



NOTICE OF MEETING

CABINET MEMBER FOR HEALTH, WELLBEING & SOCIAL CARE

THURSDAY, 13 JANUARY 2022 AT 10.00 AM

COUNCIL CHAMBER - THE GUILDHALL

Telephone enquiries to Anna Martyn 023 9283 4870
Email: democratic@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, and if eligible, have received a booster.
 - If symptomatic you must not attend and self-isolate following the stay at home guidance issued by UK Health Security Agency.
 - All attendees are required to wear a face covering while moving around within the Guildhall, and are recommended to continue wearing a face covering in the Council Chamber except when speaking.
 - Although not a requirement attendees are strongly encouraged 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.
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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 Independence and Wellbeing, Community Services and Co-production
(Pages 7 - 14)**

Purpose

To update the portfolio holder of the programme of work to achieve co-production of services and initiatives with people who access services, carers and providers.

4 Public Protection Notice (PPN1) Process (Pages 15 - 22)

Purpose

To update the Portfolio Holder of the response by the Adult Social Care Safeguarding Team to manage the number of Public Protection Notices, (PPN1) submitted by Hampshire & Isle of Wight Constabulary.

5 Risks and Challenges to Adult Social Care 2021/22 and 2022/23 (Pages 23 - 26)

Purpose

To provide an update on the risks to adult social care provision in 2021 and 2022.

6 Covid-19 Intelligence update (Pages 27 - 28)

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



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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: Independence and Wellbeing, Community Services and Co-production

Date of meeting: 13th January 2022

Report by: Mark Stables, Head of Service (Market Development & Community Engagement)

Wards affected: All

1. Requested by

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

2. Purpose

To update the portfolio holder of the programme of work to achieve co-production of services and initiatives with people who access services, carers and providers.

3. Information Requested

The approach adult social care takes to enable co-production.

4. Context

The adult social care, (ASC) Strategy sets out a collaborative approach underpinned by core values:

"we will aim to seek a partnership approach in all we do - with **individuals**, **communities**, **providers** and **services** both within and outside of the Council".

This goes beyond being accessible or consulting to 'working with'. The success or failure of a sustainable, effective Adult Social Care offer depends upon thinking in practical terms in order to make the shift required. Making the service financially sustainable means maximising individual independence and access to alternative sources of support.

5. Working with individuals

With **individuals** it will affect how we carry out assessment, listening in order to understand the impact of care and support needs on people's lives and determining with the person:

- What can you do?
- What can your Circle of Support or Community do?
- What does ASC need to do?

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This approach represents an empowering, strengths-based approach that enables us to target resource where it is needed. This partnership approach includes:

- Auditing assessments to support a strengths-based approach
- Using Community Connectors to build confidence and maximise independence
- Locating a Community Connector at our 'front door' as part of the initial assessment process
- Working with young people and their families to pilot innovative, collaborative ways of planning together
- Moving away from 'doing for' to supporting people to be independent and, if they require help in a specific area 'doing with'

6. Working within the community

Working in partnership with the **community** Our Independence & Wellbeing Team, (IWT) is central to our approach. The purpose of the team is to support the people of Portsmouth to;

- retain their independence and quality of life
- keep well
- avoid social isolation and loneliness
- have a sense of purpose
- promote community cohesion and integration

The overall aim of the work of the team is to reduce dependence, and demand, on health and social care statutory services through opportunities for early intervention.

The team works closely with Voluntary and Community Services on 6 key priorities:

- Coordination of community related activity within PCC and across organisations.
- Signposting and connecting people to what is in their community and building community capacity.
- Breaking down 'Community' to local street-level engagement for example with a collaborative of Housing Associations, individuals and initiatives in a specific locality.
- Creating a cultural shift so that 'Community thinking' is embedded across Social Care with an appreciation that it is everybody's business and not exclusive to IWT or the VCS
- Looking at the part Community can play when commissioning services. For example, care and support needs in extra care schemes were previously met by provision of care hours; this can be expensive and inappropriate. A Community Connector based in Extra Care can link residents, facilitate activities using residents and/or volunteers and connect with external Community resources to support the resident in the Scheme or in an outside activity, at lower cost. Another current example is engagement with community groups to replace a traditional Meals on Wheels service and deliver outcomes around keeping people safe, providing social contact and providing a balanced diet produced with reference to ethical standards

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with minimised impact on the environment. These approaches take thought and a commitment to looking at local solutions

- Maintaining a commitment to investment to enable the shift required to take place

7. Working with Providers

Partnership with care **providers** requires a shift in approach and practice which Adult Social Care are committed to. There are a number of critical elements to this we are actively working on

- Development of a 'Market Position Statement' that's sets out commissioning intentions and engages with the market in order to deliver them
- Re design of the provider market to support a relational approach, having enough providers to encourage healthy competition and resilience but not so many that it is difficult to engage.
- Development of provider fora where we can listen, inform and support collaboration
- Clarity of commissioning intentions which creates confidence in the Market and allows providers to develop creatively as part of a continuum of Service provision

8. Co-Production

Coproduction is a form of partnership specifically with people who access support or those who care for someone who does. ASC is committed to developing co-production in every area of the service have subscribed to a 'Statement of Intent' (Appendix 1) that commits to the principle of 'Nothing about me without me'. By involving people, services achieve better outcomes and needs are better met. We have established a working group of people from PCC (Housing, Architects, Human Resources) and partner institutions (Police, Isle of Wight Council, NHS).

The remit of the group is to share good practice and develop principles, policy, tools and guidelines for action. Each group shares success in participative activity as part of learning and building the approach.

We have begun to develop greater involvement of stakeholders. For example:

- Carers are working with Architects to remodel the main area of the Carers Centre.
- Our participation lead is working with autistic people to co-design an activity hub procured with a regular stakeholder forum, this will then become a user-led service.
- Involvement of families and residents in evaluating tenders for Care in the Extra Care Service
- Involvement of people with learning disabilities in recruitment of staff and induction of successful candidates

These are basic examples but the work of the group is contributing significantly in determining how we go beyond the lack of clarity and tokenism that often attaches to an aspiration to be more participative

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9. Summary

Translating the ASC Strategy into practice depends upon redefining the relationship with individuals and the Community they are part of. This programme of work has many parts to it and will be a significant journey for the service. The outcome sought is an adult social care service that plans, commissions and delivers support in partnership with people who access services.

.....
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
Appendix 1 - Participation Statement of Intent	This document

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Appendix 1

Participation Policy - Statement of Intent

As Adult Social Care we are committed to a set of values which express our commitment to

- Put the service user at the centre of everything we do.
- Develop positive relationships with people
- Work to understand the wider impact of decisions and actions on people's lives
- Be inclusive in how we work with people, respecting diversity and individuality
- Encourage constructive challenge from others to help us improve how we lead
- Empower others and do things **with** and not **for** people
- Recognise the importance of feedback and value feedback from others
- Be open and honest

We believe that we will better support our Community by involving the people who are affected by our services in every aspect of what we do. We also believe it is the right way to act - that there should be 'Nothing About Me, Without Me'. We recognise that in the past we have not given this the attention that it should have as a defining aspect of our approach and values. We need to have a clear policy and a thought through approach to putting our principles into action.

A range of different terms are used to describe a range of different ways in which the way we may engage with stakeholders and it's helpful to be clear about the terminology. It helps us understand what we are currently doing and be clear about where we want to get to.

Think Local Act Personal have developed a '**Ladder of Participation**' which we will use for reference

- **Co-production** Is an equal relationship between people who use services and the people responsible for services. They work together, from design to delivery, sharing strategic decision-making about policies as well as decisions about the best way to deliver services.
- **Co Design** People who use services are involved in designing services based on their experiences and ideas. They have genuine influence but have not been involved in 'seeing it through'.
- **Engagement** Compared to the consultation step below, people who use service are given more opportunities to express their views and may be able to influence some decisions, but this depends on what the people responsible for services will allow.
- **Consultation** People who use services may be asked to fill in surveys or attend meetings; however this step may be considered tokenistic if they do not have the power to influence or affect change.
- **Information** The people responsible for a service inform people about the service and explain how they work. This may include telling people what decisions have been made and why.

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- **Education** The people who use services are helped to understand the service design and delivery so that they gain relevant knowledge about it. That is all that is done at this stage.
- **Coercion** The people who use services are helped to understand the service design and delivery so that they gain relevant knowledge about it. People who use services attend an event about services as passive recipients. Their views are not considered important and are not taken into account.

A simplistic view would be that Co-Production is essential in all situations and this is not the case. What is true is that we need to aim to operate as far up the ladder as possible in any activity. If full co-production is not realistic or helpful in any given situation we need to be clear why not and only go down one rung of the ladder if possible. We will be honest and open about the form of participation that is being engaged in and why.

Scope of Activity

In considering how we support participation we will review among other things:

- Setting, monitoring and refreshing of the ASC Strategy
- Development of Commissioning Intentions - identifying what is needed and designing asset based, outcome focussed solutions that reduce the need for traditional service provision
- Evaluation of the effectiveness of what is currently commissioned/provided
- Design of new and existing Services
- Involvement of providers in development of service specifications
- Procurement - tender evaluation
- Staff Recruitment
- How we support people to articulate what is important to them
- How we develop pathways whereby individuals' views can be aggregated and heard by those who can respond to them
- How we find more creative ways to engage
- How we use information from complaints
- How consistent and effective are existing fora providers, carers, partnership boards
- Where there is provision in the development stage involving stakeholders in design
- How we invest in development and maintenance of relationships with stakeholders and whether we need to invest in roles with that focus
- How we involve people in evaluation of the quality of the services/support they receive,
- Development of service standards to support broad evaluation
- Individual Assessment, Support Planning and Review
- Person Centred Planning and whether plans translate into action
- How we use Contracting to drive participatory practice with our independent sector partners

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- How we identify and support stakeholder groups who face particular challenges in engagement and consider how to address this
- How we do all this with our key partners
- Whether we are outward facing or inward looking
- The extent to which we as an organisation evidence a participatory approach in our leadership and management styles

We look to undertake this Review and consequent action with key partners including the CCG and Solent NHS Trust avoiding in some cases duplication of effort and achieving as high a degree of consistency as possible. Together, with stakeholders we will develop a set of guidelines and tools which can support systemic commitment and practice across organisations. We will look to support and empower those who work in our organisations to have all they need to embed values into practice. We will support creative initiatives that will make Vision real.

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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: Public Protection Notice (PPN1) Process

Date of meeting: 13th January 2022

Report by: Andy Biddle, Director of Adult Social Care

Wards affected: All

1. Requested by

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

2. Purpose

To update the Portfolio Holder of the response by the Adult Social Care Safeguarding Team to manage the number of Public Protection Notices, (PPN1) submitted by Hampshire & Isle of Wight Constabulary.

3. Information Requested

Following waves one and two of the COVID-19 pandemic, there has been a significant increase in demand in many areas of Adult Social Care, including the statutory safeguarding function. This information report details one demand pressure and the service solution to managing it.

4. Context

Both during the pandemic and since relaxation of national 'lockdown' precautions in July 2021, Adult Social Care in Portsmouth has seen an increase in the number of people seeking support. This has been particularly acute in the number of concerns generated about abuse and neglect. Being a small Local Authority, Portsmouth City Council has a limited number of staff in the safeguarding team and focuses on the most urgent, (defined by risk) response and casework. The safeguarding team have received an increasing number of complex safeguarding concerns during the pandemic that require significant staff time to oversee, with no additional resource to manage this.

In addition to safeguarding concerns, the team receives Public Protection Notices (PPN1) from Hampshire and Isle of Wight Constabulary. PPN1s are submitted to the safeguarding team when a Police Officer attends any incident in which they perceive an 'adult at risk' to be involved. The safeguarding team have received unprecedented numbers of PPN1s over the last year, a trend that has also been seen in the adult social care functions in the other Local Authorities in Hampshire. The number of referrals received in Portsmouth has increased from 544 per quarter (Q4 2019-20) to 919 per quarter (Q2 2021-22), a

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percentage increase of 69%. This increase in numbers of PPN1s received, added to the increased numbers and complexity of other safeguarding concerns has led to a backlog of 1,700 PPN1s, dating from 05/05/2021 to the present day. The information contained in a large proportion of these PPN1s is now so out of date as to be invalid.

Reviewing historic PPN1 data from previous years, over 97% did not meet the criteria for safeguarding involvement, or involvement from other departments in Adult Social Care. In a large number of cases, no consent was gained from the 'adult at risk' to share information with social care and the input/support that police were requesting would not be within Adult Social Care's remit to provide. When PPN1s did meet the criteria for statutory safeguarding action, in the vast majority of cases, a safeguarding referral had been received from an alternative source and the PPN1 was used only to provide additional information.

To respond to the existing backlog, the following plan has been agreed through discussions between the team and Deputy Director of Adult Social Care. During the month of January, the safeguarding management team will review 30 PPN1s randomly sampled from the backlog. They will complete a short audit tool (Appendix A) reviewing the appropriateness of the referral, whether consent had been obtained and the triage outcome. If the outcome of this audit provides results as expected based on historic PPN1 data, the backlog of over 1700 PPN1s will be automatically triaged as No Further Action, with a case note added to the ASC recording system where an open record exists for an individual, for audit purposes. During this process, a decision will be made as to whether the team will send a response regarding each separate PPN1 or if a summary of action taken will be submitted to Hampshire and Isle of Wight Constabulary. The team will continue to review the small number of PPN1s that have been flagged as high risk by Police Multi-Agency Safeguarding Hub (MASH) Sergeants as they are submitted.

In order to mitigate the possibility of a backlog reoccurring the MASH team intend to pilot new ways of working with regards to the daily management of PPN1's. Due to staffing constraints, this cannot be initiated until January 2022.

This process is aimed at resolving the current backlog for the PCC adult safeguarding team. The quality and volume of PPN1 referrals being received by local authorities across the wider Hampshire area has been under discussion and review for significant period of time. Wider discussions continue and the team manager will continue to attend the quarterly PPN1 Scrutiny Panel along with all other local authority safeguarding leads to participate in wider discussion about the PPN1 process.

.....
Signed by (Director)

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Appendices:

Appendix A



PPN1 Document
one .docx

Appendix B



PPN1 Document
two.docx

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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PPN1 Management Plan October 2021

Case No.	Consent given? Y/N	Appropriate referral?	Triage decision	Notes

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Temporary Ways of Working Overview - Autumn 2021

Daily Triage Manager

Each day, a member of the management team will be allocated as the 'triage manager' for the day. It will be their responsibility to:

- Lead a brief daily triage huddle to discuss complicated cases and allocate work
- Review and respond to queries and call-back requests in the 'Calls/Advice/Other' email inbox
- Review and risk assess new concerns that have been received and highlight priority cases
- Triage cases with practitioners
- Be the point of contact for all team queries, including administrators

Assistant Team Manager Roles

Practitioners will continue to work from the bottom of the inbox, taking the oldest cases unless directed to high-risk priorities. The ATMs will work from the top of the inbox identifying inappropriate referrals and cases that can be quickly resolved. The rationale for this is:

- There has been a significant increase in inappropriate referrals and this will allow education to be provided in a timely manner at point of receipt
- This will allow practitioners to focus on cases that require more in-depth work
- This will reduce team anxiety around the high number of unread referrals in the inbox

Although ATMs will generally use the triage case note template when triaging cases, some template case notes will be used instead for specific instances where a referral should not have been made to MASH e.g. when the referrer is actually requesting a Care Act Assessment/ mental health support/ housing support.

The team manager will review workload for other parts of the ATM role (e.g. SAMA) and assign as appropriate.

Team Manager

The team manager will:

- Take part in the triage manager rota
- Continue to escalate the status of the team with the Head of Service and Deputy Director
- Continually review the workflow with the ATMs and amend/adjust as required

Senior Administrator and Performance Lead

Will support by:

- Providing regular caseload updates to all practitioners

- Highlighting any outstanding work with management team and practitioners

This workplan is temporary with an initial review date of January 2022. However, as the situation develops, this plan will be under constant review and will be adjusted as required.

Agenda Item 5



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

Subject: Risks and Challenges to Adult Social Care 2021/22 & 2022/23

Date of meeting: 13th January 2022

Report by: Andy Biddle, Director of Adult Social Care

Wards affected: All

1. Requested by

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

2. Purpose

An update on the risks to adult social care provision in 2021 and 2022

3. Information Requested

Following a discussion at Employment Committee regarding the prospect of implementing the Foundation Living Wage, a paper was requested highlighting some of the risks to the continued delivery of adult social care. This was in the context of staffing shortages and other sectors of the economy recruiting staff following the end of the national furlough scheme, the Spending Review of October 2021 and the changes to the national living wage rates from April 2022.

4. Context

4.1 National situation

Financial - Nationally, Local Authority adult social care has had to make savings of £7.7bn between 2010 & 2020.

Need & Demand - From 2015/16 to 2019/20 the proportion of people aged 65 and over accessing long-term support during the year to 31st March fell by 7% from 587,490 to 548,455, impacting on the stated aim of preventative care and support¹.

Collectively, Local Authorities are seeing need increasing, with an increasing proportion of people, (from 2014/15- 2019/20) who have difficulty / are unable to;

- feed themselves, 23.1% to 24.4%;
- dress/undress, 58.9% to 60%;
- use the toilet 40.5% to 42.3%.

¹ ADASS Spring Survey, Association of Directors of Adult Social Services, July 2021

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Recruitment and retention - Pre Covid19 the sector had a high vacancy rate of 122,000 Full Time Equivalent (FTE) posts, with the highest turnover of any sector at 30.8%². Post the first two waves of the pandemic, (during which there was a drop in vacant posts) the vacancy rate has increased to 8.2%, with indications that this is an upward trend.

Workforce capacity - a recent survey of 843 care providers showed 78% were struggling to recruit, 30% had 'handed back' contracts, 95% were unable to fulfil all the requests for new support. From November 2020 > April 2021 53% of local authorities reported that care providers in their area had closed, ceased trading or handed back local authority contracts, impacting upon 2,487 people in total³

Local Authority capacity - the number of people waiting for assessment, care or review increased by 26% over Q2 of 2021/22 and 13% of people are being offered care and support, such as residential care, that they would not have chosen due to recruitment and retention issues.

Unpaid care - Over-reliance upon unpaid carers is having detrimental impact on their wellbeing - It is estimated that 600 people give up work every day to care for an older or disabled family member, that 72% of carers have suffered mental ill health because of caring and 61% said they had suffered physical ill health as a result of caring⁴.

4.2 Local situation

ASC in Portsmouth has required £10.7m increased funding by the Council between 2018/19 and 2020/21 for inflation and placement costs.

The increase in the number of people coming through the hospital discharge system and impact of the national Hospital Discharge Fund has increased the purchase of domiciliary care from the market. The change from Medically Fit For Discharge, (MFFD) to Medically Optimised For Discharge, (MOFD) and the application of [criteria to reside](#), means that people have a greater acuity of need coming out of Hospital and more domiciliary care is therefore purchased to enable safe transition home. The cumulative effect of these factors has required an additional 2,100 hours per week being commissioned at a cost of circa £2million per year in Portsmouth.

From mid-summer 2021 there has been a reduction in the availability of domiciliary care in Portsmouth. The domiciliary care availability in Portsmouth has been stable since 2017/18, with the usual expectation of fulfilling the need for a support package on the same day. As

³ ADASS Home Care and Workforce Snap Survey, Association of Directors of Adult Social Services, September 2021

⁴ Facts & figures, Carers UK, 2019

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at November 2021 the average was between 5 and 9 days to source a package of support. There is also an established higher rate of people needing support going forward, as of August 2021, 17% more people in receipt of domiciliary care than August 2019 and 4% more than August 2020.

ASC has regular contact with care providers and their messages include:

- Care is paid at National Living Wage, (NLW) providers are now seeing local supermarkets offering £9.50 per hour for 17–18-year-olds, (NMW £6.56) and £10.50 - £11.00 for over 23-year-olds, (NLW £8.91) combined with a 10% (and upwards) employee discount. Some local employers offer all staff £12.50 per hour and after 6 months a £3,000 bonus.
- Providers are informing that some of their workers are seeking NHS careers, linked to better pay/T&C/career development.

5. Risks 2021/22

- ASC has been unable to recruit domiciliary care locally, or from outside the area which will impact on care and support in the community and discharge from hospital.
- 'Handing Back' of existing domiciliary care packages - prior to November 2021, this had not occurred in Portsmouth. During November there were 3 incidences of providers unable to provide packages of support and alternative provision had to be sourced. One of these was caused by staff moving from one provider to another for a higher rate.
- Instability in the market - ASC has offered the sector a short term changed rate in light of the government recruitment and retention fund, however this has not resulted in increased capacity.
- The current pressures on the NHS have created discussion around NHS recruitment with better terms and conditions that social care, however if this causes staff to move this will further destabilise existing provision.
- Where domiciliary care is not available for hospital discharge, the alternative is a placement in a care home. For reference, the average costs for older persons Domiciliary Care and Residential Care placements as at December 2021 were £235 and £677 respectively. It should be noted that some of the Domiciliary Care placements following discharge from Hospital have been more expensive than the average placement cost and in limited cases have amounted to c.£800 per week due to complexity of need.

6. Spending Review October 2021

- National Living Wage rise of 6.6% (from £8.91 to £9.50), combined with the new Health & Social Care Levy (1.25%) from April 2022, is likely to place a minimum £3m additional cost pressure on the Council.
- If Adult Social Care was to increase its provider rates to support them to pay the hourly Foundation Living Wage rate of £9.90 from April 2022, further funding of c.£1.6m would be required.

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- The government's [Build Back Better Plan](#) for health & social care stated that social care demographic and unit cost pressures will be met through Council Tax, social care precept, and long-term efficiencies. The spending review 2021 limited the social care precept to 1%, this is circa £870k for Portsmouth.
- The government plan has described an intention that those paying for their own care will be able to access the rates that Councils pay social care providers. It is often the case that providers charge higher rates to people who 'self-fund' and this is therefore likely to see a higher cost to the Local Authority for care to make up for this loss.
- The Social Care Reform Funding described in the government plan is £5.6bn over three years, with only £3.6bn to be passported to Local Authorities. It is unknown whether the central funding allocations will align with the local cost pressures arising from these changes for Local Authorities.
- Whilst the Health & Care Levy cost for Council employees is expected to be reimbursed by Central Government, the cost for providers will not, with the likelihood that providers will seek to recoup the 1.25% increase for both workers and organisations from the Local Authority.

Whilst the NHS faces a difficult winter in 2021/22, the issues highlighted in this information paper outline a similarly challenging position for adult social care. The Local Government Association, Association of Directors of Adult Social Services, NHS Confederation, County Council's Network, Institute for Fiscal Studies, Local Government Information Unit and the Kings Fund have concluded that the Build Back Better plan and the 2021 Spending Review are insufficient to mitigate the systemic pressures in adult social care and enable the sector to meet the needs of people with care and support needs.

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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 6



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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 and Social Care Portfolio

Subject: Covid-19 Intelligence Update

Date of meeting: 13 January 2022

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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