after further responses or escalation of the complaint to more senior managers, then the complainant can refer to the Local Government and Social Care Ombudsman for further consideration.

There were 2 complaints referred to the Local Government and Social Care Ombudsman (LGSCO) this year compared to 1 in the previous financial year. One is currently being investigated and in the other the Ombudsman found no fault with the actions of our Occupational Therapy service.

Whilst 62 complaints were made, these figures indicate that 60 of these were resolved internally in a manner acceptable to the complainant. This is very positive as we strive to resolve all complaints without the need for complainants to approach the Ombudsman.

PROPORTION OF COMPLAINTS UPHELD

It is interesting to review the outcomes of complaint investigations i.e. the proportion that were justified to some degree by the manager who responded and investigated.

Category	Number of Complaints 2020/2021
Not upheld	31
Partially upheld	11
Upheld	14
Other (withdrawn or response not completed at end of reporting period).	6
Total	62

This shows that 40% (25) of complaints for Adult Social Care were considered to be justified in some way this year compared to 54% last year. In such cases, every effort will be made to identify actions that could improve service in the area concerned.

COMPLIMENTS

Compliments for services are received annually. For the period 1 April 2020 to 31 March 2021, we received 19 compliments for Adult Social Care, a small decrease from the 22 received in the previous year. These are broken down by team below.

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Team Name	Number of Compliments
North Team	4
Portsmouth Day Services	2
Victory Unit	2
Shearwater	1
Carers Centre	1
Learning Disability Team	1
Portsmouth Rehabilitation & Reablement Team	1
South Team	1
Duty Team	1
Central Team	1
Hospital Team	1
FAB Team	1
Contracts Team	1
Safeguarding Team	1

PERSISTENT COMPLAINTS POLICY

The council's Corporate Complaints Policy provides guidance on dealing with the small number of complainants who are persistent or unreasonable, taking up an unwarranted amount of council resources or impeding the investigation of their complaint. In Adult Social Care, we have had to use this guidance on two occasions this year to manage the behaviour of two complainants who were acting unreasonably.

In both cases, this has worked effectively and helped manage contact from these complainants to various teams across the council. With one of these complainants, the Social Care Complaints Managers are continuing to act as the Single Point of Contact on behalf of other departments within the council.

COUNCILLOR AND MP ENQUIRIES

Another way in which service users may contact us is through their Councillor or Member of Parliament, (MP). If a complaint is made by a Councillor or MP it will be included in the complaints figures shown earlier in this report. However, if it is only an enquiry it is not included in those figures. In total for this period, we recorded 10 Councillor/MP enquiries (5 enquiries from an MP and 5 enquiries came from councillors) for Adult Social Care compared to 26 last year (11 enquiries from MP's and 14 enquiries from councillors).

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TRAINING

The Complaints Managers have not undertaken any face-to-face training sessions for internal PCC staff this year due to Covid but continue to offer ELearning for PCC staff on Effective Complaint Handling as well as advice to staff on an ongoing basis.

7. Key Learning

Complaints are an invaluable form of research for the department, helping it to continually learn from complaints and improve the services it provides to vulnerable adults in Portsmouth. Learning can take many different forms, for example, changes in working practices, amendments to policy, changes to service, staff training etc.

Some examples of how the department has learned from complaints received in 2020/21 are shown below:-

As a result of a complaint about contacting Harry Sotnick House by telephone at the weekend, the unit replaced the current phone with a cordless one which will be carried by the assistant unit manager or the nurse when they work on the floor making it easier to reach the unit during the weekend.

Another complaint has led to Adult Social Care ensuring all new workers are provided with the relevant information about the charging policy as part of their induction.

Some learning moving forward from a complaint about social care and the NHS would be to have a clear professional lead, who will be the main contact for families and enable more consistent communication.

Following complaints about missing items, (mainly of laundry) at Harry Sotnick House, the property list form has been changed and a more robust procedure has been implemented. All property lists now must be checked by the Assistant Manager on duty who must sign to confirm that they have done this together with the relative. A photo is taken of any valuables and is attached to the form. Upon discharge, all items must be checked off with any outstanding clothing being listed in the box on the form. This must again be checked and signed by the Assistant Manager on duty. Any property list with outstanding items is then placed in the new Outstanding Items Folder. When each item of clothing returns from the laundry it is marked off the list and once all items are back, the Assistant Manager contacts the next of kin for collection. The bottom of the form is then signed and dated by the Assistant Manager to confirm that items have been returned. Following all admissions and discharges, the property lists are now checked by the deputy manager to ensure that the new procedure is being adhered to. The vast majority of complaints around Harry Sotnick House were down to this issue. Therefore the implementation of a more robust procedure should see these types of concerns decrease.

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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

Agenda Item 5



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(Please note that "Information Only" reports do not require Integrated Impact Assessments, Legal or Finance Comments as no decision is being taken)

Title of meeting:	Health, Wellbeing & Social Care portfolio
Subject:	Substance Misuse treatment and support services retender
Date of meeting:	2 nd December 2021
Report by:	Director of Public Health
Wards affected:	All

1. Requested by

Councillor Jason Fazackarley, Cabinet Member for Health, Wellbeing & Social Care

2. Purpose

To inform the Cabinet Member for Health, Wellbeing & Social Care of the commissioning plan to re-procure substance misuse treatment and support services in Portsmouth.

3. Information Requested

3.1 Background

Substance misuse contributes considerably to the overall burden of disease and social need in the UK, such as communicable diseases, mental health issues, physical health and accidental harms. Substance misuse is a complex issue that touches young people, adults, families, communities and society, affecting a wide range of health and social outcomes. Dependency on and engagement with drugs and/or alcohol affects all aspects of an individual and community, relationships, meaningful activities and employment, family life, educational attainment, housing opportunities, criminal and anti-social behaviour.

Substance misuse interventions and treatment lead to improved public health outcomes, including benefiting the wider determinants of health, health improvement, health protection and preventing premature mortality.

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Local Strategic Aims & Priorities

The relevant Council priorities which this contract will contribute towards:

- Make Portsmouth a city that works together, enabling communities to thrive and people to live healthy, safe and independent lives.
- Make our city cleaner, safer, greener

In addition substance misuse treatment is linked to the following strategic priorities:

Health & Wellbeing Strategy priority¹: *Supporting social, emotional and mental health, focusing on reducing the harms from alcohol and other substance misuse, reducing the causes of isolation and exclusion, and promoting positive mental wellbeing*

Community Safety Plan priority²: *To reduce the harms from alcohol and substance misuse, support the recovery community, reduce the availability of low-cost, high strength alcohol, use licensing powers to promote the responsible drinking, improve outcomes for people with complex needs (toxic trio – mental health, substance misuse, domestic abuse).*

Office of the Police & Crime Commissioner: *Contribute to achieving the Police and Crime Commissioner's priorities as outlined in the 'More Police, Safer Streets' Police and Crime Plan 2021-2023*

Need in Portsmouth

Portsmouth has disproportionately high levels of harm linked to drug and alcohol dependency, as detailed below, when compared to the England average, however is similar to areas with comparable socio-economic deprivation.

Alcohol

- Estimated 1.86% (n 3,075) of our population are dependent drinkers (1.39% England average)
- High rates of alcohol specific mortality
- High rates of alcohol specific hospital admissions (especially female rates, where we are the highest in the SE)
- High rates of admissions for mental & behavioral disorders and intentional

¹ <https://democracy.portsmouth.gov.uk/documents/s17904/Health%20Wellbeing%20Strategy%20Appendix.pdf>

² <https://democracy.portsmouth.gov.uk/documents/s29859/Community%20Safety%20Plan%202021%202022.pdf>

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- self-poisoning linked to alcohol
- 53% of alcohol dependent people entering treatment had an identified mental health need (55% for women). Of these 72% were receiving treatment.
- 24% of those entering treatment were in regular employment

Drugs

- Estimated 1541 opiate and/or crack cocaine users (OCUs) in Portsmouth (1.06% of adult population)
- Higher than average rate of drug related deaths (7.9 per 100,000 compared to 4.7 for England in 2019), although a reduction compared to 2015 where it peaked to 9.5 per 100,000
- High rate of hospital admissions for drug poisoning (90.7 per 100,000, England average 53.8)
- Proportion of OCU's not in treatment 50.3% (52.5 South East, 52.1 England average)
- 46% of drug users entering treatment had an identified mental health need (this was higher amongst women 53%) – of these just over half (56%) were receiving mental health treatment
- 36% entering treatment were in regular employment

3.2 Current service performance

For the 12 months to the end of May 2021 there were 1411 in treatment according to the National Drug Treatment Monitoring System (NDTMS) (957 at the end of March 2017).

Table: Number in treatment, new presentations to treatment and successful completions:

Primary substance	Number in treatment June 2020 - May 2021	New presentations Apr 20 - Mar 21	% successful completions Apr 20 - Mar 21
Opiate	767	181	6.2%
Non-opiate only	148	65	29.8%
Non-opiate and alcohol	147	60	31.2%
Alcohol only	349	105	36.2%
Total	1,411	411	

Portsmouth's gender split is approximately 65% male / 35 % female (nationally it is 68/32)

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3.3 Re-procurement

Substance misuse services were last procured in November 2016, with the development of an integrated service, pulling together previously separate elements into a single contract with a lead provider. This joined together substance misuse treatment services alongside supported housing for this client group.

This current lead provider delivering the service is the Society of St. James.

Included within this service delivery is a wide range of provision, including:

- Harm reduction (needle exchange, blood borne virus screening, overdose prevention advice, Naloxone the heroin antidote)
- Assessment and care co-ordination
- Pharmacological interventions (substitute medication such as Methadone, or relapse prevention medication such as Acamprosate)
- Psycho-social interventions (group therapy, one to one counselling)
- Access to residential treatment (inpatient detoxification, residential rehabilitation)
- Positive activities (volunteering, physical activities, education)
- Accommodation with support
- Aftercare
- Peer / self-help support

Due to the ending of the contract, with no further extensions available, the services are required to be retendered.

3.4 Consultation

Before commencing the retender, the Public Health team in Portsmouth City Council led a stakeholder consultation to understand the impact of current service provision, and to seek a range of views on future priorities within the service provision.

A survey was provided in electronic and paper form. In total there were 207 responses, the majority were from service users, however there were also responses from carers, staff within the sector and other related sectors (mental health, Probation etc). In addition to the survey, focus groups were held with service users, staff and carers.

The consultation identified a range of good practice and services which were valued by those using them. It also identified gaps in provision and suggested improvements, these included:

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- Enhanced Access - give choice to mode of delivery - keep aspects of telephone assessment/ online/virtual groups which have developed during the pandemic. Expansion of hours to include more weekend or evening access.
- Focused support for those on long term substitute prescribing to move people to abstinence.
- Expansion of dual diagnoses / Mental Health roles integrated into the main service
- Women specific services
- Better use of people with a lived experience to provide peer support at treatment access points and throughout someone's treatment journey.
- Need for clean and dry accommodation in the city

The project team has also undertaken consultation with a range of potential providers, to understand their requirements to encourage them to bid for the service and to increase the quality of the bids.

3.5 Project oversight

A project steering group has been established to provide expert oversight of the re-procurement. Membership of this group includes:

- Public Health consultant
- Assistant Director Adult Social Care
- Clinical Commissioning Group Clinical Lead
- Office of Police & Crime Commissioner Commissioning Officer

The project team further includes representation and joint working from Public Health, Procurement, Legal Services, Adult Social Care, a representative with a lived experience of addiction and Financial services. All parties are working closely to ensure the Council's procurement procedures are being fully adhered to.

3.6 Timetable

The following timetable has been agreed to deliver the re-procurement:

Tender commenced	8 th October 2021
Tender return deadline	10 th December 2021
Initial evaluation of tenders completed	7 th January 2022
Interviews/ site visits	10 January - 14 January 2022
Contract award	1 st February 2022
Mobilisation	4 months
Start of contract	1 st June 2022

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This timetable provides potential bidders with sufficient time to develop their proposals. It also provides significant time for mobilisation for the new contract.

3.7 Priorities

The retender is split into two contracts.

Contract 1 contains the following elements of service provision:

- **Substance misuse harm reduction and treatment service**
- **Substance misuse supported housing service**

Housing is an essential factor in supporting people in their recovery journey. Combining these elements will enable integrated working, with both elements supporting each other to meet the service user's needs.

Contract 2 contains the following element:

- **Independent peer-led support service**

This provides peer-led advocacy and mentoring support to people in treatment. In addition peer-led support groups and drop-ins will support people in their recovery. The service will also provide volunteering, education and employment opportunities for people with a lived experience of addiction to 'give something back'. This in turn sustains their long-term recovery.

The following priority groups are detailed in the service specification, with an expectation that providers will demonstrate how the new service will meet their needs to a greater extent:

- Women
- Offenders
- Alcohol only service users
- Parents, grandparents, carers
- Complex needs service users, including co-occurring mental health
- Long-term substitute prescribed service users
- Armed forces veterans

In addition a requirement to expand clean and dry housing is specified.

3.8 Budget

Contract 1:

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When the main substance misuse service was last tendered in 2016 the recurring funding was £2.3m per annum for the treatment service and £330,000 for the supported housing.

For this coming tender the budget for the treatment service is £2.57m, an increased investment of £270,000 per annum compared to 2016.

This budget includes the following partner contributions:

- Office of the Police & Crime Commissioner: £47,000
- Portsmouth Clinical Commissioning Group: £32,000

The budget for supported housing remains at £330,000 per annum.

In addition to this secure funding, there is likely to be additional insecure funding which Portsmouth City Council currently receives in the form of grants from the Office for Health Improvement and Disparities (formerly Public Health England). These grants could

provide up to an additional £1m for 2022/23, however at present it is uncertain if there will be any additional funds or how long they would be provided for.

Contract 2:

The budget for the peer-led service is £160,000 per year. However, if there is additional grant funding from central government, this could be increased up to £225,000.

3.9 Contract Length

The initial contract length will run from the 1st June 2022 to the 31st March 2026 (3 years and 10 months), however the contract will allow for extensions of between 1-3 years at a time up to a maximum of 6 additional year). Therefore the maximum potential length of the contract is 9 years and 10 months.

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Signed by (Director)

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Agenda Item 6



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Title of meeting: Health, Wellbeing and Social Care Portfolio

Subject: Covid-19 Intelligence Update

Date of meeting: 2nd December 2021

Report by: Matt Gummerson

Wards affected: All

1. Requested by Director of Public Health

2. Purpose

2.1 To provide an update on the latest position regarding Covid-19 data and intelligence for Portsmouth.

3. Information Requested

3.1 Key data on Covid-19 in Portsmouth is summarised and updated weekly on the council website at [Latest coronavirus figures for Portsmouth - Portsmouth City Council](#). The latest available information will be presented at the meeting.

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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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