



NOTICE OF MEETING

CABINET MEMBER FOR HEALTH, WELLBEING & SOCIAL CARE

TUESDAY, 1 NOVEMBER 2022 AT 3.00 PM

COUNCIL CHAMBER - THE GUILDHALL, PORTSMOUTH

Telephone enquiries to Anna Martyn 023 9283 4870

Email: Anna.Martyn@portsmouthcc.gov.uk

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

Public health guidance for staff and the public due to Winter coughs, colds and viruses, including Covid-19

- Following the government announcement 'Living with Covid-19' made on 21 February and the end of universal free testing from 1 April, attendees are no longer required to undertake any asymptomatic/ lateral flow test within 48 hours of the meeting; however, we still encourage attendees to follow the public health precautions we have followed over the last two years to protect themselves and others including vaccination and taking a lateral flow test should they wish.
- We strongly recommend that attendees should be double vaccinated and have received any boosters they are eligible for.
- If unwell we encourage you not to attend the meeting but to stay at home. Updated government guidance from 1 April advises people with a respiratory infection, a high temperature and who feel unwell, to stay at home and avoid contact with other people, until they feel well enough to resume normal activities and they no longer have a high temperature. From 1 April, anyone with a positive Covid-19 test result is still being advised to follow this guidance for five days, which is the period when you are most infectious.
- We encourage all attendees to wear a face covering while moving around crowded areas of the Guildhall.
- Although not a legal requirement, attendees are strongly encouraged to keep a social distance and take opportunities to prevent the spread of infection by following the 'hands, face, space' and 'catch it, kill it, bin it' advice that protects us from coughs, colds and winter viruses, including Covid-19.
- Hand sanitiser is provided at the entrance and throughout the Guildhall. All attendees are encouraged to make use of hand sanitiser on entry to the Guildhall.
- Those not participating in the meeting and wish to view proceedings are encouraged to do so remotely via the livestream link.

Membership

Cabinet Member for Health, Wellbeing & Social Care

Councillor Matthew Winnington (Cabinet Member)

Group Spokespersons

Councillor Brian Madgwick

Councillor Yinka Adeniran

Councillor Lewis Gosling

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

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

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

A G E N D A

Meeting information: Risk assessment for Council Chamber

1 Apologies for absence

2 Declarations of interest

3 The Liberty Protection Safeguards (Pages 5 - 14)

Purpose

To inform the Cabinet Member and spokespeople about the Liberty Protection Safeguards (LPS) that will replace the Deprivation of Liberty Safeguards (DoLS).

4 Adult Social Care Assurance (Pages 15 - 22)

Purpose

To brief the Cabinet Member and spokespeople on a new duty, given to the Care Quality Commission (CQC), to independently review and assess how Local Authorities' Adult Social Care services are performing in delivering their Care Act functions.

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

Council's website and posters on the wall of the meeting's venue.

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

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

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Coronavirus Risk Assessment for the Council Chamber, Guildhall

Date: 1 April 2022 (based on Living safely with respiratory infections, including COVID-19, 1 April 2022)

Review date: Ongoing

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

Coronavirus Risk Assessment for the Council Chamber, Guildhall

Manager's Name and Job Title completing Risk Assessment:	Lynda Martin Corporate Health and Safety Manager	Risk Assessment Dept:	Corporate Services	Date:	1 April 2022	Signature:	
		Location:	Council Chamber, Guildhall				

Hazard	Who could be harmed and how	All controls required	How controls will be checked	Confirmed all in place or further action required
Risk of exposure to Covid-19 virus - Ventilation	Staff, contractors and attendees	<ul style="list-style-type: none"> There are no longer capacity limits for the Guildhall Chamber. We encourage all attendees to wear a face covering when moving around crowded areas of the Guildhall and the council chamber. The mechanical ventilation system works efficiently and the South Special Rooms Supply and Extract fans are fully operational during times when the Council Chamber is in use. Pedestal fans - positioned in each of the wing areas and along the back wall behind the pillars, maximum speed and modulation setting. 	Staff will ensure ventilation system and fans are operational.	In place
Risk of transmission of virus - Risk mitigation	Staff, contractors and attendees	<p>The Guildhall has the following measures in place:</p> <ul style="list-style-type: none"> Face Coverings – as per government guidance, we encourage you to continue to wear a face covering whilst in the venue & crowded places especially when walking around the building. Enhanced Sanitisation & Cleaning – we will carry out enhanced cleaning procedures between meetings and we encourage you to sanitise your hands on entry and regularly throughout your visit at the sanitisation points provided. 	The Guildhall Trust and PCC Facilities Team to implement and monitor.	In place
Risk of transmission of virus - Hygiene and Prevention		<ul style="list-style-type: none"> Updated government guidance from 1 April advises people with a respiratory infection, a high temperature and who feel unwell, to stay at home and avoid contact with other people, until they feel well enough to resume normal activities and they no longer have a high temperature. From 1 April, anyone with a positive COVID-19 test result is being advised to follow this guidance for five days, which is the period when you are most infectious. Although not a legal requirement attendees are strongly encouraged to keep a social distance and take opportunities to prevent the spread of infection by following the 'hands, face, space' and 'catch it, kill it, bin it' advice that also protects us from other winter viruses. Wash hands for 20 seconds using soap and water or hand sanitiser. Maintain good hygiene particularly when entering or leaving. Hand sanitiser and wipes will be located in the meeting room. No refreshments will be provided. Attendees should bring their own water bottles/drinks. All attendees should bring and use their own pens/stationery. Attendees are no longer required to undertake an asymptomatic/ lateral flow test within 48 hours of the meeting however we still encourage attendees to follow the Public Health precautions we have followed over the last two years to protect themselves and others including vaccination and taking a lateral flow test should they wish. It is strongly recommended that attendees should be double vaccinated and have received a booster. 	The Guildhall Trust and PCC Facilities Team to implement and monitor.	In place
Financial Risk	Staff, contractors and attendees	<ul style="list-style-type: none"> The council meeting may need to be cancelled at short notice if the Covid-19 situation changes due to local outbreaks, local sustained community transmission, or a serious and imminent threat to public health. Technology in place to move to virtual council meeting if required and permitted by legislation. 	Financial commitments minimised wherever possible.	In place

Agenda Item 3



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

Subject: The Liberty Protection Safeguards

Date of meeting: 1 November 2022

Report by: Jacquie Bickers, presented by Andy Biddle

Wards affected:

1. Requested by: Councillor Matthew Winnington, Cabinet Member for Health, Wellbeing & Social Care.

2. Purpose

To inform the cabinet member and spokespeople about the Liberty Protection Safeguards (LPS) that will replace the Deprivation of Liberty Safeguards (DoLS).

3. Brief summary

LPS are designed to be simpler and more streamlined than DoLS by integrating the LPS process with the Care Act and the Children's Act mainstream assessment and care planning processes. This means vulnerable people will access the safeguards they need more quickly.

As well as extending LPS to young people aged 16 and 17, in line with the Mental Capacity Act (MCA), a further key change is the extension of LPS into a wide range of settings. This includes supported living or the person's own home, places where previously an application would have been made to the Court of Protection to authorise a deprivation.

4. Information Requested

To set out the scope of the LPS changes and the impact these changes will have upon adults and children's social care services.

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5. Legislative Framework

Deprivation of Liberty Safeguards were introduced in 2009 as a response to the findings of the European Court of Human Rights in the ¹*Bournewood* case concerning the deprivation of liberty of an autistic man with a profound learning disability.

A Deprivation of Liberty Safeguard is part of the Mental Capacity Act 2005 (MCA) framework to protect the European Convention of Human Rights (ECHR) Article 5 Rights (liberty and security) of people who lack capacity, because of a mental disorder or mental disability, to consent to their health and/or social care treatment.

Deprivation of Liberty legislation applies to people 18+ who are in hospital, residential and nursing care homes who do not have the capacity to consent to their care and treatment. The current DoLS process sets out that a managing authority (a hospital or care home) must seek authorisation from a supervisory body (local authority) in order to be able to lawfully deprive someone of their liberty.

6. The path to LPS

From the early years of DoLS, new case law had sought to give greater clarification on what amounts to a deprivation of liberty, owing to the fact that the MCA 2005 does not contain a detailed statutory definition of what constitutes a deprivation of liberty.

In March 2014, the Supreme Court handed down judgment in two cases: *P v Cheshire West and Chester Council* and *P&Q v Surrey County Council*, commonly known as Cheshire West. That judgement, set a new ²'acid test' for determining whether a person was deprived of their liberty. This broadening of the definition led to significant increases in the number of people considered to be deprived of their liberty and corresponding backlogs across local authorities for DoLS authorisations with thousands of people being unlawfully detained.

In response to wide ranging criticism, the Department of Health, asked the Law Commission to undertake a fundamental review the MCA and DoLS. Following a public consultation in 2015, the Law Commission published a final report in March 2017, calling for the DoLS to be replaced as a matter of "pressing urgency" and set out a new scheme called the Liberty Protection Safeguards.

¹ [Bournewood case | Equality and Human Rights Commission \(equalityhumanrights.com\)](https://www.equalityhumanrights.com/en/our-work/our-reports/bournewood-case)

² [deprivation of liberty after cheshire west - a guide for front-line staff.pdf \(39essex.com\)](https://www.39essex.com/deprivation-of-liberty-after-cheshire-west-a-guide-for-front-line-staff.pdf)

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The Liberty Protection Safeguards (LPS) were introduced in the Mental Capacity (Amendment) Act 2019 and will replace the current arrangements under Deprivation of Liberty Safeguards.

7. The current Deprivation of Liberty Safeguards Service in Portsmouth City Council

All referrals for a Deprivation of Liberty from care homes or hospital are made directly to the DoLS team. The team is comprised of one team manager, 10 Approved Mental Health Professionals who are all Best Interest Assessor (BIA) trained, one FTE BIA and 2.7 FTE administrators. Best Interest assessments can only be undertaken by a qualified BIA, who has to have a recognised qualification - Social Worker, Nurse, Occupational Therapist.

To supplement the work of the team, 14 social worker and two occupational therapy BIAs, based in different teams across adult services are allocated an assessment every six to nine weeks. The team also uses seven independent BIAs as needed and seven 'Section 12' approved doctors to assess mental capacity and mental disorder.

For the DoLS statutory return reporting year 2021/22, there were 1598 DoLS applications into the team, of which 1159 were new or initial applications and 439 that were renewals of previous applications. Unlike many other local authorities, the DoLS team does not carry a concerning backlog of cases, although there may be pinch points when a small backlog can build up. At the time of drafting this report, there are 55 cases pending allocation.

8. Key change from the current ways of working under DoLS

Under LPS, the legal framework expands significantly upon the DoLS system. The table below provides a summary of the key impactful changes:

From this ... DoLS (Now)	To this ... LPS (New)
Applies in care homes and hospitals only - shared lives and domestic settings must be applied for through the Court of Protection.	Applies in any setting (or multiple) without the need for the Court of Protection: people's own homes, residential and non-residential schools, shared lives, children's homes, supported living, day services
Applies from age 18	Applies from age 16 - no longer need to apply to the Court of Protection for 16/17 year olds
Care home or hospital identify 'acid test' is met	Frontline staff/anyone involved in person's care identifies 'Acid Test' is met
6 Assessments	3 Assessments - Medical; Capacity, Necessary and Proportionate

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BIAs undertake capacity and/or best interests assessments once referral made	Registered staff - SWs, OTs, Physios, Nurses, SaLT, (Speech & Language Therapist) undertake Capacity and Necessary and Proportionate Assessments as part of other assessments, care planning or reviews.
Local Authority authorises	New Responsible Bodies authorise: In hospital - NHS Trust; CHC funded - the Integrated Care Board, (ICB); In all other situations, the local authority (usually based on Ordinary Residence or Education Health & Care Plan or S20/S37 Children Act.
AMCP Service	New Approved Mental Capacity Professional replaces BIA with responsibility for increased scrutiny and oversight of specific cases
Relevant Person's Representatives (including Paid Reps) support person in all matters related to DoLS	No Paid Reps - Appropriate Persons and Independent Mental Capacity Advocates (IMCAs) to support the person. New IMCA commissioning arrangements across adults and children's will be required.

9. Implications for Adults and Children's Services

9.1 Training

The new LPS framework is intended to simplify and streamline the assessment process by integrating LPS assessments with the Care Act and Children's Act statutory frameworks. The expectation is that LPS assessments, rather than be done retrospectively, as happens under DoLS, will be completed alongside other assessments or reviews.

This shift to make LPS 'everybody's business', entails designated front line practitioners (social workers, nurses, occupational therapist and speech and language therapists) rather than BIAs complete the LPS assessments. Equally, the extension of the settings in which LPS applies will affect a wide range of providers. The draft code makes clear that all health and social care professionals, staff members and care providers have a responsibility to be aware of the potential for a deprivation of liberty to arise and take appropriate action, including by making an LPS referral.

The upskilling and training of staff will be a significant undertaking. The groups of staff that will require awareness raising and specific or specialised training is set out in ([appendix 1](#)). The commentary boxes to the right of the Department of Health and Social Care's competency group triangle have been added to indicate how the training will be delivered and by whom.

9.2 Approved Mental Capacity Professional (AMCP) Role

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Under LPS the BIA role will be replaced by the AMCP function. The AMCP role has been devised to be entirely independent from LPS assessors and to provide a robust process for scrutinising cases, which are particularly complex or where the person may be objecting to their care and treatment.

Existing BIAs will be able to complete an internal conversion course to become AMCPs. Designated professionals that wish to train as AMCPs will be required to complete an external course, which will have a similar approval criterion to that provided for Approved Mental Health Professionals.

The LPS draft code of practice has stipulated that the local authority will have lead responsibility for ensuring that there are sufficient AMCPs across all Responsible Bodies (see below) including their own. PCC is likely to be in a strong position with regard to having sufficient AMCPs; a questionnaire to BIAs about whether they would wish to become AMCPs suggests that of the 24/33 responses received so far, 20 would wish to. The role of PCC's AMCP service in supporting or supplementing the Integrated Care Board (ICB) and Queen Alexandra Hospital in the event there are insufficient AMCPs for them to deliver an AMCP service, however, is unclear. Further clarity on this matter is expected in the MCA/LPS Code of Practice.

9.3 New Responsible Bodies

LPS has identified Responsible Bodies (RB) under the new legislation to direct the responsibilities for LPS to the appropriate organisation:

- For people who are funded through Continuing Healthcare (CHC), the RB will be the ICB, ordinarily. *This may differ in Portsmouth City Council because of the S75 agreement and the Local Authority having a lead role for people in receipt of CHC in Nursing Homes. Further advice is anticipated on the delegation of RB roles;
- For people in an NHS Hospital including Mental Health, the RB will be Health.
- All other requests for an LPS assessment will be the responsibility of the Local Authority (Adult and Children's Social Care) as one RB, and this includes Independent Hospitals and self-funders for people aged from 16 years old.

The change in roles and responsibilities will necessitate new collaborative working arrangements with the other RBs. This will include application of a dispute mechanism for resolving disagreements about which RB is the correct authority to authorise.

9.4 Independent Mental Capacity Advocate (IMCA)

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The IMCA role is fundamental to the LPS changes for ensuring vital safeguards to the person's human rights. PCC will have a responsibility to ensure that there are sufficient IMCAs for its local authority area regardless of the responsible body. Where there is not an 'appropriate person' to support the cared for person there is a duty to instruct an IMCA. An "Appropriate Person" can also make a request to be supported by an IMCA in certain circumstances and the responsible body must take reasonable steps to appoint an IMCA in these circumstances.

10. Financial Implications

A key driver for LPS is to reduce the costs associated with DoLS. The Department of Health and Social Care's LPS Impact Assessment indicates that implementing LPS would save over £200 million per annum on the current spend.

Some national funding is anticipated to support implementation of LPS but the Draft Impact Assessment was unclear to the extent of funding available. The ³Joint Response on behalf of ADASS, ADCS and the LGA on the DHSC and Ministry of Justice MCA/LPS Draft Code of Practice LGA's highlighted the need for further evidence-based and accurate information in the Draft Impact Assessment to enable planning for new financial burdens.

It is to be expected that once the LPS Code of Practice and Regulations are finalised, the financial implications for the Council will then become clear.

11. LPS Implementation Planning

The implementation of LPS was delayed from April 2022 owing to the Covid pandemic. The consultation on the MCA/LPS Draft Code of Practice closed on 17 July 2022 and the consultation feedback results are due to be given late Autumn 2022. 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 October 2023. From the point of implementation, there will be a transition year when DoLS and LPS will run side by side.

Some of the early scoping work and discussions with the other RBs has started. An Adults and Children's LPS implementation project steering group with representation from the RBs is in the process of being established to commence late October 2022.

³ [ADASS ADCS LGA LPS Public Consultation Joint Response.pdf](#)

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Appendix 2 sets out the draft proposed work streams and task groups required to implement the new legislation.

.....
Signed by (Director)

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

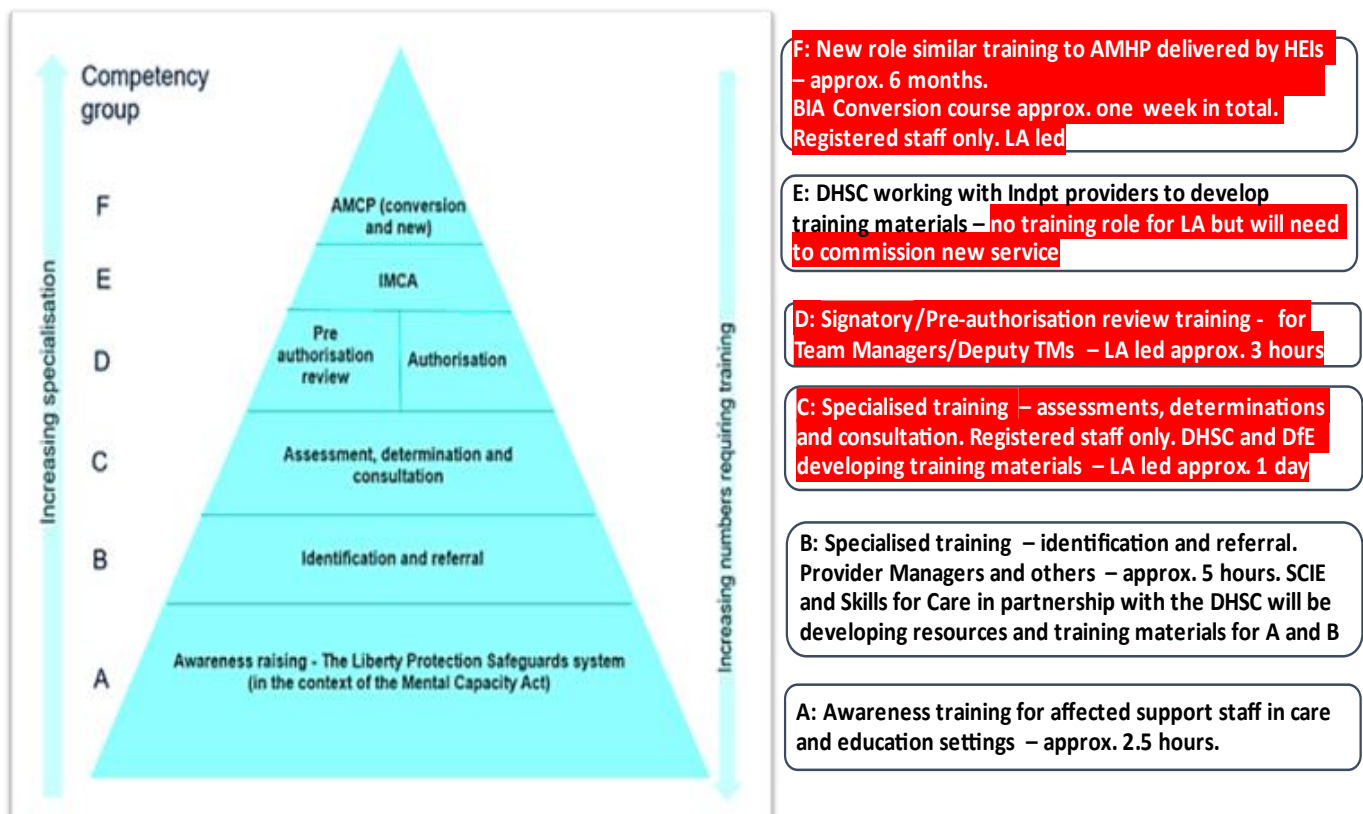
Title of document	Location
MCA/LPS information web page	Changes to the MCA Code of Practice and implementation of the LPS - GOV.UK (www.gov.uk)

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Appendix 1: DHSC Training Triangle

Workforce Development Planning



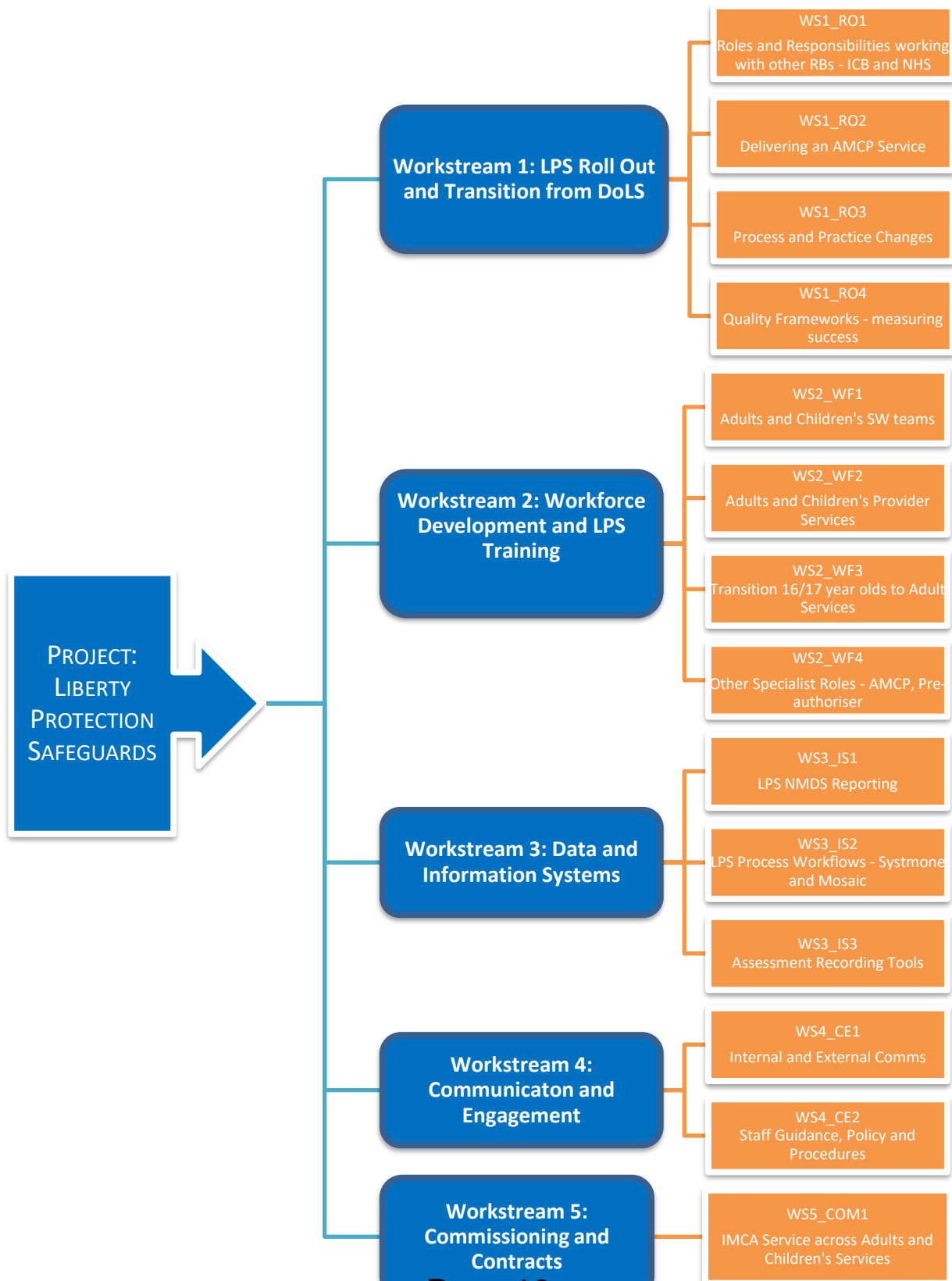
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Appendix 2: Draft LPS Project Workstreams

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Agenda Item 4



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Title of meeting:	Health, Wellbeing & Social Care Decision meeting
Subject:	Adult Social Care Assurance
Date of meeting:	1 November 2022
Report by:	Debbie Young, Head of Adults Quality and Performance
Wards affected:	All

1. Requested by:

- 1.1 This report was requested by Councillor Matthew Winnington, Cabinet Member for Health, Wellbeing & Social Care.

2. Purpose

- 2.1. This report briefs the Cabinet Member and spokespeople on a new duty, given to the Care Quality Commission (CQC), to independently review and assess how Local Authorities' Adult Social Care services are performing in delivering their Care Act functions.

The proposed go live date for Local Authority assurance is April 2023.

3. Background

- 3.1. On 7 September 2021, the Government published 'Build Back Better: Our plan for health and social care'¹ (the Plan). These have now become law in the Health and Care Act 2022². This publication forms part of the wider social care reforms announced by the government in the adult social care reform white paper 'People at the heart of care'³ which set out government's 10-year vision for adult social, alongside its priorities for investment.
- 3.2. The paper detailed three objectives of:

¹

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1015736/Build_Back_Better-Our_Plan_for_Health_and_Social_Care.pdf

² [Health and Care Act 2022 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

³ [People at the Heart of Care: adult social care reform - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

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- People have choice, control and support to live independent lives.
- People can access outstanding quality and tailored care and support.
- People find adult social care fair and accessible building on the principles and responsibilities set out in the Care Act 2014.

The underpinning policy:

- greater assurance of local authorities, for example through the Health and Care Bill
- sustainable long-term funding and adequate resourcing for local government
- robust market oversight and assurance

- 3.3. The Health and Care Act 2022 was enacted on 28th April 2022; this briefing paper focusses on regulation of local authority functions relating to adult social care, which is due to be introduced in April 2023.

4. Local Authority Assurance

- 4.1. Although Children's Services, within councils, has been subject to regulation by an independent regulatory body (Ofsted) for many years, annual assessments of adults' social services in councils, by a regulatory body, stopped in 2010.

From April 2023 the Care Quality Commission (CQC) will have the regulatory responsibility of Local Authority assurance which will focus on how well Councils with Adult Social Services Responsibility (CASSR) are meeting their duties under Part One of the Care Act 2014.

- 4.2. Under the Care Act, local authorities have duties to make sure that people who live in their areas:
- Receive services that prevent their care needs from becoming more serious, or delay the impact of their needs
 - Can get the information and advice they need to make good decisions about care and support
 - Have a range of high quality, appropriate services to choose from

4.3. Single Assessment Framework

A single assessment framework has been adopted by CQC and will assess local authorities, providers and integrated care systems against a consistent set of key themes of:

- working with people
- providing support
- ensuring safety
- leadership

with several quality and 'I' statements within each.

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Although the detailed assurance process for local authorities is not due for sign off until autumn, the single assessment process has been published and is made up of the following elements:

- five key questions of safe, effective, caring, well-led and responsive
 - aligned to 'I' statements⁴
- quality statements, which set out the commitments to live up to
 - set out as 'we' statements⁵
- six evidence categories to assess the quality statements
 - people's experience of services
 - feedback from staff and leaders
 - feedback from partners
 - observation
 - processes (taken from information and data that measure the effectiveness of policies and procedures)
 - outcomes (impact of care process on the individual)
- four-point rating scale (outstanding, good, requires improvement and inadequate) although this may not be introduced for the first year.

Choice, control and personalisation are core to the framework.

5. Adult Social Care at Portsmouth City Council

- 5.1. The focus of assurance will be on how effectively we discharge our duties and responsibilities under the Care Act.
- 5.2. We have adopted a number of tools to support our understanding of 'risk' in terms of our practice; these have developed in the South East region, through the Association of Directors of Adults Social Services (ADASS) and by the Local Government Association (LGA) - the TEASC tool. ASC are also adopting a local tool to undertake a more in-depth review to understand any areas we may want to apply some additional focus.
- 5.3. As Adult Social Care in councils has not been subject to regulation for over 10 years, the emphasis on the need and benefit of clear, consistent processes, good data capture and analysis, coupled with regular review of performance data has been eroded within the Council. Consequently, the level of data and information we capture needs to be improved and investment made into resource to create and analyse data so we can better understand demand, risk and pressure within the business.

⁴ See Appendix 1 of this document for example 'I' statements

⁵⁵ See Appendix 1 of this document for example 'We' statements

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- 5.4. With the recent appointments of Heads of Service for Adult Services Operations and Quality and Performance this provides the opportunity to review the business systems, processes, practice and data.

Early indications are that the data, information and evidence needed to assess the quality statements either need to be developed or further developed. This is recognised as a key challenge for all CASSR partly due to the absence of a national framework.⁶

- 5.5. A cache of evidence is being pulled together to include process, practice guides, case studies etc to share with the regulator as part of an inspection process.

6. Risk and mitigation

6.1. Practice

Assurance of ASC is focussed on Part One of the Care Act 2014, and how well CASSRs are meeting their duties. To do this we will need to evidence compliance with the legislation. Although the responsibilities are understood at this time this is not always easy to evidence. The Directorate is working towards mitigating this risk through routine collection of evidence, including items such as, for example, case audits, Principal Social Worker's monthly briefing, continued professional development, learning.

6.2. Quality

The Quality Assurance Frameworks for practice within the Council's ASC Directorate and for care providers hosted in Portsmouth are being reviewed and updated to be proportionate, with a default on proactive engagement, and an appropriate level of reactive engagement. The frameworks will focus on developing understanding, adopting best practice and developing a culture of learning and continuous improvement through engagement and co-production.

6.3. Process

The case recording system used (SystemOne) is predominantly a Health system, with a module for social care, as a result the 'customer journey' is not as defined as it could be, which also presents the risk of inconsistency.

Work is in progress to understand the customer journey and review and update process, practice and guidance within the Council to support a lean, consistent way of working that adds value, and understood across the Directorate.

⁶ [Building capacity and capability for improvement in adult social care | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/publications/building-capacity-and-capability-for-improvement-in-adult-social-care)

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6.4. Strategies

There are some gaps in written strategies, which are logged, some of which are fundamental. For example, there is not an ASC Workforce Strategy (locally or nationally), in Portsmouth we need to understand the baseline in terms of skills, capacity and deficit so the Council can plan what the future workforce needs to look like based on demand and commissioning intentions and understand any development that may be required.

A programme of work is now being managed through our monthly ASC Portfolio Board, to plan and develop (written) strategies that focus on key areas of responsibility and work that needs to be done in order to meet our statutory duties and deliver our vision for ASC. To further support this area of work the Directorate will be reinstating a role to lead on policy and strategy within the Directorate.

6.5. Resource

To enable ASC to adequately prepare for assurance and embed a culture of continuous improvement ASC need to be appropriately resourced. One area in particular is resource for performance in terms of reporting, analysing data and presenting to managers, including senior managers, so there is an understanding of risks, capacity and performance, particularly comparison of performance to previous periods, statutory data returns and benchmarking.

A benchmarking exercise involving other South East CASSR has been undertaken to understand the level of resource deployed to support submission of the eight ASC data collections, these are annual with the exception of the Client Level Dataset (CLD) which is moving from quarterly to monthly. This data, together with regular review of the performance and business information will be core to continuous improvement, self-audit, and assurance.

Resource within the quality and performance area of the business will be reviewed against the benchmark data, ahead of preparing an options appraisal report.

6.6. Data

Data is captured in several ways including in SystmOne, ContrOcc (ASC finance system) and spreadsheets. There are limits on the level of data being captured and concern there may be some gaps.

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SystmOne is used by a small number of Councils, two of which the Council are linking with to understand further opportunities to record within SystmOne, with a view to simplifying recording and reporting.

6.7. Retrieval of data

Reporting is cumbersome and relies on mapping to a number of data sources. The skills for writing this 'Python' script, which is required to access data from SystmOne, does not exist within the Council's corporate IT service. This means that any changes required to, for example, meet updates to enable statutory data collections or background mapping requires ASC to fund an external contractor to undertake the necessary work.

In addition, reporting from SystmOne and other data sources to produce a meaningful presentation is challenging, resource hungry and complex. ASC have been working with corporate IT with an ask for a platform, a 'data warehouse', where all key data can be extracted to, and tools deployed to enable personnel within ASC to produce an intelligent dashboard, datasets or reports to enable a more proactive approach to reporting. If this solution cannot be delivered or cannot deliver ahead of April 2022, there will be a requirement to (fund and) increase additional resource to manually extract and manipulate data

Corporate IT colleagues are working on a solution, meaning ASC are key to shaping and testing a corporate wide offer. There is a real risk that a solution may not be available ahead of April 2023, and the solution required by ASC may not be met by the corporate solution. This could further risk the Council's ability to present data to satisfy the regulator.

6.8. Governance

To support a good understanding of the purpose of ASC meetings, how they fit together and points of escalation, the terms of reference are being reviewed to include clear links to ASC infrastructure and meetings. Currently although there is clarity within meetings/groups of their purpose this is not always clear to those who are new or external to the meeting.

Going forward an infographic on governance and how meetings, groups etc link will be added as an appendix to terms of reference.

6.9. The agreed CQC framework for ASC Assurance has not yet been released, although due to take effect April 2023.

To date we have been working on an indicative framework for assurance that has been shared by DHSC and CQC and know that a single assessment framework is to be deployed across all services regulated by the CQC, however at this time

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the exact detail and approach such as whether ratings will be given and published from April 2022 have yet to be confirmed.

- 6.10. To mitigate risk an action plan will be coproduced with stakeholders identifying areas we consider a level of improvement would be beneficial.

The action plan will be against a prioritised indicative timeline based on risk, with identified action owners. This will enable ASC to start to make any identified improvements, mitigate risk and demonstrate to the regulator that we have a collective understanding of our business, are aware of any risks and have a clear plan to manage risk and drive sustainable improvement.

7. Next Steps

- 7.1. Staff briefings through a blend of presentations, written communications, and ASC all staff meetings to support an understanding of regulated assurance of ASC in councils.
- 7.2. Continue to work with IT to develop an appropriate solution for a data warehouse to enable the retrieval, manipulation, and analysis of data, to support ASC at the Council to understand performance, access good management information and enable us to provide evidence to the regulator in response to the quality statements.
- 7.3. Mobilise a project team to review progress against the proposed framework, prepare and reference evidence, involve stakeholders and develop and deploy action plans to focus on areas for improvement and promote the practice of continuous improvement.
- 7.4. Engage with Children's Services to understand their resource, framework and approach to quality and regulation (by Ofsted) and consider any elements that could be adopted in Adults Services.
- 7.5. Future briefings to Portfolio and/or Cabinet, when there are updates on the framework, progress or risk.

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Signed by (Director)

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Appendix 1

Example of Quality Statements

Area of focus: How local authorities ensure safety in the system This includes safeguarding, safe systems and continuity of care
Quality Statement:
Safe systems, pathways and transitions 'We' work with people and our partners to establish and maintain safe systems of care, in which safety is managed
✓ <i>When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.</i>
✓ <i>I feel safe and am supported to understand and manage any risks.</i>
Safeguarding We work with people to understand what being safe means to them and work with them as well as our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect, and we make sure we share concerns quickly and appropriately.
✓ <i>I feel safe and am supported to understand and manage any risks.</i>