



NOTICE OF MEETING

HEALTH OVERVIEW & SCRUTINY PANEL

THURSDAY, 15 DECEMBER 2022 AT 2.00 PM

VIRTUAL REMOTE MEETING

Telephone enquiries to Anna Martyn Tel 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.

Membership

Councillor Ian Holder (Chair)
Councillor Matthew Atkins
Councillor Graham Heaney
Councillor Mark Jeffery
Councillor Abdul Kadir
Councillor Brian Madgwick

Councillor Arthur Agate
Councillor Ann Briggs
Councillor Joanne Bull
Councillor Martin Pepper
Councillor Michael Read
Councillor Julie Richardson

Standing Deputies

Councillor Yinka Adeniran
Councillor Dave Ashmore
Councillor Ryan Brent

Councillor Stuart Brown
Councillor Leo Madden
Councillor Lee Mason

(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

AGENDA

Welcome and Apologies for Absence

Declarations of Members' Interests

Minutes of the Previous Meeting (Pages 3 - 10)

South Central Ambulance Service (Pages 11 - 16)

Tracy Redman, Head of Operations South East, will answer questions on the attached report.

Portsmouth Hospitals University NHS Trust (Pages 17 - 20)

Mark Orchard, Chief Financial Officer, will answer questions on the attached report.

Adult Social Care (Pages 21 - 50)

Andy Biddle, Director of Adult Care, will answer questions on the attached report.

Southern Health NHS Foundation Trust (Pages 51 - 56)

Paula Hull, Director of Nursing and Allied Health Professions, and Nicky Creighton-Young, Director of Operations for Portsmouth and South East Hampshire, will answer questions on the attached report.

Health & Care Portsmouth and Integrated Care Board (Pages 57 - 64)

Jo York, Managing Director, Health & Care Portsmouth, will answer questions on the attached report.

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 22 September 2022 at 1.30 pm at the Virtual Remote Meeting

Present

Councillor Graham Heaney (Chair)
Councillor Graham Heaney
Councillor Brian Madgwick
Councillor Arthur Agate, East Hampshire District Council
Councillor Ann Briggs, Hampshire County Council
Councillor Joanne Bull, Fareham Borough Council
Councillor Martin Pepper, Gosport Borough Council
Councillor Julie Richardson, Havant Borough Council

25. Welcome and Apologies for Absence (AI 1)

The Chair welcomed everyone to the meeting. Apologies were received from Councillor Ian Holder and Councillor Mark Jefferies. Councillor Graham Heaney was duly elected as Chair of the meeting.

26. Declarations of Members' Interests (AI 2)

There were no declarations of interest.

27. Minutes of the Previous Meeting (AI 3)

RESOLVED that the minutes of the meeting on 23 June 2022 be agreed as a correct record

28. Hampshire and Isle of Wight Integrated Care Board (AI 4)

Jo York, Managing Director of Health & Care Portsmouth was unable to attend so Bernie Allen, Deputy Director of Planning & Governance introduced the report and in response to questions she and Sylvia Macey, Acting Deputy Director of Primary Care, explained that:

The Integrated Care Board (ICB) was established on 1 July 2022. The ICB hosted a GP summit in the summer which had been delivered with the close support of Portsmouth City Council. Work was continuing to develop the themes arising from the summit. Work on dentistry is in its early stages and the ICB had offered the chance to strengthen the voice on dentistry work with

public health colleagues and the local representation would continue to progress.

The existing S75 was in place and the timetable for revising it is mid-October.

In relation to the Trafalgar Medical group moving to the old Debenhams site, all parties agreed, talks were ongoing, and the developer was keen to progress.

Elective Hub

The Elective Hub would offer more continuous care and ensure theatre sessions run and are staffed, with an individual consultant available to staff and deliver the list. The referral process and whether patients would be treated by their own consultant is not known. Specific updates will be sent to the Panel as soon as they become available with a further update to be brought to the next HOSP Panel meeting.

It was too soon to comment on what impact the announcements by Teresa Coffey, Secretary of State for Health and Social care, would have.

Regarding the primary care marketing campaigns, the staff advertising campaign aimed to attract people into Hampshire and Portsmouth specifically. There was also a campaign to encourage patients to look at and understand the wider team available for their health needs alongside their GP. Whether a GP is on the GP retention scheme depends on certain parameters and whether they fit into those.

Action - Bernie Allen and Sylvia Macey to provide members with further information regarding the staff advertising campaigns and the GP retention scheme.

Dentistry

Some NHS dentists are available in Portsmouth although some are choosing to release their NHS contracts. There is currently difficulty recruiting dentists which is being considered within the current NHS England procurement exercise. By April 2023 there should be a number of units of dental activity recommissioned in Portsmouth with books being opened slowly to avoid becoming overwhelmed. The situation is expected to improve over the next 6 - 12 months. The Dentistry contract is a national one and not within the power of the ICB to change although there is a national programme of dental reform. Dental commissioning was taken over by the ICB on 1 July 2022.

There was a discussion about HOSP making their thoughts and wishes known in relation to dentistry to the Department of Health. The panel was advised that a dental summit had been convened by the MP Penny Mourdant who had produced a report containing some immediate action points alongside longer term systemic actions. The report proposed setting up two steering groups - one to achieve the immediate action points and the other to build a road map for increasing the number of dentists in the city. This report is to be taken by Penny Mourdant to the Department of Health and Social Care.

Action - HOSP to consider approaching Penny Mourdant and offering the panel's support in her approaches to the Department of Health and Social Care.

Urgent Care & System Pressures

Work was still ongoing on the improvement programme with some changes and improvements coming to fruition. In preparation for the winter there was a lot of work ongoing to ensure capacity in the right places and the right times across the whole pathway. This ties in with the campaign to educate patients on understanding the alternative professionals available to help them, not just their GP, Emergency Department (ED) or Queen Alexandra Hospital (QA). ICB are working on communications all the time to enable this approach and to ensure patients experience a good level of care whatever shape that takes or with whom it takes place. They continue to assess and learn from mistakes - it is a continuous learning cycle.

In relation to ambulance delays, Bernie confirmed the targets set are challenging but they expect to achieve them. Challenging trajectories have been set to improve the position by the beginning of October.

With bed occupancy, the figures were the percentages considered appropriate to operate QA maintaining the patient flow through the hospital ensuring a hospital bed is available when patients come in through the ED. The reported occupancy levels are higher currently than they should be but it is improving.

29. Solent NHS Trust (AI 5)

Suzannah Rosenberg, Chief Operating Officer, Solent NHS Trust presented her report and advised that she would answer questions on the first two items, the Jubilee House Transformation and MSK move from QA Hospital with Chief Executive, Andrew Strevens available to answer questions on the third item, The Hampshire and Isle of Wight Community and Mental Health services review.

Suzannah was pleased to report that the work on Jubilee House had almost concluded and explained the delays had been due to pressures at QA and the need to fully open Jubilee House as surge capacity. She commended the project as a showcase of integrated working with the Council, resulting in a combined bed stock of 'discharge to assess' and community rehabilitation beds on a single site from 1 October 2022.

In response to questions, Suzannah explained:

There is currently a 30 plus days stay in Harry Sotnick House in the Southsea unit that PCC run and the aim is to reduce this down to 18 - 21 days. With the Solent Therapy input, which will be in place when Jubilee House service is moved into the Southsea unit, the length of stays should improve, thereby improving the discharge of people back into the community.

There were a number of options being considered for the physical building. Due to the pressure on estate and local services it will continue to be used for the health and social care economy. The building needs work to deal with asbestos in the roof and an ongoing mouse problem. Decisions on its use have not yet been finalised.

Mental Health Review

Andrew Strevens updated the panel on the Mental Health review and the 5 recommendations, one of which was a strategic review of financing in the community and for mental health services across the whole of Hampshire and the Isle of Wight, which is being led by the finance team in the ICB. As part of this it was recognised there had been differential funding resource allocations to different areas. In Portsmouth there had been significant increased investments in community mental health services resulting in better outcomes for the population of Portsmouth, in contrast to elsewhere in Hampshire and Isle of Wight. Lessons learnt from this would be used across the whole of Hampshire and Isle of Wight to strategically invest in community and mental health services.

In response to a question on people being able to access mental health treatment in a reasonable timeframe, Andrew explained:

The review had looked at the services provided by both Solent NHS Trust, Southern Health by the Sussex partnership and the Isle of Wight Trust and considered by working closely together services will improve. Andrew acknowledged the long waiting lists for CAMHS for both Hampshire and Portsmouth residents and highlighted the national picture of shortages of CAMHS practitioners. However, by working together and learning best practices from each other the pathways will be smoothed and this will improve waiting times.

There are many players in the system and by creating more integrated organisation, the complexity is reduced and better care provided.

Andrew went on to highlight the 5 recommendations being worked through:

- A new Trust created for all community and mental health services across Hampshire and Isle of Wight, with local divisions to focus on communities.
- A review of community physical health beds in partnership between community, acute and primary care providers and local authorities.
- Development of a systemwide clinical strategy for community and mental health services that focus on prevention, early intervention and patient centred care.
- A clear, systemwide strategy for place and local leadership.
- Establishment of a more strategic approach to the funding for community and mental health service to address the current inequities.

A question was raised in relation to the minimal engagement with the public and patients on the findings from the review and the apparent 'full steam ahead' on the recommendations before this engagement has taken place.

Andrew updated the panel and recognised that the engagement activity had not been at a level they would have liked and noted similar questions had been raised at the Southampton HOSP meeting. He advised that work is ongoing with ICB colleagues with an engagement process agreed within the next few months and more details would be available once this had been finalised. Andrew stressed that the ICB will attend whenever and wherever asked in terms of engagement activities.

Action - updates on these engagement activities to be brought to the next HOSP meeting.

30. Healthwatch Portsmouth (AI 6)

Siobhain McCurrach shared her presentation with members on Healthwatch Portsmouth, which is the independent patient voice champion for health and care services in Portsmouth.

She highlighted the 8 statutory functions of Healthwatch Portsmouth:

1. To encourage people to get involved to have their say about the way services are planned and provided.
2. To gather feedback from the people who use local health and care services.
3. To provide anonymised patient experiences to service planners and providers in Portsmouth to influence decisions on how to improve services.
4. To comment on the quality and availability of services based on people's experiences and to make recommendations for service improvement.
5. To provide information about available health and care services in Portsmouth to help people make informed choices
6. To review how service planners have involve patients and the public in their thinking about new services or changes to services.
7. To provide feedback to Healthwatch England, along with the other 150 local Healthwatch branches, in order to provide a picture of what is going on across the country.
8. To raise with Healthwatch England any key issues that affect Portsmouth to highlight any particular issues.

Siobhann highlighted the achievements of Healthwatch Portsmouth 2021/22 and the changes made to services as a result of various projects/activities undertaken by Healthwatch.

Siobhann went on to outline Healthwatch's plans for Portsmouth in 2022/23 and gave information on where they have held and will be holding information stalls.

In response to questions from the panel, Siobhain explained:

The service reaches out into the community by hosting stalls at community events enabling face to face interactions and aims to have a public face via the media, such as appearing on local radio stations to promote the service. They are available to speak to people face to face and on the telephone and is conscious of reaching people who are not able to read and write. She hoped that Healthwatch would also be promoted via word of mouth in the community.

In relation to Healthwatch's recent visit to the ED department at QA, Siobhain explained that the walk through was of the current ED with recommendations being made on how the service could be improved, specifically at the front door with the problems experienced with the appointment system. Siobhain noted that Healthwatch Portsmouth had asked to be involved in the Emergency Department Transformation Plan discussions, but this has not materialised on a regular basis, although they are a member of the Portsmouth Hospitals University Trust patients and carer collaborative, which is involved.

The planned opening of the new ED is stated as October 2024 but Siobhain had not seen the latest transformation plan and was not aware of the progress of the project.

During periods of excessive pressure on the system at QA the decision had been taken to only hold patients in ambulances for a maximum of 30 minutes. This suggests there is flexibility in the system to continue this practice. However, Triage is in relation to people who are presenting at the front door and the type of support that can be offered to them. Healthwatch has asked the NHS to promote public information about the differences in access to emergency services as they did not consider there had been a robust enough campaign to help people understand the different options.

A question was raised regarding patients attending ED being asked to sign a disclaimer when they chose to leave following an extended wait and whether this was deemed appropriate. Siobhain replied that she had not come across this and considered it a worrying development.

In relation to Urgent Treatment Centres (UTC), an issue was noted on patients that were too serious to be treated at a UTC but were not serious enough to be treated at the ED, the 'major, minors'. There is a current review project on this with an announcement due in the next couple of months as the NHS are aware there is a body of people who are being redirected several times and not getting the care they need at the point of access. UTCs are central stage to this review. Siobhain noted that Healthwatch will be conducting their own community-based research at St Mary's UTC, speaking

with patients about their experiences of attending and a report will be published in due course.

Action - The panel requested an update on UTCs and the expansion of their facilities at the next HOSP meeting.

On a final note, Siobhain noted there is a Waitlist App being launched in Portsmouth in September which will explain wait times at UTCs and enable patients to make a choice about which one they attend. Siobhain had heard of this through a meeting she attended and was not aware of any public communications that would take place

The formal meeting ended at 15:24.

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Chair

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Agenda Item 4

South Central Ambulance Service **NHS**

NHS Foundation Trust

Title	Health Overview and Scrutiny Panel
Author	Tracy Redman - Head of Operations SE South Central Ambulance Service NHS Foundation Trust (SCAS)
Date	December 2022

Contents

- Introduction / SCAS South East
- Developments
 - Integrated Urgent Care
- Demand / Performance
- Challenges / Opportunities
 - Operational Pressures
 - Transformation Review
 - Patient Care
 - Hospital/System resilience and capacity - impact on Hospital Handover delays
 - SCAS Improvement Plan
- Summary

Introduction / SCAS 999 South East

South Central Ambulance Service NHS Trust provides emergency, urgent and non-emergency healthcare services, along with commercial logistics services. The Trust delivers most of these services to the populations of the South Central region - Berkshire, Buckinghamshire, Oxfordshire and Hampshire - as well non-emergency Patient Transport Services in Surrey and Sussex. In Hampshire SCAS 999 operate in 3 'nodes'.

SCAS 999 - South East Hampshire



Over 100k - 999 calls a year



Approx. 50k ambulance conveyances a year



Approx. 50k patients treated at home / signposted to other services



Circa 300 frontline operational team members



Up to 35 ambulances on duty at the busy times of day



One main hub site with satellites

Developments

Integrated Urgent Care

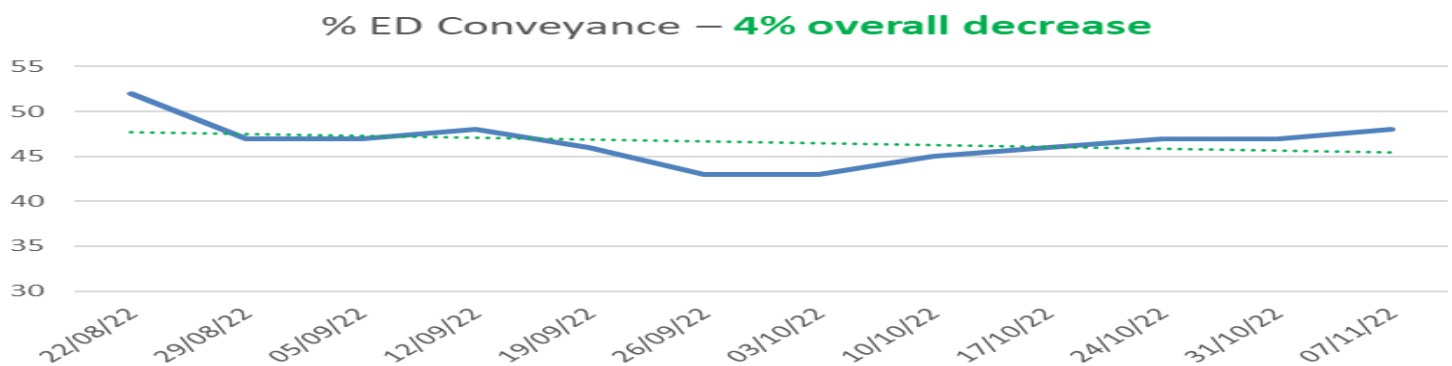
SCAS continue to work closely with partner health and social care providers to ensure efficient and effective collaboration. SCAS frontline clinicians work closely with Community Teams as well with Primary Care, with a single point of access in place to support this and enhance clinical decision making.

In addition, wider health and social care colleagues from Social Services, Mental Health and Maternity services are directly supporting SCAS and patients by being embedded in the SCAS Clinical Co-ordination Centre.

SCAS are integral to ongoing programmes of work to support patients being treated in their own home or at the most appropriate place. This includes SCAS clinicians managing conditions at home; either via the telephone or face to face and onward referrals to other health care professionals where required. This has been enhanced with the development and ongoing improvements to 'SCAS connect', which is a digital platform to support clinical decision making and patient signposting. There are now well embedded processes for SCAS clinicians to discuss the patients needs with other clinicians, both in and out of hospital, to determine the best course of action / ongoing care needs for the patient.

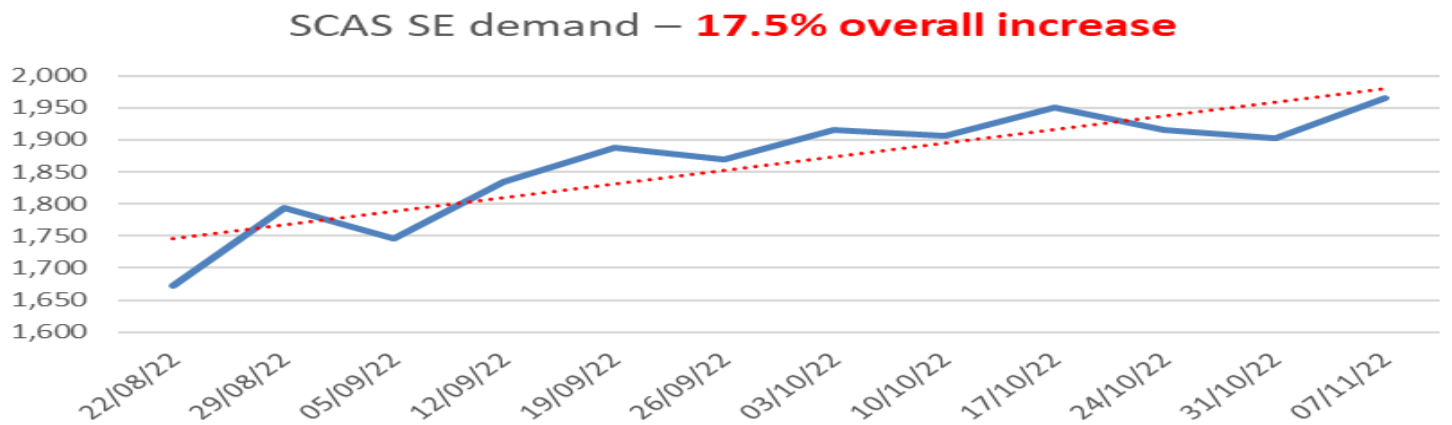
This approach not only ensure the patient appropriate and timely care, but it also supports the agenda of working towards keeping the Emergency Department (ED) for Emergencies.

SCAS continue to consistently convey less than the national target of 49% of its incoming 999 demand to the ED dept.

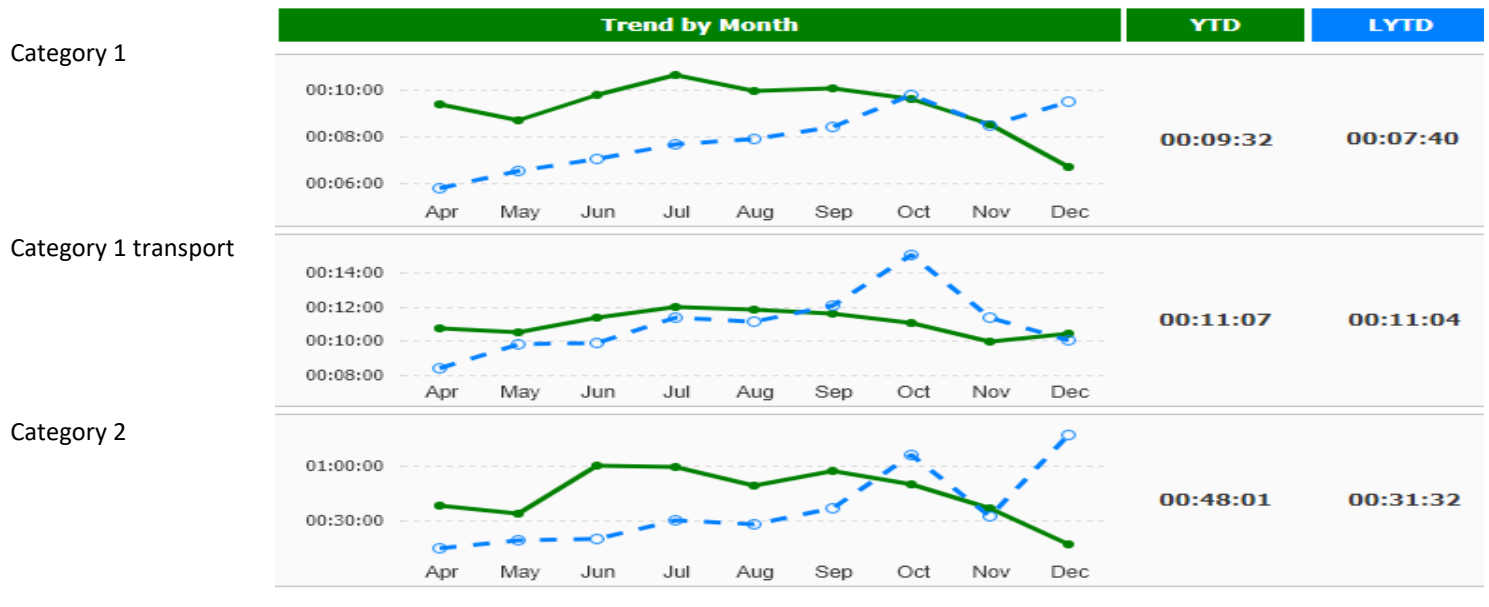


999 Demand / Performance

Demand in the South East has seen an increase in recent months, which has been reflected across the SCAS region.



Performance South East SCAS



Whilst demand has increased the performance in the South East has seen some improvement over recent weeks.

Challenges / Opportunities

Operational pressure

All ambulance services across the UK work to a national framework, called the Resource Escalation Action Plan (REAP), which has four levels designed to maintain an effective and safe operational and clinical response for patients.

REAP level one	Steady state
REAP level two	Moderate state
REAP level three	Severe
REAP level four	Extreme pressure

SCAS have operated at REAP 3 or 4 for many months – the current position is REAP 3 with an expectation to move back to REAP 4 in the coming weeks.

Transformation Review

The transformation review continues, with work ongoing to determine how improvements and efficiencies can be made. This will primarily include the workforce and deployment models.

Patient care

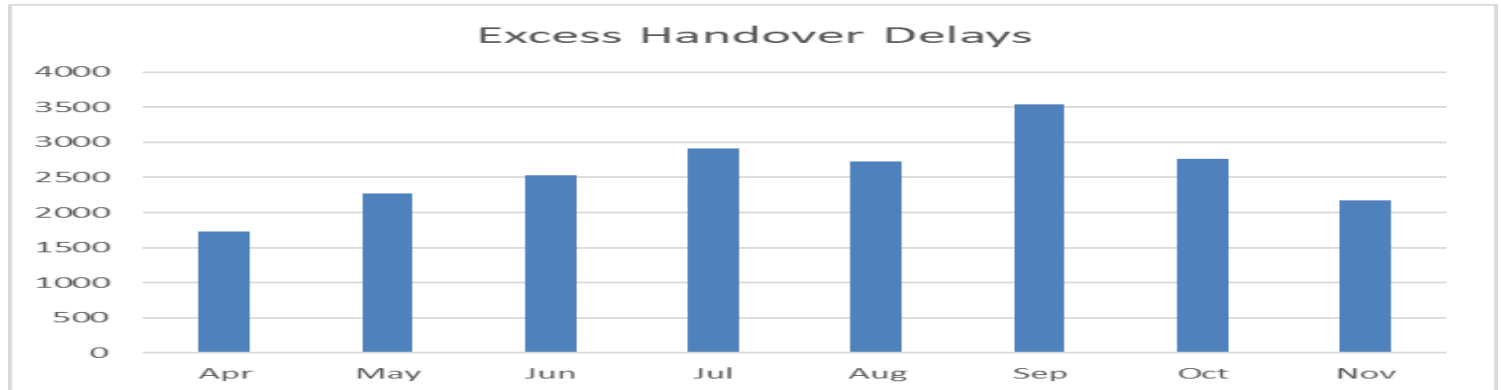
SCAS continues to work hard to ensure patients received the right care, in the right place, at the right time. This includes ongoing collaboration with system and ICS partners to develop and enhance pathways / information sharing and clinician connectivity. Patients continue to be prioritised based on their needs however some of our lower acuity patients are waiting longer than we would like.

Hospital/System resilience and capacity - Impact of Hospital Handover delays

Hospital handover delays remain a significant challenge to the SCAS service delivery.

The delays are measured to a national standard of 15 minutes from the arrival at hospital to the handover of the patient. The time lost is where a patient is unable to be handed over within the 15 minutes. The result is that SCAS resources are tied up and unable to respond to other patients in the community during this time.

Hours lost at QA Hospital (April 22 – Nov 22):



SCAS continue to work closely with NHSI/E, HIOW ICS and the Local Delivery System (LDS) to mitigate the effects of these delays on patient care, and the impact on staff. There are a number of actions in train to support the reduction of handover delays to include actions from all system partners.

SCAS Improvement Plan

SCAS recognise the current challenges and the need to make improvements. There are 4 Executive led workstreams now in place to provide focussed leadership, to ensure effective policies and procedures in place and working, with an active learning loop in place.

1 Patient Safety and Experience:

- Safeguarding issues are well managed, with all staff trained to the appropriate level.
- Timely incident reporting, investigation and action to avoid repeat incidents.
- All vehicles and sites have the equipment and medicines staff need, with faults quickly reported and fixed.
- All vehicles and sites are clean, with proactive infection prevention and control measures.

2 Culture and wellbeing:

- Speaking up, listening up and following up is happening across the Trust, with insights triangulated to drive Trust-wide improvement.
- All staff feel safe at work, with a zero tolerance approach to all types of inappropriate behaviour.
- All staff have access to learning and support that allows them to do their current role to the highest standard and progress their career.

3 Governance and well-led:

- Governance systems enable strategic oversight and planning by the Trust Board.
- Risk management systems support frontline teams deliver safe, high quality care and enable the Trust Board to actively manage strategic risks.
- Improved relationships and communication between senior leaders and staff, with leaders accessible and in-touch with teams across the Trust.

4 Performance and recovery:

- Improved performance for 999 and 111 call handling and ambulance response times.
- Reductions in hospital handover times through internal improvements and joint working with health and care system partners.
- The Trust builds sustainable capacity through recruitment, retention and improved ways of working, with all staff able to access the training and support to needed to provide safe, high-quality care.

Summary

The NHS, including the Ambulance sector continues to face significant challenge and pressures.

Demand, workforce and hospital delays remain the key issues across the country. Despite this, SCAS have remained at or near 'best in class' against other Ambulance Trusts in England.

That said, there is clearly a huge amount of work to be done to ensure we are able to provide the excellent service that we continue to strive for. This can only be achieved by working together with our partners across the whole health and social care system.

We will continue to focus on the needs of our patients and the health and wellbeing of our staff.

There are exciting changes and developments in train and SCAS remain an integral part of this going forward.

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Agenda Item 5



Portsmouth Health Overview and Scrutiny Panel

Briefing paper

Title: Portsmouth Hospitals University NHS Trust update		
Author and role: Chris Evans, Chief Operating Officer, Mark Orchard, Chief Financial Officer	Contact details: communications@porthosp.nhs.uk	Date: 15 December 2022
Purpose of the paper: To provide an update on the Building Better Emergency Care Programme at Portsmouth Hospitals University NHS Trust (PHU).		
Brief summary: PHU has received capital investment to build a new Emergency Department which will help us deliver a new model of care to our patients to provide safer, timely and effective care. The Full Business Case was approved by NHS England and work on the demolition of the East Staff Car Park is now underway.		
Background: Transforming our emergency care pathways in partnership with local health and care organisations remains a key priority for PHU and the HIOW health and social care system. We are working together with our partners to design a sustainable clinical model to deliver patient-centred, safe, effective, efficient and timely emergency care and the associated clinical, workforce and estates changes that are required. The programme is working across the organisation and with health and care partners to tackle some of the longstanding challenges that can cause delays for patients at our Emergency Department (ED). Our ED is more than 40 years old and the constrained size and layout of the department has limited our ability to make improvements to the way care is delivered and implement best practice. The physical condition does not provide a good enough experience for patients, visitors, or staff. In recognition of these challenges, the Trust was awarded a £58.3m capital investment for new emergency care facilities at Queen Alexandra Hospital in December 2018.		
Update: The Full Business Case was approved at PHU's Trust Board in May and then submitted to NHS England. At the end of September 2022 we received the news that the Business Case had been approved and the monies released for the works to begin. In preparation for the building works to begin several enabling projects took place in the first weeks of September:		

Discharge lounge temporary relocation

We have relocated the Discharge Lounge previously based in a modular building near the East Entrance of the QA Hospital site. The Discharge Lounge is a non-ward environment which accommodates patients prior to leaving hospital, where care needs can be completed.

The Discharge Lounge is now based in Blue ward on C level of the main building. The Lounge has space to accommodate eight patients awaiting their next place of care.

Patient transport collecting patients will be able to park in the spaces outside the rehabilitation building at the north of the site and families/carers will be able to park in the North car park or main multistorey.

CT scanner relocation

The CT scanner currently based at the East Entrance of the QA Hospital site, has been relocated to the North Entrance of the site. The CT scanner has been placed across a number of disabled car parking spaces which have been relocated to the new North Car Park.

East Car Park Closure

In mid-September the East Staff Car Park closed. A full staff parking review has taken place on the QA Hospital site. A new criteria has been agreed, based on staff feedback, to ensure staff who need access can park on site. Many staff have decided to move to the Park and Ride service based at Fort Southwick. This is free for all staff to use.

Demolition of the car park

Demolition of the car park is now well underway. Hoardings will be erected to minimise noise and dust. It is hoped this will be completed by the end of the year, ready for building work to start in January 2023.

Patient and visitor parking on the QA hospital site

We opened the new North Car Park in September, providing over 500 spaces for patients and visitors. This includes 31 disabled bays and a link bridge to the new ward block. To help ease the parking issues on site we have increased the signage to the car parks and introduced a parking app to enable people to pay remotely. We have also introduced Automatic Number Plate Recognition cameras meaning tickets are no longer issued, visitors will only need to enter their registration plate to pay. People with parking concessions can present their concession, such as a blue badge, to any of the reception or cashier desks and they will no longer need to pay. This only needs to be done once.

Improvements in services during the build programme

We have run a number of quality improvement sessions with patients and staff over the last few months to look at how we can improve patient flow throughout the hospital including reducing the length of ambulance handover times. Actions arising from this have included a new approach to discharging patients using different methods of transport, ensuring patient bags are ready and rolling out a digital medicine system. We are also proactively moving patients out of the ED and onto wards to be cared for until their next place of care is ready. This has allowed us to revert our Same Day Emergency Care services to care for patients suitable to receive treatment without an admission. We continue with our improvement actions in order that we can further improve our performance. The PSEH urgent care improvement plan seeks to ensure our patients receive the right care, in the right place, at the right time and eliminate handover delays of greater than 60 minutes.

Engagement update May – November 2022:

- Patient letters have been updated to reflect the changes in location for the discharge lounge and CT Scanner.
- Staff and patients at the ophthalmology clinics have been engaged with on a regular basis to ensure any vibrations from the building work does not affect the clinical work of the team.
- Our website has been updated to reflect the changes.
- Our social media channels contain regular updates on the work.
- Stakeholder updates and news releases have been issued on the changes and progress described in this update.
- Staff have been consulted and engaged with on the new parking criteria and options. This has helped shape the proposal and look at improvements to our current service.
- Staff are currently voting on names for our fundraising campaign which will launch later this year.

Timeline:

- October 2022 – enabling works, final design and demolition.
- January 2023 – Construction begins.
- October 2024 – Construction completes.
- Mid November 2024 – New ED planned to open.

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Agenda Item 6



Title of Meeting: Health Overview and Scrutiny Panel
Date of Meeting: 15th December 2022
Subject: Adult Social Care Update
Report By: Andy Biddle, Director of Adult Social Care

1. Purpose of Report

To update the Health Overview and Scrutiny Panel on the key issues for Adult Social Care, (ASC) for the period June 2022 to November 2022.

2. Recommendations

The Health Overview and Scrutiny Panel note the content of this report.

3. Overview

Portsmouth City Council Adult Social Care, (ASC) provides advice, information and support to Portsmouth residents aged 18 years and over who require assistance to live independently and to unpaid carers who look after someone who could not cope without their support including those looking after children with additional needs. This support may be needed as the result of a disability or a short or long term mental or physical health condition. The service aims to encourage people to use their own strengths and community resources to have as much choice and control as possible over how their care and support needs are met. For some, the service will also help people find the short, or longer-term care and support arrangements that best suit them.

ASC's purpose is defined as:

- Help me when I need it to live the life I want to live

4. National Legislation & Guidance

Further to the enactment of the Health & Care Act 2022 the following has happened since June 2002:

- Social care charging reforms delayed by two years following the Autumn 2022 Budget.
- Secondary legislation has yet to be passed for local authorities to be inspected by the Care Quality Commission, this will assess how the Local Authority discharges its duties under Part 1 of the Care Act (2014). An interim framework was shared in October, however a date for the final framework has not yet been shared.

- Since 31st July a mandated set of data has been required from registered social care providers submitted via the capacity tracker. Legislation has not yet been laid before parliament to fine providers, although this was proposed to come into effect in November.
- Clinical Commissioning Groups (CCGs) were abolished and replaced by statutory Integrated Care Boards ICBs who took on the commissioning functions of CCGs and are responsible for developing integration and collaboration, and for improving population health across the system. Integrated Care Partnerships (ICPs), statutory joint committees established by ICBs and their partner local authorities in the system have also been established.

4.1. The consultation on 'Changes to the Mental Capacity Act Code of Practice and implementation of the Liberty Protection Safeguards' closed on 17 July 2022, at the end of November 2022 the DHSC were analysing the consultation feedback. Based on the government timings for any amendments to the Draft Code of Practice to be made and for the LPS bill to move through parliamentary stages to pass into law, the earliest date that LPS will be implemented is late 2023.

4.2. In June 2022 the government published the draft Mental Health Bill for pre-legislative scrutiny, to modernise the Mental Health Act for the 21st century. A final bill is likely to be placed before Parliament for approval in 2023.

5. Health & Care Portsmouth

Portsmouth City Council has a strong history of integrated working relationships with all NHS partners in the city. We continue to work with five partner organisations across the city: NHS Hampshire and Isle of Wight Integrated Care Board, Portsmouth Hospitals University NHS Trust (PHU), Portsmouth Primary Care Alliance, Solent NHS Trust and HIVE Portsmouth and together we make up Health and Care Portsmouth.

6. Key Issues

6.1. National reform

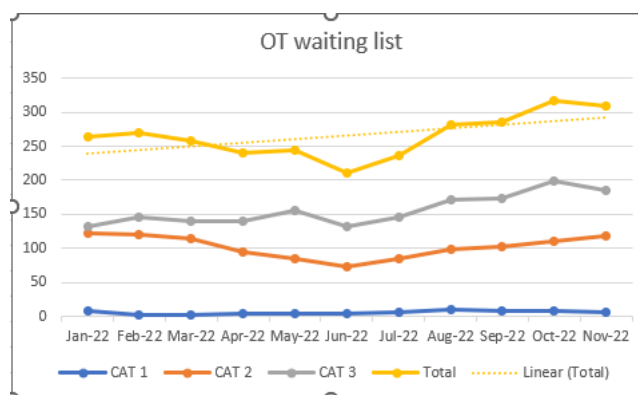
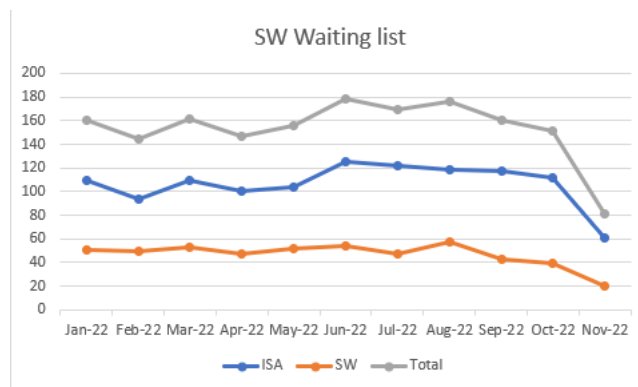
As noted at section 4, the proposed reform constitutes significant changes to the law and related guidance and although elements have been delayed we await confirmation of dates changes will take effect, the change required remains a challenge; and still puts significant pressure on Local Authority adult social care services.

6.2. Adult Care and Support

Portsmouth Adult Care & Support provides support and advice to adults aged 18yrs and over who may need help in retaining their independence, as a result of disability, long term condition or frailty associated with growing older.

The Social Work (SW) and Occupational Therapy teams conduct assessments and work with Portsmouth residents to develop a personalised Support Plan to meet their needs. Social Workers and Independence Support Assistants (ISAs) support people who require care and support either at home, or in a residential setting, to choose services that meet their needs. Occupational Therapists (OTs) and Occupational Therapy Assistant Practitioners (OTAPs), following an assessment, provide community equipment, minor and major adaptations in partnership with the council's public and private sector housing teams. They also provide information and advice around the management of disability to promote independence and prevent, reduce or delay needs for ongoing support.

The community SW and OT teams have been experiencing increased pressures. However, through efficiency improvements we have managed to reduce the SW waiting lists and whilst the OT waiting list has continued to rise in terms of the number of people waiting the overall waiting time has not significantly increased.



We commissioned a provider to undertake a one-off review of 200 cases, which has now completed, however a backlog of 166 overdue community reviews remains.

Work is ongoing to support staff to think and work in a strength-based way; this approach places the focus on individuals' strengths (including personal strengths and social and community networks) and not on their deficits. We have introduced the DHSC [Post Qualifying Standards for Social Work Supervisors](#) which will further support practitioners to work in a strength based way, while developing their practice. We have six social work supervisors on this 12-month programme, which completes in December, and plan to put forward a new cohort in 2023.

We are currently working on the relaunch of the practice support forum for early 2023, and shaping a complementary programme of training, learning and development; aligned to this will be the implementation of the practice framework, with a focus on how we will deliver strengths-based practice in Portsmouth and a structured approach to audit and assure the quality of practice.

6.3. Hospital Discharge

ASC continues to follow the hospital discharge guidance: [Hospital Discharge and Community Support Guidance, published 31 March 2022¹](#) as updated on 1 July 2022 to reflect the changes introduced by the Health and Care Act 2022. Section 91 of the Health and Care Act² revokes procedural requirements in Schedule 3 to the Care Act 2014 which require local authorities to carry out long-term health and care needs assessments, in relevant circumstances, before a patient is discharged from hospital; it also introduces a new duty for NHS trusts and foundation trusts to involve patients and carers (including young carers) in discharge planning.

This guidance sets out how NHS bodies (including commissioning bodies, NHS Trusts, and NHS Foundation Trusts) and local authorities can plan and deliver hospital discharge and recovery services from acute and community hospital settings that are affordable within existing budgets available to NHS commissioners and local authorities.

In practice, this guidance requires close working between ASC, The Integrated Care Board (IBC) and NHS Solent to ensure Portsmouth citizens are discharged and assessed for ongoing care needs in a safe, timely and effective way that reduces the length of time people wait within Hospital for discharge. This work forms part of several work programmes plans and activities within the

¹ [Hospital Discharge and Community Support Guidance \(publishing.service.gov.uk\)](#)

² <https://www.legislation.gov.uk/ukpga/2022/31/contents/enacted>

Portsmouth & Southeast Hampshire Urgent Care System to manage the current pressures at Portsmouth Hospitals University Trust (PHU).

Part of this work involved the consolidation of community beds across health and care, with NHS Solent now running the Jubilee Unit (formerly PCC run, located on the top floor of Harry Sotnick House Nursing Home) to provide a 'Discharge to Assess' (D2A) reablement service. This enables Portsmouth residents to be discharged from hospital and offered a short stay, with reablement support, to enable decisions about how ongoing care and support needs could be met.

ASC continue to assess people's care and support needs following their discharge from hospital. The team works across NHS Solent and PCC units to provide timely Care Act assessments for people leaving hospital with complex needs whilst maintaining a focus on the principle of 'home first'.

Staff who transferred from PCC to NHS Solent, as part of the change from Southsea to Jubilee, have adapted well to the changes, and closer working with NHS colleagues has resulted in positive outcomes for Portsmouth residents leaving hospital with support needs in a rapidly changing environment. However, with the introduction of Criteria to Reside (CtR) within PHU, and the Primary Care offer in Portsmouth not yet fully recovered from the impact of the pandemic, there is a greater need for support for Portsmouth citizens post an acute stay; in terms of increased numbers of people requiring support with higher levels of care and support needs. In addition, following a recent reduction in available care home beds in the city, and with the real possibility of further reductions in the coming months (linked to business decisions, quality and/or regulatory action), there is a real likelihood of increasing delays to discharges for people from PHU and an increased number of placements outside of the city. We will seek to mitigate these risks through increased investment of non-recurrent funding to facilitate timely review of individuals on the D2A pathway to support release of provider capacity (beds, staff, and available hours of home care). Note this will only be possible where individuals' needs' have reduced post-acute stay; support is no longer needed; or not eligible for ongoing ASC support.

Longer term, as a 'place-based system' and at an ICB level, we aim to improve our admission avoidance strategy to support people to remain within their communities through early intervention, signposting and appropriate support to reduce more intensive investment through D2A.

6.4. Work with People with a Learning Disability

The Integrated Learning Disability Service (ILDS) has continued to support individuals with their COVID-19 vaccinations. This integrated approach to care

and support has helped keep this very vulnerable population well throughout the pandemic.

Long Covid - The ILDS has been supporting service users who have had Covid to see if they are living with the effects of long COVID and provide appropriate support to individuals affected. Long Covid monitoring is ongoing, with the offer of support to manage symptoms for affected individuals.

The ILDS has continued to work with its network of providers to ensure business continuity. The key issues for providers have been managing staff absence, linked to Covid, and the ongoing challenge of recruitment and retention of staff across the sector

The ILDS continues to have high levels of referrals, with an overall caseload increase. There has been a significant increase in Transition referrals, and in those eligible for Continuing Health Care (CHC). This has placed a major strain on the service and has required investment in staffing from the City Council and Solent. Similar investment is also being sought from Portsmouth Integrated Care Board (ICB) to ensure sustainability.

Alongside recovery of services, the ILDS has continued with its developmental ambitions:

- A new 28 bedded supported living service in the city, Patey Court, opened in August 2022
- The plan for the “Highgrove” project in Drayton is also progressing, with a plan to develop extra care

In October a Community Engagement Event with Solent NHS was jointly hosted with a stand around the inclusive relation group and volunteer group. Service users were recognised for their valuable contributions in their respective service user group, they were able to share how being a volunteer has helped build their confidence, what it meant to them and the difference it had made.

The service has developed focus groups to gain qualitative feedback from families and service users around specific subjects, including the annual review process and support plans. To support service users to contribute their views we are implementing accessible communication approaches.

The team have also made significant contributions to conferences such as 'Medication without harm and safeguarding', and presented and shared information through the Learning Disability Partnership Board on aspiration pneumonia to support reduction in premature death of people with a learning disability.

6.5. Carers Service

The Carers Service supports adult carers, usually via a Carer's Assessment, to access breaks, information and advice, emotional support and help with emergency planning. The team continue to operate in a hybrid way, offering in-person, telephone, and online support.

Our carers lead represents the South-East Carers network at the national Association of Directors of Adult Social Services, (ADASS) carers network. These are forum working in partnership across social care and the NHS developing practice and models of support for unpaid carers.

The Carers Centre has been operating at pre-pandemic levels for the last 12 months and has embarked on several new work streams including:

- In September 2022, the new Carers Service website went live www.portsmouthcarersservice.co.uk. This now provides a single point of access for carers who wish to communicate with us digitally and provides a comprehensive overview of carers services in Portsmouth. In addition to the website, we have a Carers Service Instagram page, designed to appeal to a younger cohort of carers. The Carers Service also continues to provide traditional methods of communication with paper copies of information provided when requested.
- Carers Count event; this was a one-day conference held in November co-ordinated by the Carers Service and delivered in partnership with Health and Care Portsmouth partners. Over 70 delegates attended including carers, health, and social care professionals, VCSE organisations and local councillors, the focus was on finding out what really matters to carers. We will be using this information to further develop the carers strategic plan for the city and inform the development of local services.

The demand for carers assessments and carers services remains extremely high. June, July and August have been the busiest three months, since we started keeping record, with over 100 referrals in June and July alone. This increased our waiting times with the longest average weekly wait extending to just over four weeks in October although this has since reduced to less than three weeks.

Month	Number of referrals
November 21	55
December 21	43

January 22	58
February 22	70
March 22	97
April 22	71
May 22	11
June 22	113
July 22	94
August 22	110
September 22	70
November 22	72

6.6. Independence and Wellbeing Team

The work of Independence and Wellbeing Team (IWT) remains core to our strategic approach in terms of co-producing solutions with a focus on strength-based practice to arrive at personalised, local and sustainable solutions.

The Independence and Wellbeing team work 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
- build and promote community

This focus increases independence and consequently reduces demand on health and social care statutory services through early intervention.

A strength-based approach to working is used which:

- explores individuals own capabilities and strengths which enables them to make informed choices
- provides information and signposts/refers to other services
- supports people to access resources across the city
- facilitates inclusive activities, indoors and out, with a focus to utilise green spaces
- supports people to make informed healthy choices

- grows community capacity by providing training to front line workers and volunteers
- increases community cohesion
- grows the confidence and skills of the Portsmouth workforce to engage with the local community
- shapes and develops new initiatives and services to meet the needs of our customers
- means working with individuals and communities to help them find their own solutions (where possible)

Community Connectors (CC), Community Development Officers (CDO) and Project Officers are the key roles that make up the team. Current updates are as follows:

Community Connectors:

- Currently still operating a waiting list for the service; however, this has reduced by almost two thirds over the last six months and now holds approximately 15 referrals.
- Following a successful pilot of the Community Inclusion Workshop (CIW), the CC service can offer both 1-2-1 support as well as the CIW group programme of intervention which has contributed to a reduction in the waiting list.
- Increasing presence in Extra Care Schemes using Covid Recovery funding. Rather than pay 1-1 care staff to meet needs of isolated residents Community Connection uses a strengths-based approach to bring in volunteers and support residents to develop relationships.
- A case has been made to request additional funding, to increase capacity to meet increased demand.

Community Development:

- The Community Development service has a default position of co-production for the new projects and is actively working to embed co-production across of its work, consequently project development is done collaboratively with the community, stakeholders and residents, with an outcome of residents' voices being, heard, feeling valued and meaningfully contributing to the design and delivery of local solutions.
- The recruitment of a Project Officer has increased capacity to support existing and new sessions across IWT community projects.
- A CDO has been appointed to work in Extra Care schemes to develop health and wellbeing activities. Through co-production with Extra Care Housing residents and housing staff, we will be delivering seated chair

exercise to enable residents with mobility issues to participate in physical activity.

- Attendance across all projects has increased and has almost returned to pre-Covid levels.
- CDOs continue to work with community partners; we are working with the Victoria Park Project to develop 'taster sessions' for healthy activities and gardening within the park i.e. nature walks, community gardening, yoga, tai chi and walking/running.
- Nature Watch sites have been established throughout the city with regular sessions now delivered.
- The Stacey Centre mini-orchard is being handed over to the centre to manage, freeing capacity to develop new green projects and/or deliver additional sessions within existing projects.
- CDOs continue to engage with Asian, Black, and other ethnically diverse people and are expanding to support other marginalised groups to either engage in IWT projects or to support them to develop their own community groups or projects. Recently, a CDO has supported a resident to set up her own group: Abilities for Life, for people 25+ with disabilities.
- A Community Cookbook has been produced in conjunction with FiLiA (a women led volunteer group) and the IWT Cross Cultural Women's Group (CCWG). The book was launched in November 2022 and profits raised are being used to self-fund CCWG and facilitate other projects for women as per agreement with FiLiA.
- The Ethnic Grow Project piloted a shared lunch using produce grown by the group. Due to its success a monthly lunch club now runs at a venue provided by Personal Choice (a community interest organisation).
- A new 'Men in Sheds' group is being developed in Drayton; following a request from women in the community for a 'Women in Sheds', we are exploring how this location could be a shared space.
- Chop, Cook, Chat is well supported by a reliable group of volunteers, with all 6 weekly sessions fully booked. We are currently recruiting additional volunteers to deliver another session to meet demand. IWT have been invited to feature on Radio Solent (in 2023) to talk about the work we are doing.
- In collaboration with the Carers' Centre and carers, we are considering how we can facilitate a monthly Saturday morning board game/social group for carers who are unable to attend weekday Carers' Breaks sessions.
- Healthy Walks continues to grow in attendance and new volunteers have been recruited to meet demand. IWT have been approached by Radio 4 who are doing a piece on the benefits of walking on 8th December 2022. They will follow this up with the University of

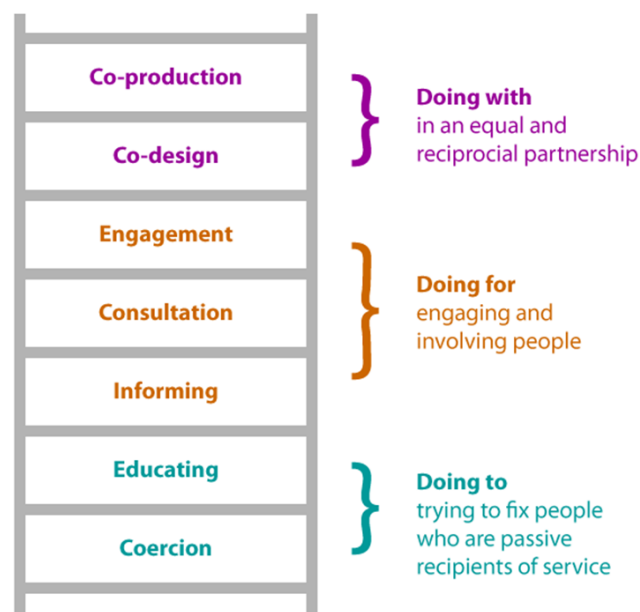
Portsmouth who are doing a study on the amount of exercise needed to maintain wellbeing.

- A Community Team Lead was recruited and is working on developing facilitation and delivery of community development (while the Front Desk project is on hold).
- Community Builder post was advertised to coordinate Community Capacity building, however we did not secure a candidate, so are reviewing the job profile.

6.7. Participation and Engagement

In Adult Social Care we are clear 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 continue to build on work to make co-production our default in ASC with activity taking place across ASC, at all levels of the Ladder of Co-production from the 'Educating' rung upwards.



Pockets of good practice include:

- Activity undertaken by the Integrated Learning Disability Service who consistently involve people with lived experience in recruitment, commissioning, and outreach activities.
- The Portsmouth Autism Community Forum is an independently led group of people with lived experience and professionals which is supported by ASC, all the activity of the forum is co-produced.

Due to the breadth, diversity, and demand pressure in some service areas across ASC the adoption of co-production and related activity is currently inconsistent, however we are confident that through our approach and agreed priorities we can achieve more consistency and establish a range of creative approaches which will help change our culture.

We have contributed to developing a guide to co-production, led by Southeast ADASS (Association of Directors of Adult Social Services) in partnership with the Institute of Public Care, and are producing a Co-production and Engagement Strategy.

Operational priorities for the next 6 months include:

- Support to teams - all ASC Teams will be provided with a session run by the Engagement Lead exploring current engagement and co-production activity, new opportunities and what teams need to achieve this.
- Recruitment - involvement of people with lived experience will be embedded into the ASC recruitment process; this will be underpinned by the development of a 'How to guide' and training and support to recruiting managers.

6.8. Management Information Service

Annually in September NHS Digital issues a letter to provide information on the mandated national adult social care data returns. The Department of Health and Social Care (DHSC) has now confirmed that the quarterly Client Level Data collection will be mandatory from 1st April 2023, with the first quarter submission in July 2023. DHSC is currently working with NHS Digital to complete the burden assessment for this collection, a communication of this assessment was promised by the end of 2022.

Going forward Liberty Protection Safeguards (LPS) will replace the Deprivation of Liberty Safeguards (DoLS). Although we do not have a date, this will have a lead time of at least six months, during the interim the DoLS data collection will continue until LPS is implemented, which will bring parallel reporting for a year with increased reporting under LPS.

Over a number of years the resource to support analysis and reporting within ASC has been removed, however to support ASC to respond to mandated requests, produce data required for regulated ASC assurance (proposed from April 2023) and draw on performance and management information to effectively run ASC business we have established the Information Management and Data Programme; this covers a programme of work to address the challenges associated with multiple data sources, the need to produce timely accurate reporting and create reports for non-technical staff. Plans to improve and reconfigure workflows are being scoped and, with the

support of Finance colleagues, development is underway to produce interim Business Intelligence reports/dashboards in key areas for senior managers via the ContrOCC (ASC Finance) Insights dashboard.

Securing specialist resource remains a challenge, particularly ensuring appropriate access to business analysts and technical expertise for the programme to develop. Resignations over the last 14 months have exacerbated risk in capability and capacity, consequently we appointed temporary capacity to support the Python reporting platform on a 6-month contract, however we have returned to a position where the Python reporting platform cannot be updated due to lack of technical resource. To move to a consistent business/data analyst position, additional resource is needed to enable the continued development for the ongoing validation changes for the Patient Level Data Set (PLDS) for Continuing Health Care (CHC) and to complete the upcoming Client Level Data (CLD) submissions, consequently we are seeking to secure a Python resource by early Spring 2023.

Subject to senior management approval the next phase of work for CLD will be targeted workshops to discuss the key areas of contacts, referrals, assessments, and reviews.

The solution of a Data Warehouse has been identified; this will provide a more accessible and configurable reporting solution that can be maintained without a Python resource and will allow data to be displayed in a more meaningful way. Corporate IT have agreed to support the technical infrastructure required however ASC will need to provide the reporting resource, as well supporting the design and implementation so it is fit for ASC purpose. An external company with experience in data matching and transformation is being consulted, which should help with the implementation.

The programme is funded via an approved Capital Scheme and a request has been submitted to release funds to support design and implementation in partnership with Corporate IT.

6.9. Regulated and Provider services

Portsmouth City Council 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 CQC, as well as a variety of staff relevant to the service provided. 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 the Housing, Neighbourhoods & Buildings, (HNB) directorate, all services sit within Adult Social Care (ASC). All staff within services receive mandatory training as required.

Harry Sotnick was inspected by CQC in May, with the report published in June, and received an overall rating of good. Russets is our only service rated as Requires Improvement; and was last inspected in 2019 (pre pandemic). The Community Independence Service is rated Outstanding; however, the CIS service is currently being reviewed along with similar services operated across Health and Care Portsmouth Partnership, with a proposal to decommission CIS and consolidate a more streamlined offer in early Spring 2023.

Since October Harry Sotnick House has provided a D2A offer, led by Solent NHS. Staff were brought across from Solent's Jubilee House building, following a planned decommission, and PCC staff were transferred into Solent to provide a consolidated workforce. Staff are co-located at the Southsea Unit.

In November staff from PCC regulated services worked with colleagues in response to significant safeguarding concerns identified within an independently run care service. PCC managers and personnel provided support, over a number of days, to coordinate health and care resources in the service and support with direction and delivery of care to keep people safe. To increase available capacity in the city, appropriate to temporarily meet needs of individuals moving out of the service a decision was taken to mobilise additional staff and open additional beds in Shearwater.

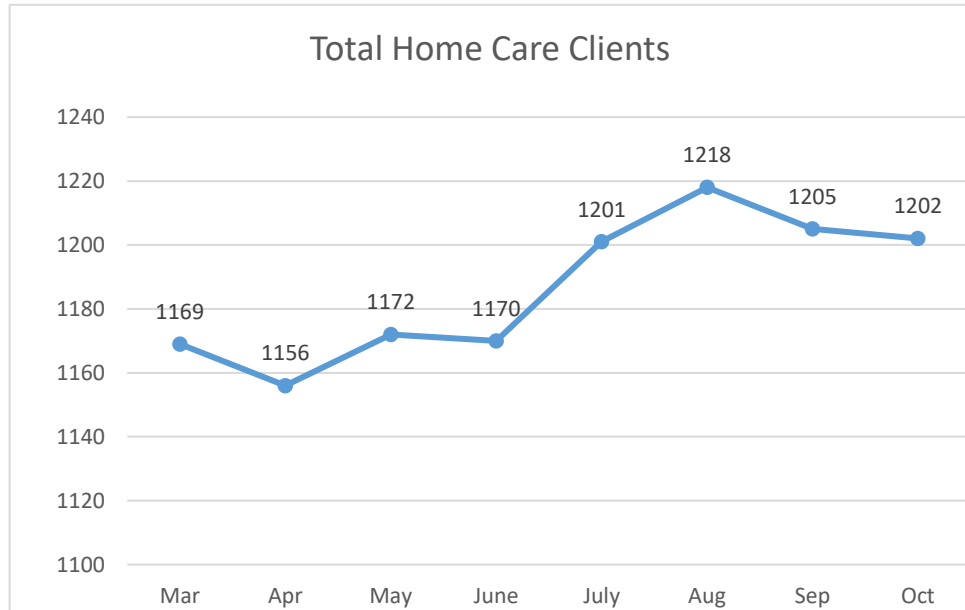
The ASC 'quality assurance & learning framework' for regulated services includes a requirement that we audit standards across our regulated services, part of this process involves informal inspections. These are completed by the Head of Regulated & Provider Services annually with support from key individuals such as Social Workers, the safeguarding team and NHS colleagues. We have continued with this programme of audits and as the tool is valued and acknowledged as good practice with colleagues, we have shared the process within the directorate, so approach could be adopted to support preparations for regulated assurance of councils' compliance with the Care Act.

7. Demand

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

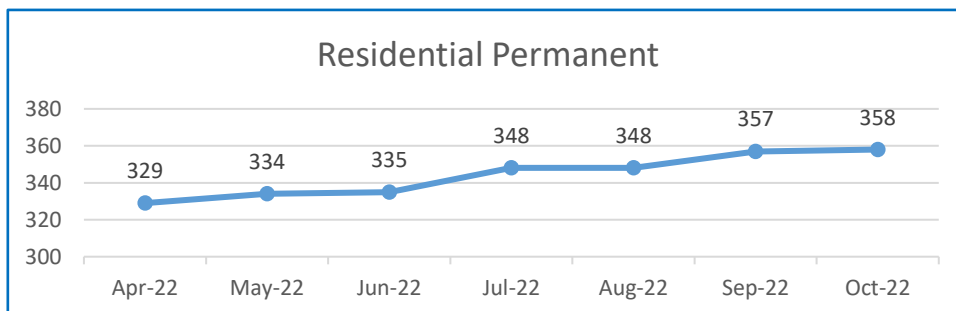
7.1. Domiciliary Care Services

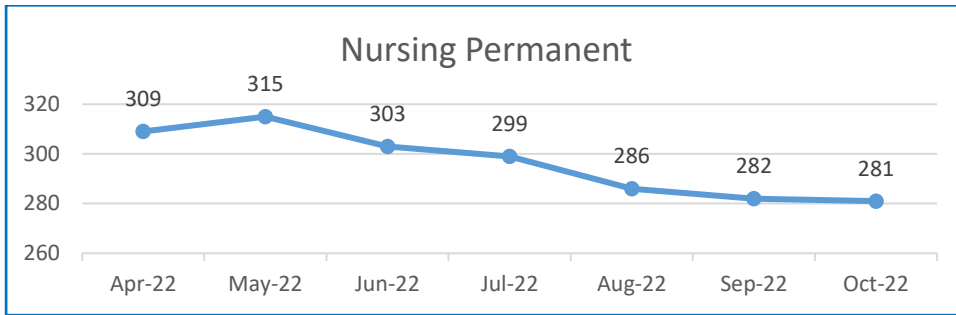
The number of domiciliary care clients has gradually risen over the past 6 months.



7.2. Residential and Nursing Care

The cumulative total of clients receiving support in residential, or nursing care remains consistent; however, during the past 6 months we are seeing a gradual increase in residential care placements and a reduction in nursing care placements.





7.3. Deprivation of Liberty Safeguards (DoLS)

The data for the period 01 June 2022 to 30 November 2022 when compared, on a pro rata basis, to the figures submitted in the June report to HOSP show a similar number of referrals, a slight decrease when furtherers and reviews are excluded, with a marked increase in applications granted (% change since last time shown in brackets after reported figure).

Descriptor	No.	Change against previous
Referrals Received (all Referrals)	684	0.5% fewer
Referrals Received (excluding Furtherers & Reviews)	455	8% fewer
DoLS Granted	225	234% increase on previous
Average Time between Referral & Authorisation	52.6 days	reduction of 9.9 days

There has been a reduction in time between referral and authorisation, and a small increase on cases to be allocated.

Status of referrals 1/12/22	No.	Change against previous
With Triage	2	n/a
To be Allocated	63	n/a
To be Triaged	0	Decrease of 14 cases
Total to be Allocated	65	Increase of 1 case

Our Liberty Protection Standards (LPS) Implementation lead is working with stakeholders across Adults and Children's Services, scoping the areas of work, stakeholders and workstreams required to deliver LPS in Portsmouth. The lead has also delivered a number of briefings to managers and staff across ASC to support understanding and what the change will mean.

7.4. Mental Health Act Assessments (July to September)

The Approved Mental Health Professional (AMHP) team are providing proportionate deployment of staff to respond to formal need for assessments. This service operates as an 'all hours' service, provided across 24 hours a day, 7 days a week for 365 days a year.

The team are addressing presenting issues of obtaining warrants, due to a new system introduced by Her Majesty's Court Service (HMCS), that has delayed access to urgent warrants due to reduced spaces. This can have an impact on assessment timescales, with the potential impact of creating delays to admissions. HMCS are aware of the challenges and are seeking to create additional spaces. The AMHP team have also reviewed their use of warrants seeking to reduce the need for applications.

There are additional complications due to delays in accessing private ambulance cover; consequently, this can (and sometimes does) delay admissions and create additional pressures. These issues are monitored by the Integrated Care Board (ICB) who are responsible for the management of the contract with Secure Care UK.

Our Solent NHS Trust partner has reduced the number of acute mental health beds available at The Orchards, St James Hospital (from 20 to 16) for a short period of time to ensure safe staffing levels are maintained. They have been affected by the national Registered Mental Health (RMN) nurse and psychiatrist recruitment challenges. This has resulted in a small number of out of area placements for Portsmouth residents and the occasional discharge delay from QA Hospital while a mental health bed is found. The situation is being monitored closely by the Trust.

Referral rates remain steady over the course of each month although the AMHP service experiences increases at times. Where required the service deploys AMHPs in excess of those on the rota which supports a flexible response to best meet demand on the service. There has been an increase in referrals for individuals under 18.

The AMHP team have received only 1 request for the Treasury's "Mental Health Crisis Breathing Space" programme during the quarter. This is a programme that helps take the pressure off people with debt issues while they are receiving crisis treatment and up to 30 days post treatment. This low take up is reported in regional and national AMHP leads network, and reflected across the country



	July 2022	August 2022	September 2022
Number of MHA Requests Made:	86	72	69
Number of Hampshire Residents:	34	20	14
Number of Under 18s:	3	1	3
Outcome -Community Support arranged.	13	12	10
Informal Admission to Hospital.	4	4	8
Section 2.	32	27	24
Section 3.	14	6	5
No Further Action.	23	22	22

7.5. Adult Safeguarding

Safeguarding concerns received by the MASH were similar in number for April to May (Q1) and June to August (Q2) of this year, with a decrease on previous in Q1 and a slight increase in Q2.

Risk was reduced or removed in most cases with desired outcomes being mostly met.

Q1 saw a significant decline in police referrals compared with previous reporting periods, with a marked increase in Q2; however, only 5% in both quarters met the S42 criteria, significantly less than concerns received by other referrers into the MASH.

Activity summary of safeguarding activity into the Adults		
MASH		
Reporting periods in 2022	Q1	Q2
Safeguarding concerns received by MASH	527	538
Change from previous period	-3.5% ¹	+0.2% ²



% met S42 criteria to commence enquiries	39%	43%
Enquiries Concluded	574	351
Risk removed or reduced (% of cases)	98%	97%
Desired outcomes of Adult at Risk met	97%	96%
PPN1s³ received by MASH	197	310
Change from previous quarter	n/a	+57%
% PPN1s met s42 criteria to commence enquiries	5%	5%

¹ Compared with the average quarterly number the year previous (2021)

² Compared with Q1 2022

³ Concerns raised by the police

In addition to statutory safeguarding work, the Adult MASH has developed a Business Plan, with a focus on developing resources for service users, re-establishing relationships with partners and providers post-pandemic, and standardising documentation to ensure all the team's work is clearly evidenced. The team continue to offer specialist advice to colleagues and partner agencies via fortnightly clinics and ad hoc as required.

The team has also played a significant role in response work to keep people safe in services, working in partnership with colleagues across the health and social care system, including quality resource to strengthen the continuum from quality through to safeguarding.

In October the Portsmouth Safeguarding Adults Board lead its first conference on safeguarding in Portsmouth, which was well attended by stakeholders. During November a peer review of safeguarding was undertaken by Southeast ADASS, a written report detailing observations will be provided; this will be reviewed with and acted upon appropriately.

7.6. Complaints

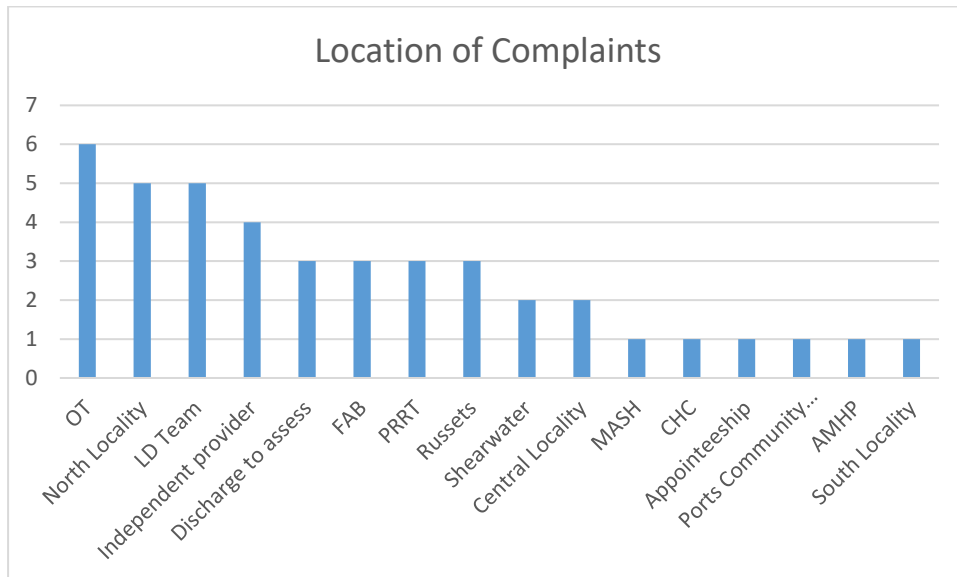
The Complaints Managers have continued to operate in a hybrid way, offering in-person, telephone and online support throughout the Covid Pandemic.

For the period 1 June 2022 to 30 November, there were 42 statutory complaints made about Adult Social Care, compared to 28 in the previous year. Included within this period are 4 complaints involving an independent provider, compared to 1 in the previous year.

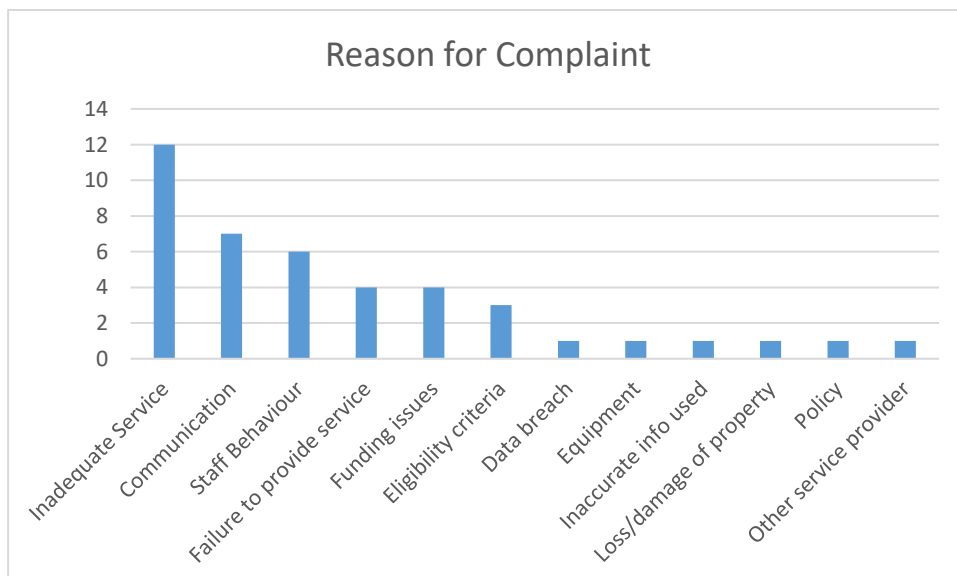
In addition to statutory complaints, there were 11 customer contacts and 2 contacts that were responded to under different procedures.

Based on number of service users open to Adult Social Care on 5 December 2022 (8,362), the 42 complaints received represent less than 1% of all the people receiving a service from adult social care.

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.



Performance on 20-day responses have decreased to 19% from 28% last year.

Performance on 10-day responses has also decreased with 57% of responses being sent within 10 working days compared to 68% last year. However, there were fewer complaints for the same period last year.

There are 6 outstanding complaints for the period 1 June 2022 - 30 November 2022.

What are we doing to address our change in performance?

We are reviewing our processes to support the improvement of response times, including how we follow up with those leading the compliant response, their managers and submission of highlight reports for scrutiny at ASC monthly Governance Board.

Two complaints were investigated by the Local Government and Social Care Ombudsman (LGSCO). The ombudsman found fault with one complaint and recommended we did the following:

- calculate the approximate cost Ms X would have incurred had she received reablement services, deduct this from £service paid for and refund Ms X the difference
- consider the information Ms X provided about the service she received from the second personal assistant and amend the invoice as necessary,
- ensure officers conducting needs assessments/advising service users, act in line with the Care Act.

The second complaint centred on the Council failing to take decisions about significant items of expenditure properly, resulting in a family spending money inappropriately. The council was not found at fault for this complaint.

44% of complaints were upheld to some degree, a decrease from 60% last year.

Adult Social Care received 14 compliments. Shearwater received the most compliments (3).

In total for this period, we recorded 39 Councillor/MP Enquiries for Adult Social Care.

The Complaints Managers will continue to support operational staff and managers in handling and responding to complaints in the future. Complaints provide invaluable research for the directorate, and we aim to continue to increase our learning from complaints, to disseminate good practice, learn from mistakes and to achieve service improvement as a result.

Some examples of how ASC has learned from complaints:

- Following a complaint related to an initial payment being taken incorrectly the finance team has reinforced the importance of ensuring

correct information is obtained and appropriately checked prior to submitting a request for payment.

- Following a complaint about the quality of service at Shearwater, the manager highlighted the following learning: ensure that accurate recordings are used to enable robust information to be shared/handed over, and for staff to consider the wording they use and how this could be misconstrued when reflected upon. If the Assistant Unit Manager (AUM) has numerous tasks to complete, some of which may be urgent or immediate priorities, support should be requested from an AUM from a different unit.

8. ASC Strategy

December 2021, the Adult Social Care Strategy was launched a summary is provided [here](#).

In summary the intention of the strategy:

- citizens to understand what adult social care is and does in Portsmouth, and to hold ASC to account
- social care staff to know how their work supports our citizens and have a clear sense of purpose
- staff across the council to understand adult social care and its contribution to the Portsmouth vision and city plan
- the council to demonstrate how we manage our limited resources – putting our time, money and energy into the best possible outcomes and achieving the best value for money.

What we have done in the last 6 months to deliver on the strategy:

- developed team plans, aligned to the strategy, across the Directorate to support teams and individuals to understand their part in delivering the strategy
- worked on embedding our values so they are core to our approach and practice
- continued to challenge ourselves on how we engage meaningfully with citizens
- worked towards developing standardised business information, intelligence and reporting to support us to understand how well we are delivering our business against the available resources and in line with the strategy

- started work on a local account, for publication early spring 2023 so we can be transparent and show citizens what adult social care has done in the year 2021/22
- worked with health partners in Portsmouth to support timely safe discharge from hospital
- developed and introduced the Supported Living Toolkit, to encourage best practice
- opened new supported housing for people with a learning disability
- moving forward on an accommodation strategy for people being supported by adult social care
- submitted reports regarding; discharge to assess; meals delivery; our integrated service for adults with mental health challenges; ASC complaints; Liberty Protection Safeguards to the Portfolio meeting, held in public on a bi-monthly basis

As it is 12 months since the strategy's launch, we are undertaking a review as part of the Directorate's Business Planning Cycle. This will take stock of how well we are meeting our vision and will consider any revision that may be needed to ensure it remains focussed, real and aligned to the Council Plan.

9. Quality Assurance and CQC (Care Quality Commission) Inspection Preparation

ASC has continued to review the quality of its service and prepare for a new duty, given to the Care Quality Commission (CQC), to independently review and assess how local authorities' Adults Services are performing in delivering their Care Act functions.

The Care Quality Commission (CQC) shared an interim framework for ASC Assurance in October 2022, which is being used to shape our approach to assurance and enhance existing quality assurance undertaken within the service. The date for publication of the final version of the framework has not yet been announced.

All staff have been briefed via a monthly 'ASC Live' (hosted on MS Teams) on what we know about assurance; in addition, a briefing paper was submitted to Health, Wellbeing and Social Care Decision meeting.

As sector led improvement has a key role in ASC, we have developed good relations with other councils in the region, in particular Medway and Reading Councils. Every six weeks assurance leads, Principal Social Workers (PSW) and Directors of Adult Social Services from the respective councils meet to update, share, and build on their approaches. This is further enhanced through engaging with two regional ADASS networks, the PSW and Performance network.

We continue to work towards the proposed launch date for assurance of ASC in councils of 1st April 2023; this is subject to secondary legislation early 2023 and confirmation.

9.1 Service Assessments

During November a peer review of the safeguarding Adults Board and related work was undertaken by respected colleagues from Southeast ADASS (Association of Directors of Adult Social Services). This objective feedback will be used to shape service plans.

The practice quality assurance framework has been developed with a renewed focus on case audits and practice groups, with the refreshed approach launching in the New Year. This will support us to better understand quality of practice so we may focus on areas that would benefit from investment, for example training, review of process or knowledge share.

9.2 Updated Strategies

Work is now underway in producing and updating several strategies that are key to the operation and delivery of adult social care services:

Workforce - we are finalising research which includes understanding the current baseline, breadth of the workforce and factors that impact on the workforce (internal and external) e.g., increased focus on strength-based practice, changes in national policy and competition for certain roles locally, regionally, and nationally.

We have defined our aspirations and are developing our approach to enable us to move towards developing and launching the strategy, to strengthen and grow a sustainable workforce.

Accommodation - this strategy is interdependent to work on current and future demand, and the impact of different ways of working on managing demand, consequently it is in early stage of development. In the meantime, micro elements of the strategy have been developed, including accommodation for respite and extra care. These discrete elements will feed into the broader accommodation strategy.

Market Shaping - From January 2023 ASC will have a dedicated resource to lead the development of a social care Market Position Statement (MPS). This will inform care providers currently operating in Portsmouth, and those considering investing in services in Portsmouth, what provision currently exists in Portsmouth, deficits, the council's commissioning intentions for ASC and what people needing ASC support in Portsmouth want in the care market. The publication of the MPS will support ASC to meet its Care Act market shaping responsibilities which includes building capacity to meet population need, of a range of diverse services of a good quality.

Prevention Strategy - the work on our prevention strategy is at the planning stage with a focus on the ASC 'front door', including how we identify, and record 'contacts' and detail the non-statutory support offered or signposted.

9.3 Quality Assurance

With the reintroduction of regulated assurance for ASC in councils we have taken the opportunity to review our approaches to reviewing the quality of our work and its impact. We have developed a new framework to understand the quality of our professional practice, based on the principles of highlighting and sharing the learning from good practice and identifying areas of required improvement.

In our last report to HOSP we outlined the four key areas of focus of assurance as:

- feedback and the experiences of users, carers, and other stakeholders
- operational processes including quality supervision and practice observation.
- performance management using a set of key performance indicators (based upon national and local reporting requirements)
- external assessment (including peer review, audits and CQC Inspections).

A summary of some of the things we have done in the last six months:

- Annually, councils with adult social services responsibilities (CASSRs) are required to submit eight statutory data collections, one of which is the Adult Social Care Survey. This reports on feedback to mandated questions from people being supported by services funded by ASC. To assist ASC to engage and seek feedback in an inclusive way that support future engagement and coproduction, we have sought and been granted permission to add an additional question to the mandated dataset; this question focusses on the way individuals would find it most accessible to engage e.g., face to face, telephone, digitally etc. This will help ASC to plan more effectively to optimise engagement and feedback from individuals accessing services.
- All staff who are professionally qualified to practice have undertaken their continued professional development (CPD) and returned their annual submissions to register in their professional field so they may continue to work in their registered role (social workers, occupational therapists, and allied health professionals).
- Using practice and finance data we have developed a draft pack of performance and management information, initially for senior managers, which is reviewed monthly. Once finalised this will be rolled out to managers across the directorate to support with management of

resources and to focus on areas that will make a difference to individuals being supported e.g., to support timely reviews etc.

9.4 Other Activities

- We have continued to engage, where possible, with Care Quality Commission (CQC) and the Department of Health and Social Care (DHSC) on the emerging inspection framework
- A monthly strategic meeting has been established with the CQC Area Inspection Manager with the DASS and members of the senior management team focussed on quality and safeguarding; this facilitates a shared understanding of risk, mitigation and engagement with registered care services hosted in Portsmouth.
- We routinely meet and liaise with our peers across the local ADASS network to support our service development and share good practice.
- In July two new members of staff joined the senior management team, one in the new role of Head of Service for Quality Assurance and Performance, and the other as Head of Service for Adult Social Care and Support.
- We have established the role of Principal Occupational Therapist, to provide professional leadership for occupational therapy, nurture collaborative partnerships and solutions and drive preventative, personalised, strengths-based, social care services, and practice with a focus on enablement and optimising the independence and wellbeing of our population.
- Following consultation with staff, we have introduced monthly ASC Live events via MS Teams. This has enabled staff to have direct updates on developments and areas of interest, with the opportunity for questions. As the events are recorded those who are unable to attend can watch later. Events have included an update on directly provided care services, assurance for adult social care and has provided a platform to be transparent, say when things have not gone well, apologise and share how we have worked with those affected to bring about change.
- In addition, there are regular newsletter updates for the directorate and a monthly practice update from the Principal Social Worker and Principal Occupational Therapist, with the latter counting towards continued professional development.
- We are working on producing a local account for publication in Spring 2023. This is an annual report designed to give residents a clear picture of the achievements we have made in adult social care; how we are performing, the changes and challenges we are facing, our plans for future improvements and the difference we have made to people we support. This supports us to be more transparent and accountable.

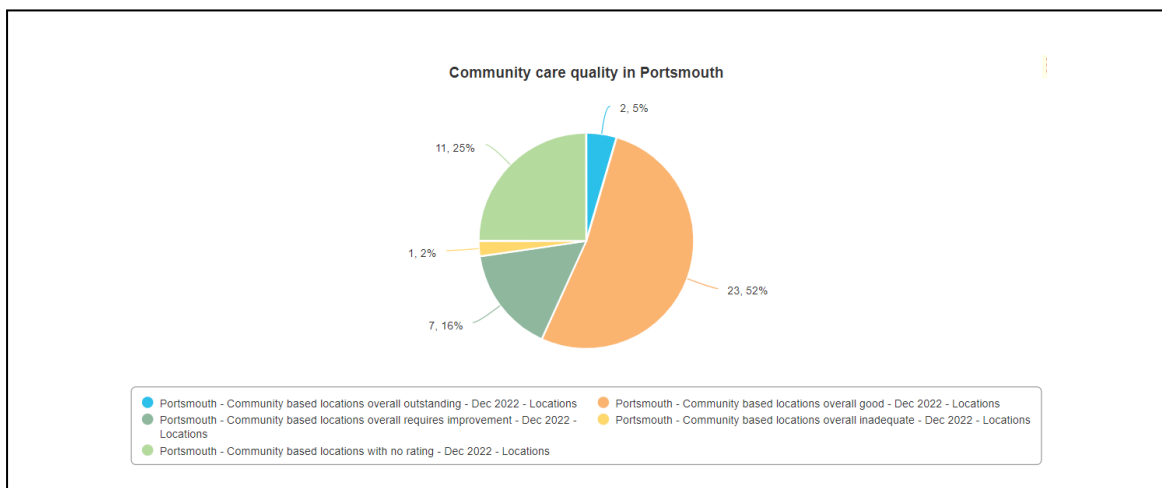
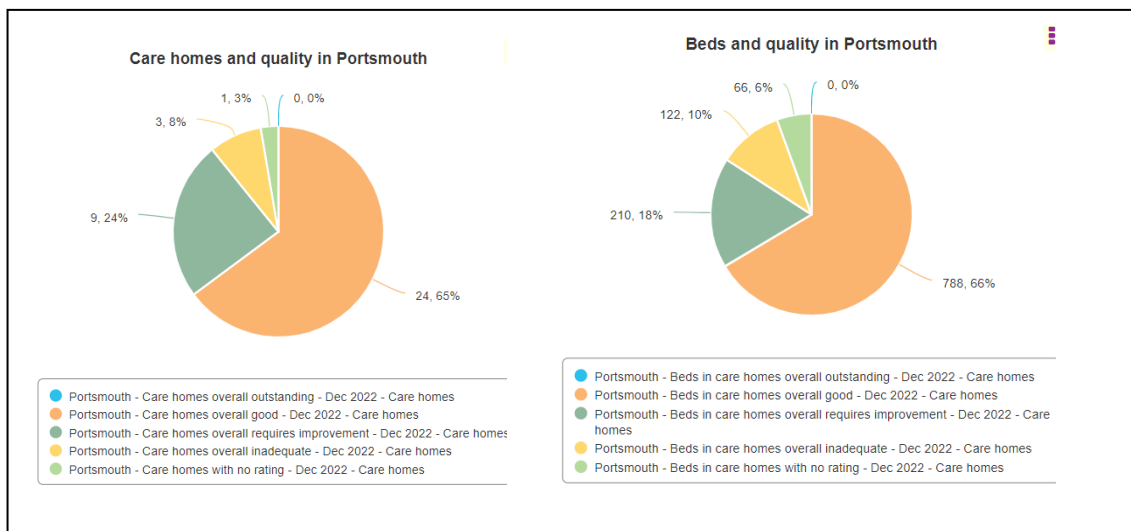
10. Governance

ASC maintains a risk register; this is monitored via the monthly ASC Governance Board. This register assists ASC to have an overview of risk to understand nature, level, likelihood and impact of risk, with Board allowing an opportunity to understand the lessons learned from adverse events and oversee them being incorporated into practice.

The current risks being monitored fall into the following themes:

- ASC Reform - although the cap on care has recently been paused until 2025 there remains a significant amount of preparatory work, including how we can support individuals to undertake light touch self-assessments through a digital solution, changeover to LPS from DoLS, introduction of assurance etc (in addition to significant demand in BAU)
- Demand - increases in referrals, caseloads, safeguarding and wait times for assessments and reviews continues which places pressure on the service and wellbeing of individuals working in the service, as well as having an impact on individuals currently being supported and those waiting to be assessed for support.
- Resources - availability of competent trained skilled workforce both within the council and wider health and care system is an increasing challenge, for now and future succession planning (a real risk when considering the age profile of workers) this poses a risk to how well we can discharge our statutory duties and discharge our duties to safely meet the needs of vulnerable adults.
- Increased demand related to admission avoidance and hospital discharge, with risk around people being discharged from hospital without reablement support results in higher levels of need as well as higher volumes of people requiring support, both of which have a significant impact on our already pressured ASC budget and stretched resource; with additional winter funding for discharge to assess being passed to the NHS, this potentially places further risk on the budget.
- Cost of living - impact on Portsmouth residents with care and support needs and ability of care providers to continue to deliver services safely within their available resources.
- Governance - namely the challenges of efficiently retrieving and effectively analysing data, inconsistent use and understanding of data and lack of workflow in SystemOne (our ASC recording system).

- Sustainability of the Care Market - in Portsmouth 65% of care homes (includes care with nursing) are rated good, and less than 60% of registered community care provision (home care/domiciliary care) are rated good or outstanding. Taking account of quality, CQC rating, workforce challenges, and cost pressure there is a risk of capacity in the city not being sufficient to meet need. This could create further risk of not being able to care for residents needing support within the city, and where there are pockets of capacity in the city having to pay a higher unit cost to commission services, creating additional budget pressure.



We are seeing significant budget pressures from commissioning care and support services and are planning for pressures into 2023/24 linked to cost of living.

ASC has a clear governance framework, project management tools and resources with a monthly scheduled Portfolio Board to maintain oversight and assurance around current ASC projects and provide a mechanism to manage transformation needed to move forward with Social Care reform.

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Agenda Item 7

Southern Health NHS Foundation Trust
Update for Portsmouth HOSP
December 2022

Introduction

This paper provides a general update from Southern Health, with a particular emphasis on our services provided in the Portsmouth and South East Hampshire area. The update includes actions we are taking to support the wider health and care system, for example to prevent the need for acute hospital admission and to facilitate timely discharge of patients into the community. Also included are Trust wide updates including on proposals to bring together community and mental health services, as well as our response to ongoing workforce challenges impacting the whole NHS. A number of positive initiatives are also shared, such as a new gambling treatment service which has recently been launched.

Trust-wide update

Proposals to bring together community, mental health and learning disability services

As previously reported at this panel, following an independent review of services earlier this year, there are proposals to bring together all NHS community, mental health and learning disability services provided in Hampshire and the Isle of Wight. The ambition is to create a single NHS Trust to deliver these services in a more joined up way, bringing benefits to patients and communities.

Plans are progressing well to develop a strategic outline case to go before the boards of all the organisations involved in March 2023. This case will set out the rationale for change and the work that would be required to bring services together and set up the new organisation. If approved, the programme will continue to develop a more detailed full business case later in 2023. Subject to the necessary approvals, the aim is for the new organisation to become a legal entity by April 2024.

The creation of this new organisation will form the platform upon which further integration and development of services can be made, taking what's best from each of the current providers and building on this.

All organisations are working together to develop detailed communications and engagement plans to ensure patients, service users, families, communities, staff and partners are informed and involved as this programme develops. Initial conversations within existing forums and meetings have already taken place. In October a letter was sent to stakeholders to provide an update and offer to meet and discuss further. Stakeholders were also invited to join a meeting to have initial conversations about the programme of work to create a new organisation, which was one of the recommendations. This meeting took place on 22 November and was attended by around 70 stakeholders.

A community engagement meeting took place on 25 November and was attended by local Healthwatch representatives and community and voluntary sector partners, including those from some of our seldom heard communities. The principles that will form the basis for the community engagement for this work were discussed and agreed. A strength-based approach to engagement was supported by all. The group also agreed to ongoing meetings to work alongside us to deliver the community engagement required.

Focus on our people

Workforce pressures continue to be a significant challenge for the NHS and Southern Health. In September the Trust's overall vacancy rate was 9%, (the Portsmouth and South East Hampshire Division was slightly better at 6.5%) with some areas and some professions seeing significantly higher rates. Particular challenges are in the recruitment of nurses, especially mental health nurses, and medical staff. The greatest staffing challenges for Portsmouth and South East Hampshire mirror those of the wider Trust with particularly gaps in mental health nursing and the medical workforce. We are focused on addressing these challenges in multiple ways, to improve recruitment and retention of our staff and ensure the health, wellbeing and experience of our people is the best it can be.

A new People Plan is being developed, in collaboration with staff, to set out how we will improve staff experience of working at the Trust.

The Trust is supporting staff with the rising cost of living, for example through increase fuel mileage rates, working with Citizens' Advice to provide financial support, access to grants and hardship funds, access to free, independent financial advice, and sharing resources and guidance for financial wellbeing.

'Action Groups' of staff across the Trust have been leading change on the things that matter most to them, including career progression, flexible working and the cost of living – this has led to changes which the Trust has adopted or priorities for the organisation to take forward in the People Plan.

We were encouraged to see a significant increase in the number of Southern Health staff completing the NHS Staff Survey this year, which has recently closed. This will provide access to even more representative information about our people's experience and enable us to better address their needs, when the findings are published in 2023.

The Trust is part of a People Collaborative alongside the other provider Trusts and the Integrated Care Board in Hampshire. By working more closely, our organisations have taken a more joined up approach to recruitment, retention and workforce wellbeing. This has seen reduced vacancy rates, improved Staff Survey results, increased focus on diversity and inclusion, and some significant progress, for example in the recruitment of international staff. The People Collaborative was recently a finalist in the national Health Service Journal Awards.

Industrial action

The Trust has plans in place, and is working alongside unions and partners, to ensure that urgent and essential services are able to continue operating during any industrial action that may take place in the coming months.

In November, Royal College of Nursing (RCN) members at Southern Health voted to strike as part of a national ballot. Of those organisations whose RCN members voted to take action, the RCN has selected a number of organisations to take part in strike action scheduled for 15 and 20 December. Southern Health is **not** one of these organisations and therefore Southern Health RCN members will not be taking action on these dates.

Southern Health is also not an organisation whose Unison members will be striking at this stage.

Stage 2 Action Plan

Further to previous, specific updates to this panel, the Trust continues to make progress against the specific areas recommended by the Stage 2 Independent Report. This includes improvements to our approach to responding to complaints and how we support carers and family members of our patients. For example, the Trust has established a new Carer and Patient Support Hub, achieved accreditation in the Triangle of Care approach, and set up a complaints review panel which includes services user, Healthwatch and Integrated Care Board representation.

New gambling treatment service launched

An innovative, NHS-funded gambling treatment service has been launched, delivered by Southern Health. The Service is one of only a handful such NHS services nationally. The service offers evidence-based, specialist treatment to people with gambling-related harms and gambling disorder, including individual and group psychotherapy and medical interventions. The service is delivered by a multidisciplinary team including psychiatrists, psychologists, clinical therapists and peer support workers. Based in Southampton, the service is also open to people living in Portsmouth and Hampshire and uses a range of approaches including digital technology to enable people to access care in a way that best suits them.

Covid vaccination programme

The Trust continues to play a key role in delivering Covid-19 vaccinations to vulnerable and housebound patients, working alongside primary care colleagues and other partners.

Staff vaccinations:

Flu Clinics have been provided across Trust sites with our occupational health services team and also there are peer vaccinators in all teams who can provide flu clinics or ad-hoc services. Clinics are booked through until mid-December and then any further clinics will be supported by local peer vaccinators.

The Willow Group in Gosport are offering COVID vaccinations to staff if they cannot access them elsewhere.

Trust achieves University Hospital Status

Southern Health takes research, innovation and education very seriously, understanding the benefits to patients, staff and communities. Following a rigorous application process, Southern Health has been awarded membership of the University Hospitals Association and is therefore a University Hospital Trust. This is a reflection of the high-quality research, innovation and education that Trust staff are involved with. It also recognises the strong links forged with universities, including the University of Southampton. At this stage the Trust has decided not to change its name to reflect this status, but will be ensuring that patients, staff and prospective staff are aware of the status and what it means for them.

Trust takes on Primary Care service in Basingstoke

Southern Health NHS Foundation Trust, in collaboration with Hampshire Hospitals Foundation Trust (HHFT), Solent NHS Trust and North Hampshire Urgent Care (NHUC) officially took over the running of Shakespeare Road Medical Practice in Basingstoke on 1 December. The collaborative approach being delivered at the practice will hopefully have a significant impact with each provider bring their expertise, resources and experience to the practice, ensuring patients get the highest the quality

services. Southern Health and its partners will provide GP services with the site remaining a GP surgery.

Portsmouth and South East Hampshire (PSEH) specific update

The following are some of the key initiatives that we have put in place to address system challenges to ensure we are doing all we can as a community provider to manage current and future demand, and ensure patients get the right care at the right place and time, working collaboratively with our acute and primary care partners.

Urgent Community Response (UCR) and Virtual Wards (VW)

Patients on all caseloads and new referrals are prioritised based on need and those with urgent clinical care, which can be supported at home, are seen the same day (or 2-hour response) as required. Patients can be referred to the Virtual Ward if they have suspected or known frailty, presenting with an acute exacerbation/decompensation related to their condition, where clinical care can be managed within the home as an alternative to care in hospital, for a short duration (up to 14 days).

Frailty virtual wards opened on 1st August and have admitted patients to support the PSEH community frailty strategy model drawn up by the Integrated Care Board. The virtual wards have been operating successfully since opening and allow patients with frailty to avoid admission to the acute hospital while receiving care, support, and the consultation of multidisciplinary teams. Average number of people on the frailty virtual wards across Fareham and Gosport and South East Hampshire is 12 people with an average length of stay of 6 days.

People are admitted to the frailty virtual ward by the local urgent community response (UCR) teams. The UCR team takes calls from GPs, ED and SCAS and dispatch local community nursing and/or therapy teams to assess within two hours, plan treatment and admit to the virtual ward if required. The service is running 8.00am-8.00pm, seven days per week. In October 2022 the UCR and VW team prevented 195 people from being admitted to the acute hospital. SCAS referrals are received from two of the clinical desks at their Control Centre and from paramedics on scene. Referrals from SCAS have increased from 25 in August to 60 in October 2022. From the beginning of December the UCR teams are working with the Fire Service to assist with calls related to patients falling.

UCR Matrons are working with OSDEC (Older Peoples Same Day Emergency Care) and the FIT (Frailty Interface Team) at QA hospital to provide education and create pathways to enable timely diagnostic investigations and enable people to return home with appropriate support and care. This interface work started in early November and is ongoing.

Bed Management

The Portsmouth and South East Hampshire division opened all surge beds at the beginning of November (an increase of 6 beds to 88).

Improved decision-making processes are now in place to enable swifter discharge of patients from QA hospital to our community hospital beds – our principle is to use trusted assessors who are best sighted on patients' acuity and current demand who are best able to allocate patients to the most appropriate setting based on individual need and dependency. We also have improved processes to securing patient transport at an earlier stage of the patient's journey through hospital, to further reduce delays to discharge. The month of November saw an increase of 29% more discharges

through our community hospitals as a result and an increase of 30% more discharges to our beds before noon, part of the Home for Lunch initiative.

Care Home support

We are working to support care home residents and staff, recognising that care home residents may be at increased risk of deteriorating health and therefore hospital admission. The PSEH division has a small, dedicated nursing home team that provides support and education to nursing homes in the locality. The Willow Group also provide an acute home visiting service and this includes visiting house bound residents in care and nursing homes.

In addition, our PSEH division has started a pilot with an older people's mental health (OPMH) care home in-reach service with a focus on care homes with high admission rates and remodelling teams to support with education of staff. The In-Reach Team is providing advice to support residents with their mental health needs, sign posting to other agencies and enhancing the transition of collaborative working between services involved in patient care. The care and nursing homes are very receptive of our input, they have expressed that maintaining continuity of care has been highly beneficial for the resident, next of kin, and themselves. We are engaged with ICB and adult services safeguarding colleagues in quality review meetings, attending a number of primary care network meetings and the Care Homes Team to amplify joint working.

Finally, the diabetes team in the PSEH division are working with Solent NHS Trust in a 'Hard to reach' project with short term funding, which involves going into care homes to provide diabetes support to staff and residents.

Community Mental Health Transformation with primary care networks

Further to previous reports on community mental health transformation, steering group meetings are in place every fortnight and include all Primary Care Network (PCNs) as well as other partners to ensure effective collaboration and communication between primary care and community mental health teams. The ICB has shared that in the South East the relationships are positive and there is a sense of shared ownership and purpose, which is a really good platform to build on. This is part of the wider HIOW work focussed on "No Wrong Door" – aiming to improve access and signposting to the right mental health support.

Mental Health Roles

The division has collaborated with local district councils to develop a joint housing and mental health role. This role aims to support the mental health teams to reduce the challenges brought about by housing concerns within the mental health inpatient units. This is part of a broader, Trust- and system-wide focus on mental health and housing, recognising the huge impact on patients and on services when there are challenges with accommodation.

Joint work with Solent NHS Trust

Aligned to plans to bring Southern Health and Solent Trust's services closer together, clinical teams in Portsmouth and South East Hampshire have continued to develop clinical pathways across physical and mental health services between our two organisations. This is in line with the Hampshire and IOW ICB clinical delivery group workstreams.

Progress has been made by working jointly in areas such as palliative care, diabetes, community services and admission avoidance, and community inpatient services. This is increasing the communication and collaboration of the Trusts and is already starting to bear fruit.

Patient experience feedback

Patient feedback is incredibly important to us as it helps us understand where we are doing well and where improvements are needed. Despite the current challenges we are pleased that the majority of feedback we received from our patients has been positive.

For example, the Portsmouth and South East division received 293 feedback comments from patients in the month of October, the comments being either compliments, complaints, or concerns. Of the 293 comments, 78% have been compliments and less than 1% have been complaints which displays the positive experience that patients have while attending PSEH services. Concerns are reviewed and triangulated in a monthly Quality and Safety meeting. Over the last 6 months, the average percentage of complaints is 0.5%, concerns 13.1% and compliments 86.4%.

A further example is the Gosport mental health team at Hewat centre. When patients were asked "How likely are you to recommend our service / team to friends and family if they needed similar care or treatment?" 93% of the respondents were positive; with 62% saying "Extremely likely" and 31% responding "Likely."

END OF REPORT

Agenda Item 8



NHS
Hampshire and Isle of Wight



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2 December 2022

Cllr Ian Holder
Chair, Portsmouth Health Overview and Scrutiny Panel
Members Services
Civic Offices
Portsmouth
PO1 2AL

Dear Cllr Holder,

Interim update letter for HOSP - December 2022

I am pleased to provide an interim update for the Portsmouth Health Overview and Scrutiny Panel, intended to update you and the members of the Panel on elective hubs, urgent treatment centres and the GP retention scheme.

NHS Hampshire and Isle of Wight Integrated Care Board - Elective Hub update

1. Introduction

In January in response to the backlog created by COVID-19 pandemic, Hampshire and Isle of Wight NHS leaders came together and agreed that the construction of a new dedicated 'elective hub', a facility to provide more capacity and allow more operations to take place, was the best approach to addressing the backlog in the system. A programme was established with the purpose of developing proposals to secure funding and allow construction of the new facility to begin.

2. What will the hub provide?

If approved, the hub will offer a central location for adults across Hampshire and Isle of Wight who require operations for urology (kidney, bladder and urinary), Ear, Nose

and Throat (ENT) and orthopaedics (such as hip and knee replacements). Operations taking place at the hub would be in addition to surgery already taking place at our hospitals across Hampshire and Isle of Wight, and eligible patients would be offered the choice of having their operation at their local hospital or the hub.

It is proposed that the hub will provide pre-operative assessment, theatre, day case and inpatient facilities for the three selected specialties mentioned above. It would provide four operating theatres and 44 beds, staffed by a multi-disciplinary team to allow patients to access a full range of services.

The hub would operate six days a week (but with inpatient facilities operating over seven days) and accommodate weekends and extended weekdays to maximise the capacity available.

Patients will be referred by their GPs to their home Trusts and, if patients are then identified as requiring an elective procedure and they meet the criteria, they will be offered the choice to be treated at the Hub. If patients elect to have their procedure undertaken in the Hub, their pre-assessment will be managed by the Hub. In approximately 90% of the cases this pre-assessment will be undertaken remotely.

Following their procedures any follow up required will be undertaken by the patients originating home Trust. Consultants from the current acute hospitals will be operating on their patients that chose to have their procedures in the hub to ensure continuity of care.

3. The key benefits

The proposed elective hub has the following key benefits:

- **Significantly improve patient care** – The hub will reduce the time some patients have to wait for their operation and in doing so will reduce the impact waiting can have on their physical and mental wellbeing. Capacity needs to be expanded to ensure that our patients can receive the right interventions, at the right time to achieve the best outcomes.
- **Strengthen clinical practice** – A single hub operating across the whole health and care system in Hampshire and Isle of Wight will draw on and feed into care pathways across all organisations. By acting as a model of best practice and evidencing the value of a standardised approach, the facility can add value to patient care that will extend beyond the hub.
- **Enhance resilience across the system** – The hub will provide additional capacity and so will be able to provide resilience when our hospitals and services are under pressure (such as during the winter period).
- **Deliver better value for money** – The hub will allow NHS organisations to make better use of their resources through higher levels of productivity and economies of scale. For example, it is hoped that clinicians will not have to cancel lists due to unexpected, unplanned demands.
- **Strengthen integration** – NHS organisations have been working together with partners to improve services and transform how we deliver care. As we have

formally established the Hampshire and Isle of Wight Integrated Care System, the proposed elective hub will expedite and add to the improvements already underway.

4. Location

The proposed location for the new facility is on the site of the **Royal Hampshire County Hospital in Winchester**. Plans and designs are well underway, and the Programme is working with the contractor Integrated Health Projects (IHP) and AD Architects to develop the building specification. The plans involve refurbishing a floor within Burrell Building to create four theatres and a short stay ward and a five-storey building to house the inpatients wards, a new orthopaedic outpatient and x ray facility and associated plant.

5. Timeline

NHS England are supportive of our plans in principle, and the next step is for the proposals to be formally approved following the submission of an outline business case and a full business case. We anticipate that we will know whether our plans can proceed by December 2023. A high-level timeline has been prepared (see page 5) which would enable construction to start at the beginning of January 2024 and anticipating the new facility being **fully operational by June 2025**.

6. Seeking the views of local people on our plans

In preparing the plans for the Hub the programme has been working with the four Healthwatches across Hampshire and Isle of Wight who have supported us to seek the views of local people on the potential elective hub to inform the development of our plans for the service and the design of the building. This has included directly promoting the survey to those currently on waiting lists as well as more widely.

Over 2,100 local people shared their views which are being analysed. Highlighted themes are:

- Many people are prepared to travel to Winchester if they can be seen/receive treatment more quickly, including residents on the Isle of Wight who shared that to do this they would need some help from the NHS
- Many people felt the amount of time they will need to wait to be seen is okay/as expected
There is acknowledgement/understanding of post pandemic delays and staff pressures
- Some respondents were given good, clear information and advice whilst they waited, such as condition specific information, support to lower their BMI, etc
- Many reported that long waits were causing anxiety, upset or deterioration in their condition
- Long waits are impacting on family, personal and working life
- Some respondents have decided to seek private treatment instead
- Some felt information they were given was irrelevant, too late or they didn't get any at all with many doing their own research
- Many cited delays in the referral process, not the wait for actual treatment

- When asked what the NHS could do to help with patients who choose to go to the elective hub, suggestions include providing support at the Elective Hub such as interpreters and carers if usual carer wasn't available, transport to and from the hub, help with cost of travel, easy/free car parking, clear information about the facility and staff, good wheelchair access, opportunity to meet staff before receiving treatment, appointment times that take into account travel time or need for a relative to drive to the appointment.

The feedback is being used to help shape the plans for the Elective Hub. We are also planning to hold several focus groups with local people to explore the feedback themes in more detail. The feedback will also be used to determine how we are supporting people whilst they are waiting and improvements, we can make to this.

7. Next steps

We continue to develop our outline business case for submission which will then be followed by a full business case as detailed in the timeline overleaf.

Urgent Treatment Centres in Portsmouth and South East Hampshire

8. Introduction

Across Portsmouth and South East Hampshire there are three Urgent Treatment Centres (UTCs), located at the following locations:

- St Mary's Treatment Centre (Portsmouth) provided by Practice Plus Group;
- Petersfield Community Hospital provided by Southern Health NHS Foundation Trust, and
- Gosport War Memorial Hospital provided by Portsmouth Hospitals University NHS Trust.

9. Joint Operations Team

In recognition of the need to provide consistent, high-quality care for our residents across all our UTCs, a Joint Operations Team (JOT) has been established.

The JOT is collaborative across the three providers and the Integrated Care Board which works to standardise provision available to patients (in terms of the minor ailments and injuries managed on site, and standardised access to diagnostics). The JOT also work to stabilise demand and capacity across the sites and provide resilience support where required.

Recent work undertaken by the JOT includes proactive redirection from the emergency department (ED) at Queen Alexandra Hospital, for anyone presenting at ED with symptoms that are not life-threatening. This is still in operation with several patients per day being successfully navigated to a more appropriate service at an UTC.

10. Integrated Care

In order to improve patient experience, we are working with UTCs on how we can provide more integrated care and to simplify the pathway for patients. We are currently piloting a 'Patient Champion' role in Petersfield for when patients accessing the Urgent Treatment Centre would benefit more from an appointment with the GP Practice (for example, if the issue relates to a long-term condition and would benefit from the continuity of care provided by the GP practice team). Following an evaluation, this may be rolled out to other Urgent Treatment Centres.

The Patient Champion acts on behalf of the patient in contacting their registered GP and facilitates an appointment with the GP practice within a suitable timeframe for their presenting need (based on a trusted assessment undertaken at the Urgent Treatment Centre); this prevents patients being 'bounced' around the system, provides a better patient experience, and ensures the patient accesses the most appropriate care for their needs.

11. We are also currently investigating how we can better align UTC provision with Out-of-Hours primary medical care services, and the Clinical Assessment Service (which provides clinical input to the NHS 111 service). Audits have been undertaken to help inform potential pilots for more integrated provision.

WaitLess

WaitLess is a smartphone app - expected to launch in the next few months - which shows patients the fastest and most appropriate place to be treated for urgent minor conditions in Hampshire and Isle of Wight.

The app gives patients a real-time view of wait times, patient numbers and pressures, and once live, will help empower patients to make informed choices when deciding which local or emergency care setting to go to for help.

The team currently anticipate that the WaitLess app will enter a testing phase at the end of the year, with the app expected to be available publicly in early 2023.

When ready, there will be a soft launch via social media, internal channels and system websites, encouraging people to download WaitLess for free from Apple and Google play stores. This will be followed later in the year (expected February/March 2023) by a hard launch encompassing paid-for media, posters, videos and more.

GP Retention scheme

The National GP Retention Scheme is a package of financial and educational support to help eligible doctors, who might otherwise leave the profession, remain in clinical general practice. The scheme supports both the retained GP (RGP) and the practice employing them by offering financial support in recognition of the fact that this role is different to a 'regular' part-time, salaried GP post, offering greater flexibility and educational support.

RGPs may be on the scheme for a maximum of five years with an annual review each year to ensure that the RGP remains in need of the scheme and that the practice is meeting its obligations.

This scheme enables a doctor to remain in clinical practice for a maximum of four clinical sessions (16 hours 40 minutes) per week – 208 sessions per year, which includes protected time for continuing professional development and with educational support. Doctors applying for the scheme must be in good standing with the General Medical Council (GMC) without GMC conditions or undertakings – except those relating solely to health matters.

The scheme is managed jointly by Health Education England (HEE) through the designated HEE RGP Scheme Lead and the Integrated Commissioning Board, with the scheme is funded through the Primary Medical Care Allocation.

The scheme is open to doctors who meet ALL of the following criteria:

1. Where a doctor is seriously considering leaving or has left general practice (but is still on the National Medical Performers List) due to:

- a) personal reasons – such as caring responsibilities for family members (children or adults) or personal health reasons
- b) approaching retirement
- c) require greater flexibility in order to undertake other work either within or outside of general practice

2. And when a regular part-time role does not meet the doctor's need for flexibility, for example the requirement for short clinics or annualised hours.

3. And where there is a need for additional educational supervision. For example, a newly qualified doctor needing to work 1-4 sessions a week due to caring responsibilities or those working only 1-2 sessions where pro-rata study leave allowance is inadequate to maintain continuing professional development and professional networks.

Doctors must hold full registration and a licence to practice with the GMC and be on the National Medical Performers List.

In Portsmouth, there are currently four GPs working under the Retention scheme.

Yours sincerely,

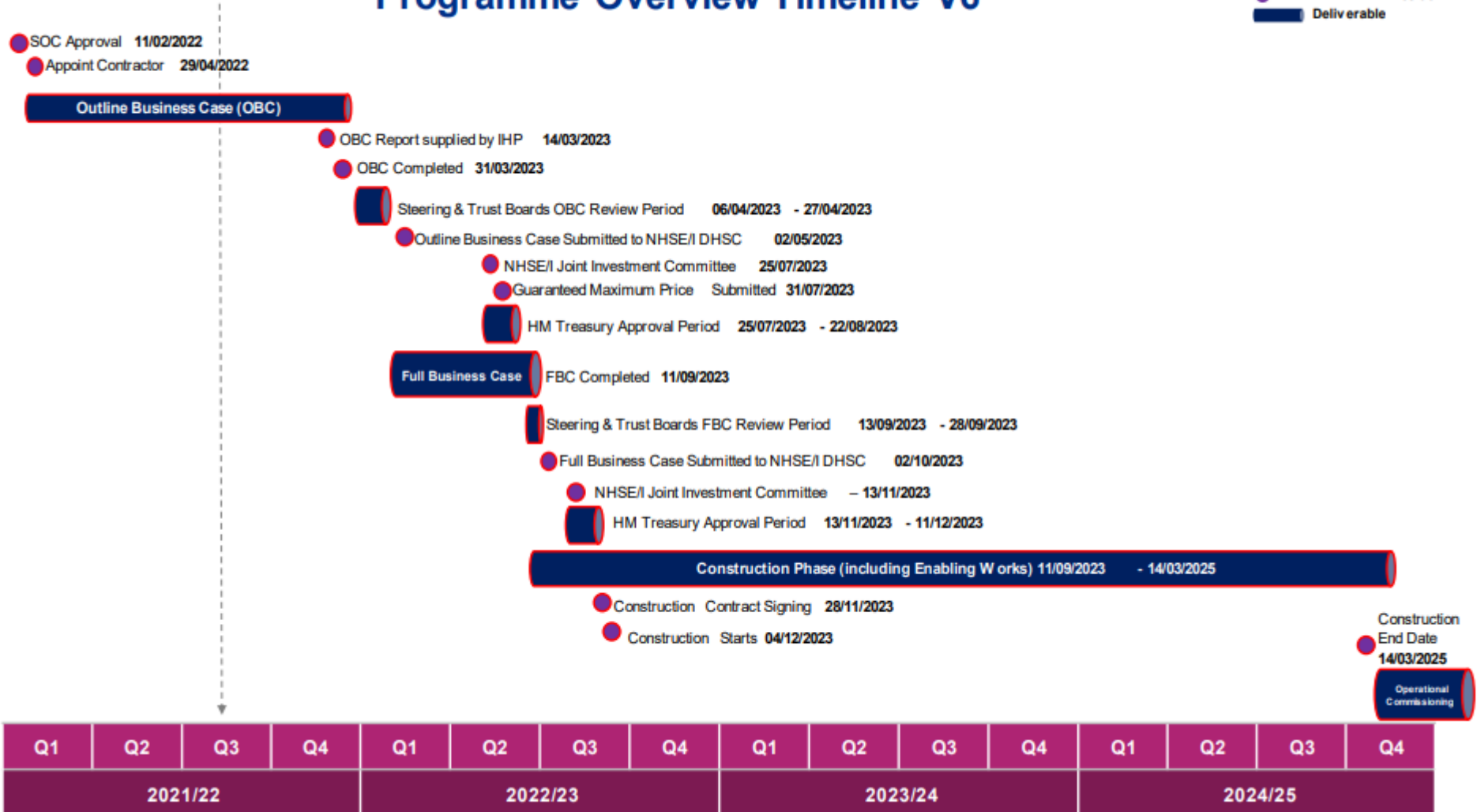
Jo York
Managing Director
Health and Care Portsmouth

Appendix A: Elective Hub Programme Timeline

Programme Overview Timeline V6

KEY

- Milestone
- ↓ Current Position
- Deliverable



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