



NOTICE OF MEETING

CABINET MEMBER FOR HEALTH, WELLBEING & SOCIAL CARE

MONDAY, 5 DECEMBER 2022 AT 10.00 AM

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.

AGENDA

- 1 Apologies for absence**
- 2 Declarations of interest**
- 3 Meals Delivery Service (Pages 5 - 8)**

Purpose

To update the Cabinet Member and spokespeople on progress since the July 2022 portfolio meeting.

- 4 Co-production (Pages 9 - 14)**

To update the Portfolio holder and spokespeople of plans and activity around co-production and how Adult Social Care involves those with an interest in our services in how those services are developed and delivered.

- 5 Working with Autism and Neurodivergence including Transition (Pages 15 - 64)**

Purpose

To update the Portfolio holder and spokespeople of the developments in approaches and support being progressed in Portsmouth Adult Social Care for autistic and neurodivergent individuals.

6 Use of the Victory Unit (Pages 65 - 68)

Purpose

To update the Cabinet Member and Spokespeople on the plans for the Victory Unit.

7 Portsmouth Health & Care Discharge to Assess model (Pages 69 - 74)

Purpose

1. To update Members (following the Cabinet report in July 2022) on the delivery of the Health and Care Portsmouth vision for developing a local, integrated intermediate care offer to enable patients within Portsmouth Hospitals University NHS Trust (PHU) to be discharged for assessment, (D2A) of their long term needs outside of the acute hospital. In doing so, Portsmouth citizens will have greater access to rehabilitation, reablement and recovery support, primarily in people's homes and in community beds where necessary that meets the needs of Portsmouth citizens without the need to wait for specific referrals.
2. To inform Members of the request from the Integrated Care Board (ICB) to support the Portsmouth Southeast Hampshire, (PSEH) Local Delivery System, (LDS) Remedial Action Plan for reducing ambulance holds at PHU through increasing social work capacity in D2A and considering reopening of the top floor of Shearwater Residential Home for low dependency care, subject to ICB funding confirmation.

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.

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Agenda Item 3



THIS ITEM IS FOR INFORMATION ONLY

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

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

Subject: Meals Delivery Service

Date of meeting: 5th December 2022

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

Wards affected: All

1. Requested by

Councillor Matthew Winnington, Cabinet Member for Health, Wellbeing & Social Care

2. Purpose

To update the Cabinet Member and spokespeople on progress since the July 2022 portfolio meeting.

3. Information Requested

Following the breakdown of the Meals on Wheels Service in April 2022, temporary arrangements were put in place with the bulk of the meals being supplied by Somerstown hub and delivered by Radis Care. Families took responsibility for provision of meals in some cases and where a Domiciliary Care package was in place the Agency took responsibility. These arrangements were managed by the Independence and Wellbeing Team with the support of Care Purchasing, Contracts and Housing. Although arrangements were far from ideal it was an outstanding example of teams and individuals pulling together and a credit to all involved.

4. Progress since June 2022

The transition from these arrangements to provision by Age UK Portsmouth, (AUKP) was managed as a project. They needed to recruit and train staff and put the infrastructure in terms of kitchen and transport in place. The kitchen team were recruited late-May with Drivers coming on board on 6th June 2022. Three additional Drivers have been recruited since this time on 22nd August 2022.

There needed to be confidence that routes were manageable within time limits and that everything was in place to manage food safety and temperature. AUKP took over the PO2, PO3 and PO6 postcodes on 13th June 2022. In the subsequent 9 weeks, AUKP assumed responsibility for PO1, PO4 and PO5 postcode areas at 3-week intervals. The charity took on full responsibility for all 6 Portsmouth postcodes on 15th August 2022.

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AUKP had 86 residents transferred over to them and currently have 82 residents they are providing a service to. In the week of 24th - 30th October 2022, AUKP provided and delivered 433 Meals which breaks down to approximately 62 meals per day. We have received a number of compliments and very few complaints.

5. Additional value

In addition to the standard service, we have begun to see the benefits of an established Social Care Service working within a specification that includes signposting and support to access other services and supports. An example is in relation to a visit to a man who was isolated, living in poor, inhospitable, unhygienic conditions with no bedding or way of heating a meal. AUKP were able to support him to access the HIVE Discretionary Crisis Grant - up to £100 for essential items and the Hampshire & IoW Winter Hardship Fund - up to £100 for energy costs. They were able to access cleaning, furniture for the flat and a microwave. AUKP's non-charged services include benefit checks, socialisation support and goal development with the person at the centre encouraged to gradually lead the process to build self-confidence and improved resilience.

6. Next Steps

The shared ambition is that the scheme grows numerically and is able to offer a service that allows smaller rounds (therefore more time for social interaction/guided conversations) and that increasingly acts as a conduit to a range of supports, supporting the strategic preventative agenda.

There are a number of challenges to be addressed

- Financial viability. As of November 2022, the charity is delivering approximately 70 meals a day on average. Budgets were built on an average of 110 meals a day based on numbers supplied when the contract was awarded. The lower numbers are a result of people making alternative arrangements during the transition period and have had a significant financial impact on the charity. AUKP was limiting itself to referrals from IWT at PCC but is about to share its internal marketing with QA Hospital. Dependent on uptake, AUKP will consider marketing to the general population of Portsmouth early 2023.
- Capacity. AUKP cannot supply more than 90 meals a day in its current location due to a lack of equipment/oven space. A second oven is required. Commercial ovens have a cost of £3,000 - £7,000 which is not within the organisation's annual budget. PCC have offered a different site, Maritime House to accommodate this, but this came with additional risk of providing meals for the residents of Maritime House (approximately 50 a day plus Café). For this reason, AUKP felt unable to accept this offer.

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- Staffing. The main operational/continuity risk is that AUKP cannot employ more than 1 Catering Manager and 3 Catering Assistants. Should one or more members of staff be absent or on annual leave, capacity would be significantly impacted.

There is confidence, given the quality of the service and food plus the added value inherent in the model, that the scheme will grow. The increase in meal price from the previous provider appears to have little impact on take up. ASC will work with AUKP to address the remaining causes of concern and anticipate that the scheme will be a model of the approach that goes beyond straightforward service provision - in this case a meal and welfare check - to one that looks at the whole person and accesses supports that maintain wellbeing and independence for longer.

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Signed by (Director)

Appendices:

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

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

Title of document	Location

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Agenda Item 4



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

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

Subject: Co-production

Date of meeting: 5th December 2022

Report by: Clare Rachwal

Wards affected: All

1. Requested by

Councillor Matthew Winnington, Cabinet Member, Health, Wellbeing & Social Care

2. Purpose

To update the Portfolio holder and spokespeople of plans and activity around co-production and how Adult Social Care involves those with an interest in our services in how those services are developed and delivered.

3.1 Background and Context

The 2021 Portsmouth Adult Social Care Strategy established for the first time locally a coherent and comprehensive approach to delivery of Care in line with the Care Act. The strategy recognised the need to move from a rigid adherence to eligibility criteria which saw increasing amounts spent on limited numbers of people to a wellbeing approach that encompassed prevention and sought to access the assets and strengths of the individual, their Circle of Support and their Community.

The health and social care system, like any system, is made up of many interdependent parts which come together to form a whole. Many of those parts represent people, those accessing support, those providing support, and leaders running and steering services. To not recognise the interdependence of all the parts, and how they function as a whole, is to not truly understand how the system works and how it is impacting on people. Designing and delivering support without as much participation as possible from the people who have experience of it is to only be considering part of the system, this way it can never reach its full potential.

We believe, that to meet the challenges of delivering the ASC strategy, power must be distributed more evenly between people who use services, those with lived experience,

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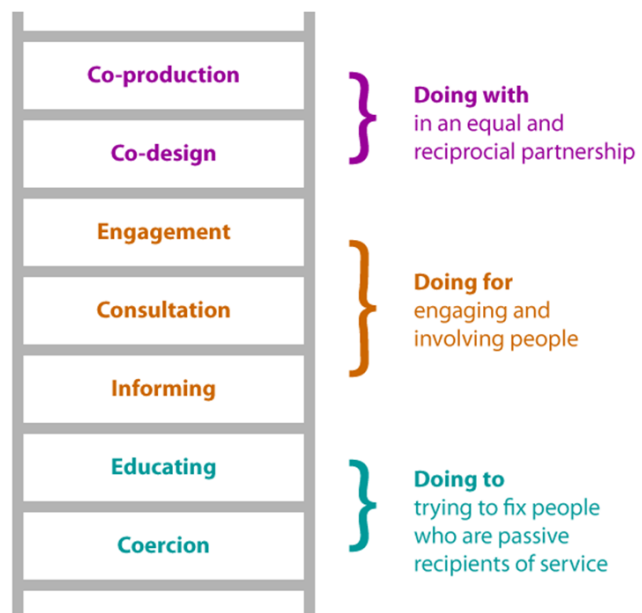
people providing assessment/support and leaders. We intend to move to a language of involvement and shared power which will help to achieve the required shift in culture.

3.2 Legislative and Policy Context

- The Care Act 2014 states “Local authorities should, where possible, actively promote participation in providing interventions that are co-produced with individuals, families, friends, carers and the community.”
- The Care Quality Commission, (CQC) Inspection – Key Themes around Person centred/Strengths based/Re-ablement all informed by co-production.
- ASC Strategy 2021-2025 – “We will aim to start from a position of assuming **full co-production** and determine what is realistic and meaningful in each circumstance.”
- [Working in partnership with people and communities](#) is new statutory guidance for integrated care boards, NHS trusts and foundation trusts and policy for NHS England. It supports them to meet their public involvement legal duties and the new ‘triple aim’ of better health and wellbeing, improved quality of services and the sustainable use of resources.
- The South-East branch of the Association of Directors of Adult Social Services, (ADASS) have recently produced a guide to co-production in partnership with the Institute of Public Care it "aims to provide the region with an overview of what co-production is, how it can be done and what benefits can be achieved if fully considered when making any decision, under our public duty, to support local people."

3.3 What is co-production?

Think Local Act Personal (TLAP) have produced a Ladder of Participation which is a useful tool for thinking about how we work with people in how we deliver and develop services. Co-production is right at the top of the ladder, it is important to acknowledge that full co-production isn't always possible or even appropriate however we will be striving to be as far up the ladder as possible in all our engagement and participation work.



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Co-production core principles include:

- Recognising people as assets: equal partners in the design and delivery of services;
- Building on people's existing capabilities: co-produced services start with people's capabilities (not needs) and look for opportunities to develop them;
- Mutuality and reciprocity: co-production is about a mutual and reciprocal partnership;
- Peer support networks: peer and personal networks alongside professionals;
- Blurring roles: blurring the distinction between professionals, users, family members, community representatives;
- Professionals as catalyst of change: Enabling professionals to become facilitators and catalysts of change.

Co-production can also be thought of in terms of shared power. Shared power does what it says on the tin, it is about moving away from hierarchical top-down decision making and 'doing to' and moving towards shared, collaborative decision making with lived experience at the centre of the decisions that are made. It values the strengths, skills and expertise of all participants whether they be people using services, carers or staff at all levels of the organisation.

4. Priorities

There is much activity taking place across ASC currently 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.

Given the breadth and diversity of service areas across ASC it is not unexpected that there is currently a lack of consistency in what co-production activity is taking place. We are confident that through the work detailed below we can achieve more consistency and establish a range of creative approaches which will help change our culture.

A Co-production and Engagement Strategy will be produced following an initial phase of activity and refining of priorities.

Operational priorities for the next 6 months include:

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- Recruitment - the involvement of people with lived experience will be embedded into the ASC recruitment process - in order to achieve this a how to guide will be produced with training and support provided to recruiting managers.
- Support to teams - all ASC Teams will be provided with a session run by the Engagement Lead exploring what engagement and co-production activity happens now, where there are opportunities to undertake more of this work and what teams need to achieve this.
- Workforce Development - starting with a Staff Live event on the 16th of November a programme of workforce development will take place to support and inspire staff. This programme will be developed in response to what staff ask for so will be shaped through the conversations with teams and the staff live event.
- Establish a payment for involvement process in line with the Hampshire, Isle of Wight, (HIOW) Integrated Care Board, (ICB) 'Payment for Involvement' policy.

Strategic areas for development over the next 6-12 months:

- Quality - transforming how we monitor the quality of our services by involving a much wider range of people in all related activities reaching across services and working outside of traditional hierarchies; examples include Senior Managers seeking individuals experiences first hand, teams conducting deep dives to understand more fully how services are experienced and volunteers with lived experience supporting quality monitoring and auditing.
- Commissioning and Contracts - we aspire to full co-production in key commissioning and contract monitoring processes from understanding gaps in service provision to drafting service specifications
- Achieving culture change - We acknowledge that the change from rigid hierarchy to shared responsibility may take time to achieve and that consistency and support for all involved will be key.

5. Links to Corporate and ICB

The interest in co-production across the public sector has grown significantly in recent years "This interest reflects the widespread acknowledgement that the citizen has a vital role in achieving positive outcomes from public services." [SCIE Guide to co-production](#)

With Social Care as a key partner in Integrated Care Systems at both System and Place level we have made efforts to engage and align with ICS colleagues through the HIOW Involvement Network and through existing partnerships with colleagues at Solent NHS Trust, Portsmouth Hospitals University Trust, Primary Care and Healthwatch.

Corporately ASC has worked in tandem with the PCC Community Engagement and Inclusion Programme Manager, the PCC Research Manager and the Public Health Research Development Lead to ensure that collaboration, aligned approaches and shared learning are at the centre of everything we do. We are committed to extending this network and further developing shared approaches to ensure that duplication around

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engagement work is limited and PCC residents can access services that are person centred and as coherent as possible.

6. Next steps

The activity described in the 'priorities' section will form the majority of activity over the next 6 months with a strategic plan to be developed and co-produced with staff, people with lived experience and partners.

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Signed by (Director)

Appendices:

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

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Title of document	Location

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Agenda Item 5



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

- Title of meeting:** Health, Wellbeing & Social Care Portfolio meeting
- Subject:** Working with Autism and Neurodiversity including Transition
- Date of meeting:** 5th December 2022
- Report by:** Liza Grainger, Transition Lead
- Wards affected:** All
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1. Requested by

Councillor Matthew Winnington, Cabinet Member, Health, Wellbeing & Social Care

2. Purpose

To update the Portfolio holder and spokespeople of the developments in approaches and support being progressed in Portsmouth Adult Social Care for autistic and neurodivergent individuals.

3. Background & Context

In July 2021 the Government published the policy paper 'The national strategy for autistic children, young people and adults: 2021 to 2026.' This has 6 areas that it sees as having the opportunity to have a significant impact on autistic people's lives:

- improving understanding and acceptance of autism within society
- improving autistic children and young people's access to education, and supporting positive transitions into adulthood
- supporting more autistic people into employment
- tackling health and care inequalities for autistic people
- building the right support in the community and supporting people in inpatient care
- improving support within the criminal and youth justice systems

Portsmouth Autism Community Forum is a local open forum for autistic people, carers and professionals.

The purpose of the forum is to:

- work together to improve support for autistic people
- monitor and share progress against the autism strategy
- publicise and celebrate success for services and individuals

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- identify areas for improvement and take positive action
- work with key decision-makers to improve services
- discover and share evidence-based best practice

The Portsmouth Autism Strategy and Action Plan 2017-2022 refers only to Autistic people. Since this was published the scope of this work has broadened to include all Neurodivergent individuals. To clarify on the language preferred by the Autism Community Forum:

- Neurodiversity is a recognition that not all brains think or feel in the same way, and that these differences are natural variations in the human genome. A group of people are neurodiverse, an individual is not.
- Neurodivergent refers to an individual who has a less typical cognitive variation such as autism, ADHD, dyslexia, dyspraxia etc.
- Neurotypical refers to individuals of typical development and intellectual/cognitive functioning

Portsmouth Adult Social Care is working with the Autism Community Forum to co-produce new and improved services and support for Autistic and Neurodivergent adults in the local area. There is significant opportunity to prevent the deterioration of health and wellbeing for Autistic and Neurodivergent people which will be a focus in all of this work. It will require action from the Health and Care system as well as wider partners across the city to achieve meaningful change.

4. If not now, when? Autism and neurodivergence in Portsmouth: Evidencing the need for change

4.1 The Project

Published in May 2022, this report (Appendix 1) is the outcome of a project which took place over six months in the summer of 2021 to understand the experiences, challenges and gaps for neurodivergent individuals in Portsmouth. The project did not include people who have a learning disability.

Conversations were held with autistic and neurodivergent people, and those who support them. The project lead also completed a deep dive into Adult Social Care records of 10 autistic adults.

The project was supported by the Portsmouth Autism Community Forum (PACF) and the report was co-produced with the forum.

4.2 The findings

Key themes that were identified through the project included:

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- The potential to prevent worse outcomes
- Improvement required in the support through transition from Children's to Adult services
- Current lack of understanding and tailoring of offer from a wide range of public services including Primary Care
- Current lack of support for independent living, advocacy, practical skills, navigating services and finding appropriate housing
- Current lack of support for physical, mental and emotional health
- Need for better knowledge and understanding for autistic and Neurodivergent people and their friends and family
- Problems with interactions with mental health services, standardised approaches, potential misdiagnosis or not being able to access support due to autism diagnosis
- Stigma around autism and neurodivergence
- The need for accountability and co-production

4.3 The principles

The Portsmouth Autism Community Forum produced a set of principles using feedback from the project:

- We must develop understanding and acceptance – awareness isn't good enough
- We recognise that neurodivergence/autism is a rapidly evolving topic in terms of research and public debate and we commit to taking a broad viewpoint which prioritises people and not their diagnosis
- Most autistic and ND people are a mix of different neurodivergence, come from a range of backgrounds, and identify in different ways. We must recognise diversity and accept individuals for who they are, including those who have not sought or been offered diagnosis
- Autistic and ND people are more likely to have multiple physical and mental health conditions than neurotypical people. This is due to a combination of poor recognition by the individuals, late presentation, and poor management by health professionals, leading to significantly worse outcomes and earlier deaths, as detailed in a report written by Autistica¹ It is vital that we work to address these health inequalities.
- Where an autistic or ND person has more than one condition/diagnosis these should be viewed as distinct from autism unless it's useful to think of them together
- Co-production and collaboration are key – services must be jointly led by those who use or have an interest in them and work together where an autistic person needs access to several services e.g. mental health, physical health, social care
- Eligibility for support must be considered broadly to ensure wellbeing and prevention are at the core of our thinking – all too often autistic and ND people are left to reach crisis before support is offered

¹ (<https://www.autistica.org.uk/downloads/files/Personal-tragedies-public-crisis-ONLINE.pdf>).

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4.4 The recommendations

The recommendations from the report made to Portsmouth's Health and Care system are presented under 6 themes:

- Transition from children's to adult services
- Support
- Workforce development
- Building knowledge of what is needed
- Communications
- Health

The report has been presented to the Health and Wellbeing Board.

The report makes some specific recommendations directed to Adult Social Care are:

- Ensure that family members or other people who are important to the young person are supported through the transition phase including with support from the Carers Service where needed - recognising that change can be challenging to manage for all parties.
- Specialist adult social care team offering Care Act assessment and acting as Lead Professional for the individual.
- Establish a virtual team/staff network across health, social care, criminal justice, voluntary sector providers, advocacy, acute settings and primary care to share knowledge, working practices and foster better cross-organisational working.
- Ensure community-based provision (Community Hub/commissioned diagnosis and support services) are seamlessly linked with the specialist adult social care team and the virtual team/network.
- Consideration should be given to using the model developed by the National Autism Implementation Team for staff and autistic people to determine what level of support would be most appropriate.
- The ASC specialist and virtual teams should make regular use of tools and resources to support individuals to understand their challenges/diagnosis and what it means for them as an individual.

5. Information, Advice and Support

Examples of actions already being taken to improve the access to and support available in Portsmouth include:

5.1 Room One

Room One is a new space managed by autistic people, for autistic people in Portsmouth, based at the Charles Dickens Centre (Lake Road, PO1 6HH).

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The aim is for the space to act as a one-stop-shop for autistic and neurodivergent adults, as well as parents, carers, friends of those adults, and the professionals supporting them.

Room One can be used as a source of information and advice, as well as a space where people feel they can drop-in, develop understanding, share challenges, and receive signposting or referrals to more appropriate services. This includes helping people to live as independently as possible and access resources that they are entitled to but may be currently struggle to access.

The team host lots of activities, including online and in-person peer support, as well as one-to-one and drop-in group sessions.

5.2 Autism Ambassadors

Autism Ambassadors have been appointed in the council to help raise awareness of autism and help staff and our customers living with autism. The ambassadors can work with staff to identify reasonable adjustments that can be made in the work environment to help them do their job, advocate for people with autism with their line managers and support line managers to understand what autism means in terms of the working environment so they can get the best out of their team members. This support will also help customers living with autism when using council services.

The ambassadors can also signpost individuals to additional information on autism, professionals and resources.

5.3 Employment Support

There has been a recent tender put out for an employment support service for autistic people in Portsmouth. Representatives from Portsmouth Autism Community Forum were involved in the bid proposal and the evaluation of the responses.

6 Transition into Adulthood

For those young people that may require support from Adult Social Care we want to make sure that they are supported by the most suitable team. If a Neurodivergent individual also has a learning disability it will be the Integrated Learning Disability Team that they are referred to.

We have recently recruited to some new posts in the Adult Care and Support service who will have a focus on supporting Autistic and Neurodivergent Young People who do not have a learning disability. These workers will operate initially as a specialist team, working closely with the other Adult Social Care Teams and colleagues in Children's and Education

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teams. A Social Worker, Occupational Therapist and Independence Support Assistant are currently completing their induction and will be starting to work with individuals. A single referral pathway for young people transitioning into Adult Social Care is being developed to prevent young people falling between teams. This will use a form that professionals can complete, with the consent of the young person and will be sent to a central email address. Referrals can also be made via the Social Care Helpdesk in the same way all other referrals to Adult Social Care are made.

There have been significant changes in the Autism and ND pathway for children in Portsmouth, including the introduction of a profiling tool to help understand the strengths and challenges for a young person - see Appendix 2. These changes are relevant to Adult Services because we want to ensure that when these young people transition into adulthood, the support strategies that have been effective during childhood can be continued. Communications regarding the change in approach and pathway have been shared with colleagues in Adult Social Care. Adult Social Care is represented at the Children's ND Steering Group and ND Delivery Board to promote and plan for the transition into adulthood and into Adult Social Care where appropriate.

7 Workforce Development

Theme 3 from the report discussed about is about workforce development, with a recommendation for the 'development of a comprehensive programme of workforce development for public sector, voluntary and community sector staff. Training resources and sessions must be led or co-facilitated by autistic and ND people, building on the initial work of the PACF training project.'

This recommendation reflects a national need for better training, with mandatory training in learning disability and autism for those working in regulated activities becoming a legal requirement under the Health and Care Act 2022. Skills for Care have produced a Core Capabilities Framework for supporting Autistic People which was commissioned by Health Education England. The national programme, the Oliver McGowan Mandatory Training on Learning Disability and Autism, is currently being finalised following a programme of co-production, trial and independent evaluation.

The Portsmouth Learning and Development team are mapping and reviewing our current training offer. A small working group has been formed to support the roll out of the Oliver McGowan training across the H&IOW NHS and Local Authority system (including independent and voluntary sector employers).

Existing training on understanding Autism is available to PCC staff via e-learning and taught sessions with plans in place to extend and improve this offer.

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Portsmouth Autism Community Forum have been co-producing some training materials, including videos which will be used in both a standalone training package and as a resource to enhance other training packages.

8 Next steps

There is a need for a new strategic plan for Autism and Neurodiversity, with The Portsmouth Autism Strategy and Action Plan 2017-2022 now being out of date. A new strategy will be co-produced with the Portsmouth Autism Community Forum, using the findings and recommendations from the report discussed above. Part of this strategic work will inform the forward plan for operational support including a review of the Autism Hampshire contract which is currently being led by ICB colleagues.

Adult Social Care and the Portsmouth Autism Community Forum would welcome further involvement from Elected Members and would be happy to share more details on the findings from the report (Appendix 1) at a future meeting or event.

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Signed by (Director)

Appendices:

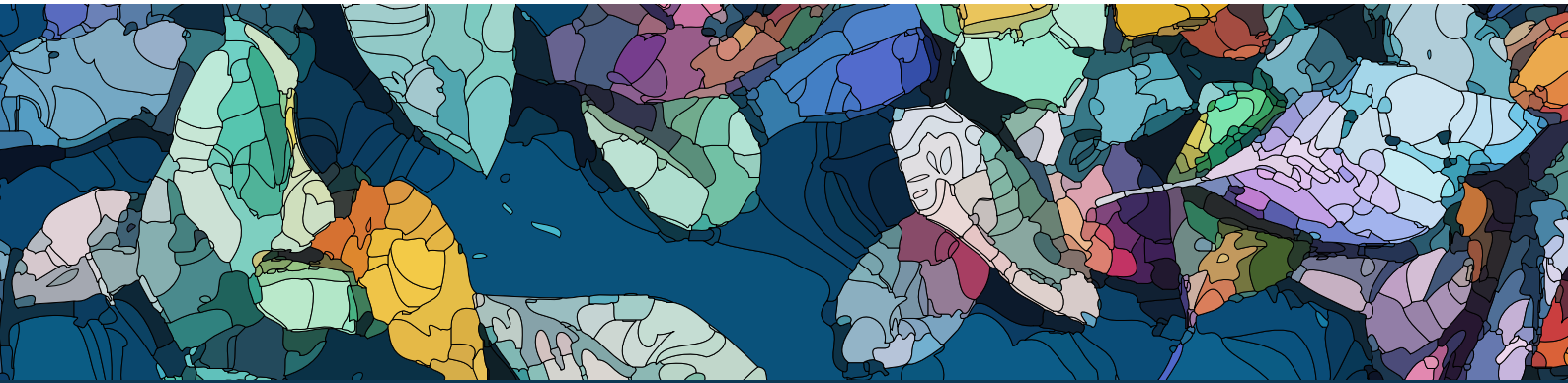
- Appendix 1 - 'If not now, when? Autism and neurodivergence in Portsmouth: Evidencing the need for change.'
- Appendix 2 - Communication re New Profiling Tool

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

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

Title of document	Location

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If not now, when?

Autism and neurodivergence in Portsmouth:
Evidencing the need for change



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About this report

This report contains the findings of a project to understand the gaps in adult social care and community support for autistic and neurodivergent (ND) adults who do not have a co-existing learning disability, and the recommendations for a way forward.

It has been produced on behalf of, and with input from, the Portsmouth Autism Community Forum. **Portsmouth Autism Community Forum** is an open forum for autistic people, carers and professionals.

The purpose of the forum is to:

- work together to improve support for autistic people
- monitor and share progress against the autism strategy
- publicise and celebrate success for services and individuals
- identify areas for improvement and take positive action
- work with key decision-makers to improve services
- discover and share evidence-based best practice.

Language

We have used the terms 'autism' and 'ND', to be inclusive of anyone diagnosed or suspected of having any of the diagnoses listed below. We have used identify-first language (e.g. "autistic person" rather than "person with autism") as this is the preference of most PACF members, and we encourage others to adopt the same approach.

Neurodiversity is a recognition that not all brains think or feel in the same way, and that these differences are natural variations in the human genome. A group of people are neurodiverse, an individual is not.

Neurodivergent refers to an individual who has a less typical cognitive variation such as autism, ADHD, dyslexia, dyspraxia etc.

Neurotypical refers to individuals of typical development and intellectual/cognitive functioning.

Acknowledgments

This report has been written by project lead, Clare Rachwal, who would like to thank the autistic and neurodivergent people, family/friend carers, professionals and members of the Portsmouth Autism Community Forum who have generously given their time to share their knowledge and experiences to shape this report. Particular thanks go to Veronica Price, Jon Adams, Chris Noden and Mark Stables who provided invaluable input and co-authored sections of the report.

Foreword by Veronica Price, Chair of the Portsmouth Autism Community Forum



This is from my perspective as an unpaid volunteer who has 'dipped her toe' into Portsmouth's autistic world: as a GP working in Southsea for 29 years, as a mother of a 30-year-old autistic son and as a mentor for two young autistic adults.

Society's prevailing narrative of autism has been largely informed by so-called 'experts' from the non-autistic world who have perpetuated partly or completely inaccurate, misleading and dismissive views.

Autism is NOT a disorder, it is a different normality which co-exists with the predominant neurotype: neurotypicals. These co-existing normalities are not hierarchical but part of an overarching state of what it means to be human.

Diversity: as in the fields of gender, sexuality, culture and ethnicity, should never be considered in terms of 'the norm' and deviants from that norm. The majority is not the norm and being in the majority does not entitle superiority.

Autistic people are stigmatised in multiple ways inhibiting their ability to identify to themselves and to others.

Autism is not binary: it is complex and nuanced and takes time and effort to fully comprehend. It is also lifelong: you cannot 'grow out' of your own brain!

Autism + environment = outcome

Since autism is unchangeable, it is our responsibility to produce appropriate environmental adjustments to achieve desirable outcomes.

Introduction

We know that at least 10% and possibly up to 20% of the population are neurodivergent, which means their brain functions and processes information in a way that is different to what society usually expects from a neurotypical brain. For many neurodivergent people, these differences present both strengths and challenges, challenges which are often exacerbated by having to function in a world designed by neurotypical people based on an idea of what the average person wants and needs.

Many, but not all neurodivergent people, fit into the diagnostic box of one or a number of conditions, for example: autism, autistic spectrum disorder, pathological demand avoidance or sensory processing disorder, attention deficit hyperactivity disorder (ADHD) or attention deficit disorder (ADD), Tourette's syndrome, dyslexia, dyspraxia, dyscalculia. Conditions such as post-traumatic stress disorder, rejection sensitive dysphoria, schizophrenia and bipolar are sometimes considered as neurodivergent conditions or closely aligned. It is important to take a broad view of neurodivergence to ensure that support can be offered to those who need it rather than those who have a particular diagnosis.

Since the implementation of the *Autism Act*¹ in 2009 there has been a slow but marked shift away from the deficit/disorder viewpoint and towards better understanding and acceptance of neurodiversity and neurodivergence, prioritising people and not their diagnosis. To achieve meaningful change, leadership is needed from autistic and ND people to steer health and social care towards better models of support.

History of autism work in Portsmouth and the strategic context

The *Portsmouth Autism Strategy & Action Plan 2017–2022* replaced the previous document, *Whole Life Strategic Plan for Portsmouth: Implementing Strategy and Guidance for People with an Autistic Spectrum Condition and Their Families*.

This current strategy covers all ages and expires this year. Most of the actions and aims of the strategy in relation to adults did not have funding or staff attached to them. Due to this lack of capacity and insufficient buy-in, it has been impossible to provide essential services, resources, and support. The impact of the coronavirus pandemic since early 2020 has only exacerbated this. Access to support has relied upon a formal diagnosis by recognised accredited professionals. Waiting times for diagnosis have increased significantly during the pandemic and the only commissioned support for autistic and neurodivergent (ND) adults, provided by Autism Hampshire, has been affected by the staffing and practical challenges brought about by the pandemic. The system has so far failed, despite the *Autism Act* and the *Care Act*, to adapt social care approaches and systems to accommodate the needs of neurodivergent people.

As well as this lack of specialist support, most general support services lack specialist expertise and the ability to flex their offer. There is an almost total absence of useful, appropriate, meaningful training for health and social care staff, and the result is that autistic and ND people regularly receive inappropriate, often dismissive and damaging responses from health and social care. This can have a significant impact on their health and quality of life.

The Portsmouth Autism Community Forum (PACF) replaced the previous Autism Board and has developed into a strong, positive force for change, with members working both locally (see Appendix A for an overview of current work) and nationally to provide support for individuals and in the development of research and policy. PACF is a proactive group, but many members are frustrated by the lack of progress at system level.

PACF and Portsmouth adult social care are now seeking to address this lack of progress and achieve a shift in thought and action, fulfilling the vision of Portsmouth as a city that is autistic and neurodivergent friendly. This report has been commissioned to build on the previous work of PACF, addressing gaps in understanding local need, providing a view of how autistic and neurodivergent people are experiencing public sector services, and what support could be developed to promote healthier, happier lives.

Principles

The Portsmouth Autism Community Forum has produced a set of principles based on the feedback gained through this project. These are:

- **We must develop understanding and acceptance** – awareness isn't good enough
- **We recognise that neurodivergence/autism is a rapidly evolving topic** in terms of research and public debate and we commit to taking a broad viewpoint which prioritises people and not their diagnosis
- **Most autistic and ND people are a mix of different neurodivergence, come from a range of backgrounds, and identify in different ways.** We must recognise diversity and accept individuals for who they are, including those who have not sought or been offered diagnosis
- **Autistic and ND people are more likely to have multiple physical and mental health conditions than neurotypical people.** This is due to a combination of poor recognition by the individuals, late presentation, and poor management by health professionals, leading to significantly worse outcomes and earlier deaths². It is vital that we work to address these health inequalities
- **Where an autistic or ND person has more than one condition/diagnosis these should be viewed as distinct from autism** unless it's useful to think of them together
- **Co-production and collaboration are key** – services must be jointly led by those who use or have an interest in them and work together where an autistic person needs access to several services e.g. mental health, physical health, social care
- **Eligibility for support must be considered broadly to ensure wellbeing and prevention are at the core of our thinking** – all too often autistic and ND people are left to reach crisis before support is offered

The project

In the summer of 2021, the project lead was asked to take on this piece of work over a six-month period on behalf of PACF and adult social care.

The project sought to understand:

- how autistic and ND people experience public sector services, especially health and social care
- where there are gaps in support
- what autistic and ND people would like support to look like
- the level of demand for a potential new support service
- what level of resource might be required
- priorities for a new strategic plan
- links to other autism/ND work.

The method for this work was developed in partnership with PACF members and involved:

- qualitative research – defined in the broadest sense, this involved conversations with autistic and neurodivergent people and those who support them
- review – of the current strategy, the local landscape around this agenda, what support looks like now
- desk-based research – national strategy, legislation, prevalence data, key studies.

Moving forward with the recommendations of this project it is imperative that new services are designed in co-production with autistic and ND people.

Demographic data and types of challenges

It is difficult to determine an accurate prevalence of autism and other neurodivergent conditions due to under-diagnosis, particularly in certain cohorts of the population including: women, BAME individuals and those from lower socio-economic groups. Accepted prevalence data indicates that 1% of the population are autistic, however recent studies are now indicating a higher prevalence rate of 2% rising to 3% in certain communities. The 1–2% prevalence equates to 2,071–4,142 people (all ages) in Portsmouth (based on 2011 census data).

Portsmouth has a shared client record system called SystmOne which is used by all health and social care teams excluding the acute hospital. SystmOne records show only 1,010 adult patients in the city who have an autism diagnosis which falls into the quality outcome framework 'cluster' of diagnoses, this figure includes those with a co-existing learning disability.

The number of autistic people known to adult social care, but not allocated to the Integrated Learning Disability Service, was 75 in January 2022.

SEND data from 2018 identified 67 children with autism in Portsmouth primary schools, 114 in special schools and 52 in secondary schools who will require support through the transition from childhood to adulthood, including eligibility assessments for access to adult services.

The data above demonstrates the underdiagnosis and under-recording endemic in our health and social care system, particularly for people who do not have a co-existing learning disability. When we extrapolate from population-level data we can assume that at least 1,200 and possibly nearer 4,000 people across Portsmouth are persistently experiencing:

- being disabled by a world designed by and for neurotypical people
- becoming overloaded by the amount of sensory input in the environment
- struggling to process information – different neurodivergence can lead to problems processing information in different formats
- not being given the opportunity to acquire the learnt aspects of human communication; one person said, "I don't have the same inbuilt handbook or operating system for non-verbal communication"
- multiple barriers to living in a way that works for them and keeps them well (such as not being able to communicate through the channels expected of them, not being able to navigate public transport and struggling to get the support needed)
- exclusion from meaningful occupation, paid or voluntary: nationally only 22% of autistic people are in any form of paid employment³ and this statistic does not reflect the barriers experienced in maintaining employment.

The public sector is difficult to access for autistic people – this leads to public sector staff thinking that autistic people are 'hard to reach'. When an autistic/ND person does become 'known to' a service it can be hard to secure engagement due to the standardised, inflexible

communication methods often used in the public sector. If autistic/ND people are not seen to be accessing services, then there are significant challenges evidencing the need for services and support. If we wait until there is more evidence before accepting the need to change then we will never reach that point.

"The double empathy problem is that autistic people often lack insight about neurotypical perceptions and culture yet it is equally the case that neurotypical people lack insight into the minds and culture of autistic people. One way of overcoming this is to acknowledge it is a relational problem, a two-way street, and not an inevitable deficit of being autistic."

Damian Milton, Academic⁴

Co-occurring conditions

The National Institute for Health and Care Excellence (NICE) estimates that around 70% of autistic people have an additional condition, which is 'often unrecognised'. The main conditions that co-occur more frequently in autistic people compared with the general population include mental health and neurodevelopmental conditions.

'Autistic people have been found to have an overall risk of early mortality more than double that of the general population ...[and] are at increased risk of dying younger from virtually every cause of death.'

Autistica⁵

Mental health conditions

Research suggests that:

- more than 70% of autistic people have a mental health condition
- 40% have two or more mental health conditions
- autistic people are up to four times more likely to have anxiety disorder
- autistic people are twice as likely to have depression
- suicide is a major cause of early mortality in autistic people, with two-thirds reporting suicidal thoughts in one study.⁶

Autistic adults who do not have a learning disability are nine times more likely to die from suicide, this increases to 14 times for autistic women⁷. The average cost of suicide in working age adults is £1.67million. There are often multiple attempts at suicide prior to a completed suicide, it is hard to estimate the costs of attempted suicide due to multiple variables, but it is estimated that costs averted are £66,797 per year per person of working age where suicide is delayed.⁸

Autism is a neurodevelopmental condition, and it is common for autistic people to have other neurodevelopmental conditions. These can include:

- general learning disabilities (affecting around 40% of autistic people)⁹
- specific learning difficulties (such as dyslexia and ADHD)
- epilepsy
- delays in language development.¹⁰

When life is difficult, Samaritans are here – day or night, 365 days a year. You can call them for free on 116 123, email them at jo@samaritans.org, or visit samaritans.org to find your nearest branch.

The causes and impacts of physical health conditions in autistic and ND people are not well understood. Autistica's report on premature deaths states 'multiple studies have found that most autistic adults are at a significantly increased risk of most medical conditions, including cardiovascular disease, diabetes, stroke, circulatory and respiratory conditions.'¹¹

Further reading around mental health and autism

- G. Harper, E. Smith, E. Simonoff, L. Hill, S. Johnson, I. Davidson, *Autistica Action Briefing: Adult Mental Health* (Autistica, 2019) <https://www.autistica.org.uk/downloads/files/Autistica-Action-Briefing-Adult-Mental-Health.pdf>
- E. Simonoff, A. Pickles, T. Charman, S. Chandler, *Psychiatric Disorders in Children With Autism Spectrum Disorders: Prevalence, Comorbidity, and Associated Factors in a Population-Derived Sample*, *Journal of the American Academy of Child and Adolescent Psychiatry* (2008) https://www.researchgate.net/publication/51419327_Psychiatric_Disorders_in_Children_With_Autism_Spectrum_Disorders_Prevalence_Comorbidity_and_Associated_Factors_in_a_Population-Derived_Sample
- E. Cage, J. Di Monaco, Victoria Newell, *Experiences of Autism Acceptance and Mental Health in Autistic Adults* (London: Royal Holloway, 2018) <https://link.springer.com/article/10.1007/s10803-017-3342-7>
- *Autism and autistic traits in those who died by suicide in England* (Cambridge University Press, 2022) <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/autism-and-autistic-traits-in-those-who-died-by-suicide-in-england/04367C4DD9D8B4B3375A0D25C4764A54>

Legislative and policy context

'The Autism Act 2009 is currently the only disability-specific legislation in England. The Act requires the Government to introduce and keep under review an adult autism strategy. The initial strategy was published in 2010 and refreshed in 2014.'

Autism – overview of policy and services¹²

Since the Autism Act was published there has been an increased awareness of the dearth of research and good practice around autism and ND. Understanding of the legislation, policy and its implications is still very limited.

Policy

Following a comprehensive review of the 2010 strategy that resulted from the Autism Act, the government published its National strategy for autistic children, young people and adults: 2021 to 2026.¹³

The strategy describes a vision for the next five years based around six areas of change:

- improving understanding and acceptance of autism within society
- improving autistic children and young people's access to education, and supporting positive transitions into adulthood
- supporting more autistic people into employment
- tackling health and care inequalities for autistic people
- building the right support in the community and supporting people in inpatient care
- improving support within the criminal and youth justice systems

A report from the All Party Parliamentary Group on Autism, The Autism Act, 10 Years On¹⁴, was informed by 11,000 autistic people and their families and made 16 key recommendations covering a range of subjects including workforce development, improved access to social care and improvements in data collection. Of particular interest to this project are the following two recommendations:

- Commit to establishing well-resourced specialist autism teams in every local authority in England
- Establish an autism social care commissioning fund for councils to use to set up and run new autism services and support

The report contains a section titled '*Deeply concerning levels of unmet need in adult social care*'. Of the 11,000 people surveyed, 46% said that with more support they would be more independent.

The *NHS Long Term Plan* (2019)¹⁵ has several objectives for people with autism, including: the introduction of a 'digital flag' in the patient record by 2023/24 to ensure staff know a patient has autism; ensuring reasonable adjustments are made so wider NHS services can support people with learning disabilities or autism; and piloting the introduction of a specific health check for people with autism.

The *NICE Guideline – Autism spectrum disorder in adults: diagnosis and management*¹⁶, was published in 2012. Many of the recommendations reflect the lack of evidence that was available 10 years ago, but the Guideline does include the useful recommendation of the establishment of local specialist teams:

'In each area a specialist community-based multidisciplinary team for autistic adults (the specialist autism team) should be established. The membership should include clinical psychologists, nurses, occupational therapists, psychiatrists, social workers, speech and language therapists, support staff (for example, staff supporting access to housing, educational and employment services, financial advice, and personal and community safety skills).'

It goes on to recommend that *'the specialist autism team should have a key role in the delivery and coordination of...'* and lists a comprehensive range of types of services and support including diagnosis, care and support, and training other professionals.

Legislation

Both the *Autism Act 2009* and the *Care Act 2014*¹⁷ give a strong legal basis from which to proactively offer support to autistic and ND adults. The following is a summary of the key points.

Following diagnosis:

- information should be shared between diagnostic services and adult social care services about adults diagnosed
- people should be informed of their right to a social care assessment and, where relevant, a carer's assessment.

The *Care Act* requires local authorities to conduct a social care needs assessment where it appears to the authority that the adult may have need for care and support.

This assessment may be triggered either by the individual requesting it or if the local authority believes community care services may be necessary. This duty applies to people with autism and is not dependent on them having been formally diagnosed as having autism.

Social care assessments should be carried out by trained practitioners, taking full account of the potential communication needs of adults with autism.

Assessment of eligibility for care services cannot be denied on the grounds of the person's IQ. This is particularly important for some people with autism, including those with Asperger

syndrome, who may face very significant challenges in their everyday lives, despite having average or above average IQ.

Advocacy

Under the Care Act local authorities must provide access to an independent advocate to enable the individual to participate in the assessment and support-planning process. In particular where a person with autism would have difficulty in understanding the process of assessment including retaining information, and/or would not be able to meaningfully contribute their views, wishes or feelings and there is no appropriate person who knows them to support them in fully engaging in the process.

Transition

Autistic young people are identified by the Care Act's Care and Support statutory guidance¹⁸ as a group whose members may not have received support as a child but who may have care and support needs in adulthood. Local Authorities must offer a Care Act assessment which looks at potential care and support needs after turning 18. This duty applies to all young people with autism, not just those with an *Education Health and Care plan*.

"There is no single defining version of autism but instead an overlapping multiplicity of minds. The term spectrum is a poor way of capturing the sheer diversity of our experience – it's too linear, too fixed. When I imagine us I think of a constellation instead, or perhaps a Galaxy, millions of different stars shining, each expressing their fire in a different way."

Katherine May, Author¹⁹

How things are now

Currently efforts to implement any of the above legislation and policy are extremely limited in Portsmouth. The vast majority of autistic and ND people in Portsmouth are not being proactively offered assessment and support in line with the legislative requirement and there are damaging consequences from that lack of support.

The findings presented here are from the 90 people who have fed into this project via individual and group conversations. The sample includes: autistic and ND people, friends/family members, and professionals, many of whom are, or have a close friend or family member who is, autistic or neurodivergent. A broad range of experiences were described but some strong common themes also emerged. These have formed the basis of the recommendations and areas for development.

How autistic and ND people are experiencing services

“People’s lives are blighted by being subjected to services.”

Autistic person

Overall, the general experience of support from the public sector is poor. Statements such as the above are sadly representative of most people the project lead spoke to. Where useful support was accessed, it was often fragmented into limited areas of specialism (e.g. employment), and autistic and ND people are left to navigate their way to support using their own communication resources. Trying to find support whilst keeping on top of life admin can present a challenge which is either unachievable or has a detrimental impact on wellbeing.

Social care

None of the autistic people the project lead spoke to had been offered a social care assessment even though some of them had been supported in special schools as a child and were therefore known to children’s services. Several of them had been through the diagnostic pathway for adults in Portsmouth including a post-diagnosis referral to Autism Hampshire. The majority would warmly welcome an opportunity to have a useful conversation with a social care professional.

Professionals and Carers reported pockets of good practice in adult social care where communication and support had been carefully tailored by skilled, knowledgeable social workers and other professionals. However, even in these cases, there is a lack of comprehensive, appropriate support for social workers to link someone into.

In August 2021 a deep-dive was conducted into the records of 10 autistic adults who are known to adult social care to learn from the types of interactions and support being accessed through the health and social care system.

The key findings were:

- the amount of adult social care input was minimal
- each case had a higher-than-average number of case notes representing high numbers of contacts with a range of services
- seven of them were also allocated to Adult Mental Health services
- six were frequent visitors to their GP practice
- on four of the records there was no recorded preferred method of communication
- five of the clients reported chronic sleep issues
- four had challenges around managing hygiene and three around maintaining a habitable home
- six of the clients had a history of not responding to attempts to contact them
- five reported that they had suicidal thoughts.

The Social Care Institute for Excellence report *Autism: Improving access to social care for adults*²⁰ analyses some of the reasons that autistic people struggle to get support from adult social care:

'Individual professionals may be extremely helpful, but the system itself is seen as ill-informed, complex and set up in ways that exclude or alienate people with autism.'

'Social care assessors sometimes lack sufficient awareness of autism to do the job of establishing the needs of people with autism properly. The paperwork used – assessment forms, or resource allocation systems in England – can be too blunt to pick up the complex needs that people with autism sometimes have. They can also rely on good communication skills, and the insight, willingness and confidence to disclose personal details.'

The following case study illustrates how some people are experiencing attempts to secure support. The name has been changed:

In September 2021 the PACF coordinator received a call from Michelle, a young autistic woman, who had been given his number by a social worker.

She had been diagnosed autistic and was waiting for an ADHD assessment. Michelle was in great personal distress from her domestic and financial situation and was suffering from poor mental health. She had been advised to "try Autism Hampshire" but didn't get a useful response to her request for practical help, advocacy, and social group contact.

In the absence of support from any of the social work teams, the PACF Coordinator contacted the PACF chair/volunteer Serendipity group leader to see if she could offer voluntary support, and signposted to the Serendipity social group and to Solent Mind.

The volunteer Serendipity group leader was unable to contact Michelle.

In October of 2021 Michelle contacted the PACF coordinator again. She was experiencing intense difficulties living with a controlling, abusive father who imposed severe restrictions on phone use, social contact and access to money.

Michelle felt trapped, having to choose between accessing domestic abuse support and autistic support. Due to her communication needs she did not have the resources to pursue both and was unable to make progress to access support for either issue. At this time the Job Centre Plus also expected Michelle to be looking for work.

Both Solent Mind and adult social care attempted further contact with Michelle but were not successful.

There are a number of ways that Michelle could have been better supported:

- If she had been proactively offered support at a time when she wasn't in crisis she may have felt better able to engage.
- If she had a named worker who would build a rapport with Michelle, they could help her manage risks and support her to engage with help.
- That named worker could have advocated on her behalf particularly with regard to contacts from the job centre who may not have fully understood Michelle's needs.
- Michelle originally had contact with a non-specialist social worker who was not able to offer support. Had Michelle been offered personalised support at that first contact she may have had increased confidence in the service and been better supported to engage with it.

The potential to prevent worse outcomes

All the autistic people who contributed to this project talked about the cumulative impact of the various challenges they face. For some people, that impact manifests as worse physical health, but for all it manifests as worse mental health and an inability to live life to the full.

Thinking broadly about risk will be imperative in supporting better lives for autistic and neurodivergent people. There is a lack of hard evidence about what works. PACF recommends that Health and Care Portsmouth broadly commits to adopting a person-centred and non-standardised approach to supporting people in a way that will be effective for them.

Improving support through transition from children's to adult services

Many people described the feeling of falling off a cliff edge in the transition from children's to adult services, with the impact on young people and their families being extreme. Transition is a critical time and good transition can promote better lifetime mental, physical and economic health.

"The drop off from children's services has been really mentally draining. My son has been left and it's not fair. It has affected my physical health [fibromyalgia] and depression... I can't leave my [younger child] in the same room [as my older autistic child] because of his mood."

Parent of young person with autism

Work in progress

1. A new adult social care transition manager has been recruited and the recruitment of two specialist social workers for autism, ND and transition is underway. It will be important that these workers are able to link effectively into a range of appropriate services and inform the direction of commissioning intentions in response to the needs of those they are supporting.

Together this team will:

- work with young people (and those who are important to them) from the age of 14 through to 25 or such a time that social care support is no longer needed or there is a more appropriate team to provide support
 - be a named worker for young people as they transition to adult services
 - establish close links with the children's service's multi-disciplinary neurodivergence team to support the development of effective transition arrangements
 - act as experts for other professionals working with autistic and neurodivergent people.
2. Funding has been obtained to carry out a specific piece of work with young people aged 16–25, and their families, planning individually and as a collaborative group with a focus on housing and support models.

Lack of understanding and tailoring of offer from a wide range of public services including Primary Care

Every autistic person, family member, friend and professional who contributed to this project expressed frustration, and at times despair, at the lack of understanding routinely displayed by the public sector. The examples given were diverse, from systems-based

issues like only being offered a phone call when the person is unable to communicate by phone, to many examples of individual staff ignorance. Sadly, this is unsurprising – the public sector continues to operate in a highly standardised way, leaving little opportunity for personalisation.

The project lead looked into the availability of training for health and social care staff and found that the following training is available locally:

- E-learning on autism awareness, provided by Autism Hampshire
- PowerPoint presentation developed by the learning disability nurses at Portsmouth Hospitals University Trust.

However these were not developed with meaningful input from autistic and ND people. Feedback from the autistic and ND community, some of whom have viewed this content through their work or through PACF, was extremely poor.

There had been the development of a PowerPoint presentation for Portsmouth City Council by the learning and development team, but changes in staffing resulted in this being shelved shortly after the development phase.

There are training and workforce development resources available nationally, online, for staff with the time and motivation to seek them out, but given the pressure on staff in the health and social care system it is unlikely that these would be widely taken up.

In Primary Care, there is a Royal College of GPs toolkit available with some useful information, although the project lead has not been able to establish if this is something that local practices are aware of and actively using.

Staff working for Solent NHS Trust have no access to formal training through their organisation.

It is clear that staff across the public sector are not being given the opportunity to learn about what it's like to be an autistic person, the range of needs that might encompass, and what approaches and techniques will support engagement with services.

Work to form the basis of workforce development and training in Health has taken place nationally. Skills for Health have developed the [Autism Capabilities Framework²¹](#), which could be built upon locally.

Work in progress

[Autek²²](#) are a local organisation employing neurodivergent and disabled people to make public spaces and services more accessible. They are developing an online training package for professionals to be based on clips of Portsmouth autistic adults talking about their lived experience. Initial filming completed in February 2022.

Lack of support for independent living, advocacy, practical skills, navigating services, and finding appropriate housing

The project lead spoke to more than 40 Portsmouth-based professionals and found high levels of specialist knowledge, expertise and commitment to supporting autistic and ND people. These professionals reported a lack of flexibility around how services operate, and the constraints of working in time pressured services, which are structured to work separately rather than together, presenting one of the main challenges to better support.

Autistic and neurodivergent people should be proactively offered a social care assessment where there is an appearance of need or the possibility that needs may develop in the future. This is not happening in Portsmouth and when people do get into the social care system they are often not able to access the support that would make a difference.

"Children's and adult services are so separate, both are rigid in their thinking and there is extreme risk aversion."

Parent carer of adult sons

"As long as they realise that in a way it's like teaching someone who's blind to see, or someone who's deaf to hear. There has to be real understanding that our brains are differently designed so we really can't spot body language fast enough, etc."²³

Autistic adult

Work in progress

1. The new adult social care transition manager and small specialist team will take an approach which puts the person at the centre of their assessment, care and support, rather than allowing systems and processes to lead.
2. PACF employment and housing projects (please see Appendix A for more information).

Lack of support for physical, mental and emotional health

There is consistent evidence and acknowledgment through national policy, that autistic and ND people and family/friend carers are suffering from significant health inequalities and are at considerable risk of early death.

"My son had previously been diagnosed with anxiety and depression by CAMHS but once he'd been diagnosed with autism as an adult, Mental Health services dropped him, meaning he could not get a medication review until he threatened to complain. Then his meds were reviewed and found to be wrong. The mental health Crisis team said they shouldn't take him despite suicide risk due to his autism."

Parent carer

Need for better knowledge and understanding for autistic and ND people and their friends and family

"My mental health has been so much better since understanding I may have autism, I came off my anxiety and depression medication. I have given up trying not to appear different."

Autistic person

All of the autistic and ND people that the project lead spoke to described the challenge of knowing "there is something wrong with me" and having to go through a lengthy process of learning about autism/neurodivergence and what it means for them as an individual. For some people who feel they are "left hanging" following diagnosis, being able to accept and understand their diagnosis becomes impossible. In cases like this it is even harder to access necessary support.

There is growing evidence that peer-led learning and support at this time is a highly effective way of helping newly diagnosed autistic and ND people build understanding of themselves and how their brain works.

The Scottish Autism National Post Diagnostic Support Service²⁴ 'aims to support newly diagnosed people across Scotland to understand and embrace their identity as an autistic person.' The service runs peer-led groups, one for autistic people and one for family and friend carers. Each group follows an eight-week, semi-structured programme of learning and discussion, which helps people to understand autism, what it means for them, and facilitates connection to other autistic people and their communities.

Problems with interactions with mental health services, standardised approaches, potential misdiagnosis or not being able to access support due to autism diagnosis

"Adults with a learning disability have their needs met, too many [autistic] adults [who don't have LD] end up in the mental health system. Lots of people have a mental health diagnosis when they are potentially autistic. It's too easy to give people medication rather than help."

Parent carer

70% of autistic people have a mental health condition, which would be an estimated 1,449 autistic people in Portsmouth who also have a mental health condition (of all ages).²⁵

We know that a third of autistic people have had suicidal thoughts, which is potentially as many as 966 people in our local community who are very often not able to access help when autism is cited as the cause of their mental health condition, and for those who do get through to help what is offered is designed for neurotypical people.

The project lead spoke to several people who had been denied mental health support because of siloed approaches to which teams and services can provide support to an autistic person and outdated views of autism and what autistic people need. Ultimately these experiences can be traumatising and lead to people disengaging from health and social care altogether.

The mental health system, Primary Care and social care must change urgently to prevent the further worsening of mental health amongst our autistic and neurodivergent community.

Stigma around autism and neurodivergence

Many of the people the project lead spoke to are active in the autism and neurodivergence community, and reported externalised experiences of stigma, despite finding the process of being diagnosed enlightening and helpful.

One autistic young person described how he hates that he is autistic and that he hasn't had the opportunity to explore these feelings in a way that works for him. He said: "I haven't opened up enough, I put it all in a bottle that then cracked." For him this manifested as depression and self-harm.

Many people experienced feelings of stigma in relation to their work lives:

"My son will not tell his employer that he has Asperger's as they will look at him differently."

Parent carer

This can be a real barrier to being able to find and maintain employment.

Data from the Office for National Statistics shows that 'just 22% autistic people reported being in paid work'²⁶. This is thought to be the lowest employment rate amongst all disabled groups.

The National Autistic Society's report, *The Autism Employment Gap*²⁷, explores the reasons behind this low employment rate, stigma being one of them:

'Our YouGov survey of employers exposed some of the myths that employers may believe, which could cause bias against autistic people both in recruitment and in the workplace. For instance, 34% said they thought an autistic person would be unlikely to fit into their team, and 28% said that an autistic person would be unlikely to be a team player.

'As part of our separate study we were also shocked by some of the distressing experiences of autistic people at work. Roughly half of our respondents with experience in the workplace reported bullying or harassment (48%) or other discrimination or unfair treatment (51%) due to their autism.'

The Autism Employment Gap

Employers' attitudes are likely to echo those present in society.

Accountability and co-production

For too long: autistic and neurodivergent people have been ignored, the challenges that often come with being autistic have been belittled, and public services have not taken responsibility, despite the legal and policy framework in place.

The development, governance and delivery of a new autism and ND strategy must be shaped by people with lived experience, through an expert-by-experience group, and a range of inclusive participation options. The strategy must receive the attention, ownership and commitment to action that are well overdue.

The continued shift towards health and social care integration provides an opportunity to ensure meaningful responsibility is taken to better support autistic and ND people across the system.

The *Autism Act Guidance*²⁸ states: 'Health and Wellbeing Boards have a crucial role to play in overseeing implementation of the Adult Autism Strategy. As a local health and wellbeing system leader, bringing together partners from NHS England, CCGs, HealthWatch and Local Authorities, the Health and Wellbeing Board is central to ensuring the needs of people with autism are addressed locally.'

The *NHS Long Term Plan* states: 'Sustainability and Transformation Partnerships (STPs)²⁹ and Integrated Care Systems (ICSs)³⁰ will be expected to make sure all local healthcare providers are making reasonable adjustments to support people with a learning disability or autism.'

What does good look like? – examples of best practice

There are a small number of examples of specialist autism services and support options across the UK.

Examples include:

- **Scottish Autism**³¹ provides a comprehensive range of support for adults, children, families and professionals and across Scotland including diagnosis, 1–2–1 and group support, information and advice, training, day and vocational opportunities and crisis support
- **Autistic Nottingham – Supporting Autistic Adults**³² founded and run by autistic people – provides post-diagnostic support, access to personal assistants, advocacy and social opportunities
- **Avon and Wiltshire Mental Health Partnership**³³ provides every autistic person with six weeks post-diagnostic support, from which peer support groups emerge naturally
- Wales, Leicestershire, Gloucestershire and Cornwall all provide a **'Gap' service** for autistic people who may fall through the gaps between other services
- A number of areas have **peer support groups** supported through the voluntary sector, local authorities or Clinical Commissioning Groups.

There are pockets of good practice more locally, including support and services that are being developed and implemented through the recent *Surrey Autism Strategy*³⁴ and in *West Sussex*³⁵, where support is available through peer groups, low level support in the community, and support for employment. However there seems to consistently be a disconnect between support provided through the voluntary sector (including local authority commissioned services) and support provided by health and social care.

In summary, there is no one example of what excellent looks like, there are pockets of good practice, but they tend to be separate from social care and health and fragmented in the support they can offer.

Project recommendations

The following themed findings and recommendations are for the consideration of the adult social care senior management team, the Clinical Commissioning Group, and wider colleagues in health, social care and the public sector.

The recommendations cover new or developing areas of work which are not currently covered or well linked to other workstreams.

Not included in the recommendations is the upcoming recommissioning of diagnostic services (due to be recommissioned at ICS level) and post-diagnosis support, but these developments will take into consideration the findings and recommendations from this report and ensure full engagement with autistic and ND people.

There are several projects specific to autistic and ND people that are in the early stages of development and implementation. Please see Appendix A for an overview of those projects. All projects have temporary funding and if successful will require ongoing funding to ensure the gains made are not lost.



The planned 'community hub' is in the early stages of being established and will provide a space for some of these recommendations to revolve around.

All those the project lead spoke to were asked, "what would perfect support look like?" Responses can be found in Appendix B.

Key






-  Adult Social Care
-  Strategy
-  Clinical Commissioning Group




Theme 1: Transition from children's to adult services

-  Ensure that family members or other people who are important to the young person are supported through the transition phase including with support from the Carers Service where needed - recognising that change can be challenging to manage for all parties.
-  Build transition elements into new autism and ND strategy ensuring it dovetails with the children's services' neurodivergence strategy, wherever possible.


Theme 2: Support

-  Specialist adult social care team offering *Care Act* assessment and acting as Lead Professional for the individual. This should be in place on a pilot basis for two years.


-  Review of commissioned support services to enable short or long-term care and support for autistic and neurodivergent people, including review of contracts currently with narrow eligibility criteria.
-  Establish a virtual team/staff network across health, social care, criminal justice, voluntary sector providers, advocacy, acute settings and primary care to share knowledge, working practices and foster better cross-organisational working.
-  Ensure community-based provision (Community Hub/commissioned diagnosis and support services) are seamlessly linked with the specialist adult social care team and the virtual team/network.
-  Consideration should be given to using the model developed by the National Autism Implementation Team for staff and autistic people to determine what level of support would be most appropriate.
-  Explore whether advocacy is available when needed in health settings and in interactions with social care and address gaps in provision.

-  A psycho-educational offer (both group and 1-2-1) should be developed for both autistic and ND people and their family/friend carers including group programmes and structured one-off sessions.
-  The ASC specialist and virtual teams should make regular use of tools and resources to support individuals to understand their challenges/diagnosis and what it means for them as an individual.
-  Support for autistic and ND people to find and maintain employment, to include support for employers to understand their obligations under the Equality Act.

Theme 3: Workforce development

-  Development of a comprehensive programme of workforce development for public sector, voluntary and community sector staff. Training resources and sessions must be led or co-facilitated by autistic and ND people, building on the initial work of the PACF training project.

Theme 4: Building knowledge of what is needed

-  Undertake further research to extend the information gathered during this project including the development of a survey which would aim to provide us with an understanding of the experiences and needs of a wider range of autistic and ND people.



Pilot work should take place to secure a better understanding of the demand for various support services and what works.

Theme 5: Communications



PACF and the new strategy to consider a communications campaign raising awareness of autism and ND and supporting acceptance of neurodiversity in all forms considering:

- branding
 - target audiences
 - how to tailor the message for different audiences.
-

Theme 6: Health



Involve Public Health and CCG colleagues in the development of the strategy enabling further consideration of health support and interventions for autistic and ND and their efficacy including access to mental health support.



Ensure that the mental health transformation work (Community Mental Health Framework) includes the needs of autistic and ND people and how mental health services can provide better support, including awareness around self-harm and eating disorder prevalence.



A *Making Every Contact Count*³⁶ approach should be taken with all interactions in social care and partner organisations including blurring of traditional boundaries between roles to take responsibility for supporting good health.



Explore the potential for targeted work around suicide prevention, including workforce development for adult mental health staff.



Workforce development in Primary Care to ensure that GPs have a good understanding of the mental health risks around autism and ND and know how to refer to support services.

Closing statement from Jon Adams



Autistic people often miss out on the support and advocacy they really need because people assume they don't need it. Primarily this is down to stereotypes and myths that have haunted autistic people for over 50 years. Often these are born out of observation and not conversation, imagination, and not listening to lived experience. Autistic people simply wish to be accepted as part of society and not apart from it but often the support we need to do this is absent. Many autistic people who have tried to engage on 'other's terms' have ended up hurt, in burnout, or worse. Autistic people are not inherently broken but it's often society or systems that break us and when we come to ask for help to mend what we need is often not what we receive.

Real change needs involvement not just inclusion and to not be born out of pity or distress, but from a sense of natural justice. Autistic and neurodivergent people are not lesser or broken but innately human and creative. Without even our limited engagement the world would not be as rich as it is now but let's have more so we can shine and everyone benefits from what we can bring.

Change needs acting upon urgently as anything less now could be seen as perpetuating the 'status quo of exclusion' and if this continues many of us will stay damaged, isolated or simply absent ourselves from the hurt of not having been given an equal or equitable chance to contribute. I believe with the right support autistic people should be able to thrive in a society, not just to simply survive but in one that accepts who we are. I feel we need to see this as a holistic challenge not just view autism as a word on paper that trigger people's prejudices.

I am not the word

or the letters

and the spaces in-between

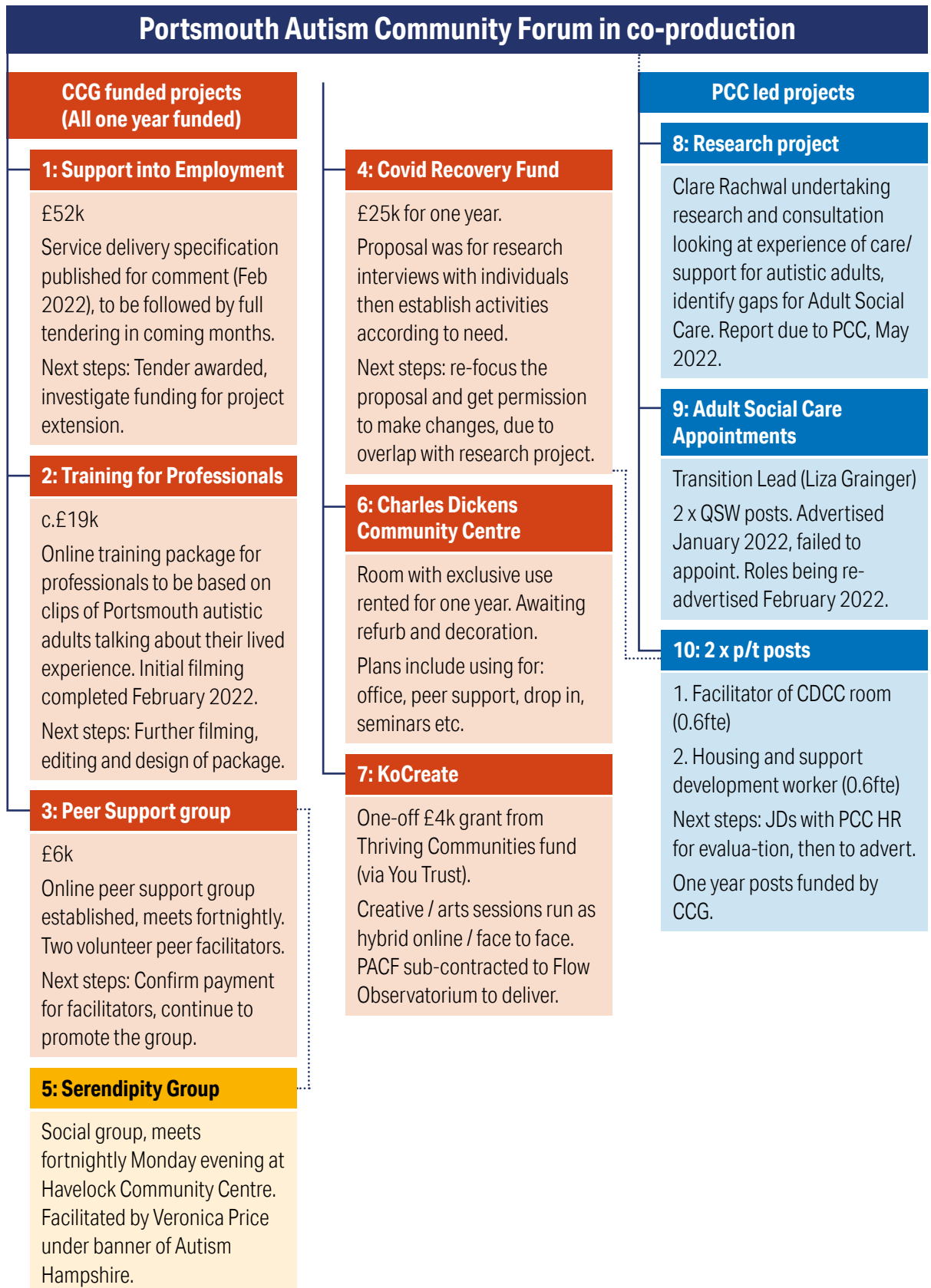
Or the person in your imagination

You think I should have been

I am Autistic I am human Embrace and accept our differences – if not now when?

Jon Adams, Artistic Director of Flow Observatorium³⁷

Appendix A: Overview of current work [as of February 2022]



Appendix B: Survey responses

What would perfect support for autistic people look like?

Talking more about life without feeling nervous

Problem solving in all sorts of areas

Would like a regular opportunity to talk i.e. weekly

Something that is not labelled an Autism service

Autistic person

A shop front where people know where to go

Support for basic things like going to the shops

The service would need to be visible

Less medication and more help - so many people are taking huge amounts of medication

Carer

Coaching

Problem Solving

Sense checking decisions

Needing to be there at a moment's notice

Knowing how to de-escalate a situation

Carer

Advocacy that prevents deterioration

Health and wellbeing services

Help with issues at work

Help with phone calls

Autistic person

Based on what people can do and what matters to them

Full check of where someone is at, what the gaps and solutions might be

Local (the Hampshire part of Autism Hampshire may put people off)

Supporting employment

Autistic person

Prevention including health checks

Good supported living which can support sensory needs i.e. sound proofing

Good assessment meaning you can get to the bottom of what is really needed

Flexible response solutions

Carer

Help to feel on top of things

Help with finding housing that doesn't make me feel worse

Feeling included in the transition from childrens to adults

Help to work out how to approach things differently

Autistic person

Providing social opportunities

Help to navigate social and work situations

Help with 'life admin' letters, bills, decisions

Listening and translating challenges to a way he can understand

Carer

Ongoing - not short term

Someone to pop over - building a rapport

Someone who understands what the challenges are - brother might say he can handle everything on his own

Someone with an excellent understanding of Autism

Valuing having someone to help outside of the family

Help him understand and accept his diagnosis

Coaching and mentoring

Help him to navigate challenges and take risks with relationships

Carer

Help when communication is stressful

Information overload makes it very difficult to recall what's happened

Auditory processing disorder tools and techniques to help

Independent living skills including finances

Understanding the impact of physical health conditions

Support with self-awareness, coping skills, support items and practical solutions

Understanding relationships

Autistic person

Would like to build skills in making and maintaining friendships

Training for family members on understanding autism and ADHD

Autistic person

Transition from 14

Vulnerable adults team

Help with work

Application forms

Help to access services like a GP phone call

Better understanding - named worker

Constellation peer support model

Valuing the enabling work - prevention

Employer responsibility

Carer

Help to be comfortable with himself

Help with independence

Able to link up with support that exists in the community

Getting rid of the "cliff edge" from EHCP to adults

Link with AMH - son has self harmed

Long term support "don't just leave them"

Carer

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You can get this information in large print, Braille, audio or in another language by calling 023 9268 8382

New Profiling Tool to help identify children and young people with neuro-developmental needs

Children and young people who are showing signs of neuro-developmental needs can now access a new tool which can help identify what support a child or young person may need.

The Neurodiversity (ND) Profiling Tool assesses nine developmental strands of a child or young person aged 0-19. This includes speech and language, energy levels, attention skills, emotion regulation, sensory levels, flexibility and adaptability, and empathy.

This will offer an insight into a child or young person's needs and suggest types of strategies that can be put in place to help manage those needs in different areas of a life, such as at home, at their Early Years setting, school or college, and in the community.

The tool has been piloted with 50 families in Portsmouth from March 2021 to April 2022 and has now been approved for use across the city.

From 1 July 2022, the ND Profiling Tool will replace the current referral process to request a ND clinical assessment. Instead, trained professionals will be required to complete the ND Profiling Tool in the first instance. This will mean no long waits for a full ND assessment (currently at 18+ months) and your child or young person will be provided with strategies to help them manage their needs with the support of family and education settings.

The process of completing the profile is done with the family, and not for or to the family. If you work with families and would like to complete the training in order to support families in completing the ND Profiling Tool, please send your full name and job title to sharedmailbox.sendstrategy@portsmouthcc.gov.uk and you will receive the training details.

The ND Profiling Tool has been co-produced by Portsmouth City Council in partnership with Portsmouth Parent Voice, Dynamite and partners across education, health, social care, and early years. It is delivered through Health and Care Portsmouth.

Find out more about the ND Profiling Tool: <https://www.portsmouth.gov.uk/services/schools-learning-and-childcare/schools/special-educational-needs-and-disabilities/>

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Agenda Item 6



THIS ITEM IS FOR INFORMATION ONLY

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

Title of meeting: Cabinet Member for Health, Wellbeing & Social Care Decision Meeting

Subject: Use of the Victory Unit

Date of meeting: 5th December 2022

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

Wards affected: All

1. Requested by

Cabinet Member for Health, Wellbeing & Social Care

2. Purpose

To update the Cabinet Member and Spokespeople on the plans for the Victory Unit.

3. Information Requested

The planning that has taken place to make the best use of the Victory Unit capacity for the residents of Portsmouth with care and support needs.

4. Context

The Victory Unit adjoins Maritime House, which is an 80-person Extra Care unit leased by Housing 21 with care and support provided by Radis Care, in Hilsea. The Victory Unit has discrete laundry, kitchen and lounge facilities.

The Victory Unit was used as a reablement facility until January 2021. Reablement is a type of care that helps people relearn how to do daily activities, like cooking meals and washing. Reablement support is most often used after a hospital stay. In January 2021, adult social care, (ASC) agreed to open the Southsea Unit, a temporary discharge to assess, (D2A) unit in Harry Sotnick House in Portsmouth. This agreement was part of the work to support more people to leave hospital in a timely way, in order to support the NHS to care for Portsmouth residents at the time of the COVID-19 pandemic. The staffing capacity at the Victory Unit was transferred to the D2A unit.

In July 2022 the Cabinet Member for Health, Wellbeing & Social Care agreed to Portsmouth City Council, (PCC) and the NHS working together to establish a permanent D2A unit in Portsmouth with PCC and NHS staff working together and this was accomplished in September 2022.

THIS ITEM IS FOR INFORMATION ONLY

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

Since January 2021, the Victory Unit site has been largely unoccupied, being briefly stood up as additional 'Discharge to Assess' capacity in the winter of 2021-22.

5. Future Planning

In order to be able to properly plan for the accommodation and support Portsmouth residents with care and support needs require, ASC are working to produce a Housing and Support Strategy. The direction of travel is away from a reliance on residential care with care at home and Extra Care options providing greater independence and more cost-effective models for residents. In an Extra Care scheme people have their own flats with support that can flex according to an individuals' changing needs over time. A key aspect of the Extra Care model is an emphasis on socialisation and independence. With residential care, the costs of both accommodation and care support need to be met by the Council; with Extra Care, accommodation costs are covered by rent.

The company Housing 21, who manage Maritime House, have offered to take back the lease of the Victory Unit from PCC and to adapt the previous 19 rooms to create 10 ground floor flats. Work regarding the lease is current. ASC will retain 100% nomination rights to the flats - none will be privately leased - so that use of the service to address ASC need will be maximised. A nomination agreement is being drawn up. The cost of the adaptations will be covered by Housing 21 and any grants they access. Ongoing the buildings will be maintained by Housing 21 at no cost to the Council.

H21 anticipate that adaptations can begin in January 2023 and will take approximately 6 months. This gives ASC the opportunity to consider which Portsmouth residents would have their needs most appropriately met by this accommodation and support. Maritime House supports mostly older people but also some younger people with a physical disability. Some of the older people have complex needs, including living with dementia. ASC will review the needs of residents in other Portsmouth extra care provision and those living in residential care.

The adaptation of the Victory unit ensures that the building continues to be used for residents of Portsmouth with health and care needs. This intended development also provides additional Extra Care capacity and time to develop a clear long-term strategy that will be more specific about anticipated demand for Extra Care and the plans to meet it.

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Signed by (Director)

Appendices:

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

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

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Title of document	Location

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Agenda Item 7



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Title of meeting:	Health, Wellbeing & Social Care
Subject:	Portsmouth Health & care Discharge to Assess Model
Date of meeting:	05/12/2022
Report by:	Simon Nightingale, Assistant Director, Health & Care Partnerships
Wards affected:	All

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

2. Purpose

- a) To update Members (following the Cabinet report in July 2022) on the delivery of the Health and Care Portsmouth vision for developing a local, integrated intermediate care offer to enable patients within Portsmouth Hospitals University NHS Trust (PHU) to be discharged for assessment, (D2A) of their long term needs outside of the acute hospital. In doing so, Portsmouth citizens will have greater access to rehabilitation, reablement and recovery support, primarily in people's homes and in community beds where necessary that meets the needs of Portsmouth citizens without the need to wait for specific referrals.
- b) To inform Members of the request from the Integrated Care Board (ICB) to support the Portsmouth Southeast Hampshire, (PSEH) Local Delivery System¹, (LDS) Remedial Action Plan for reducing ambulance holds at PHU through increasing social work capacity in D2A and considering reopening of the top floor of Shearwater Residential Home for low dependency care, subject to ICB funding confirmation.

3. Information Requested

Discharge to Assess

Section 91 of the Health and Care Act came into force on 1 July 2022, revoking procedural requirements in Schedule 3 to the Care Act 2014 which require local authorities to carry

¹ The organisations that work around an acute hospital.

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out long-term health and care needs assessments, in relevant circumstances, before a patient is discharged from hospital².

From 1 April 2022, Adult Services has been working with the Integrated Care Board to adopt discharge processes that best meet the needs of citizens across Portsmouth and Southeast Hants. This has focused on discharge to assess, home first approach as under the discharge to assess approach, most people are expected to go home (to their usual place of residence) following discharge.

The discharge to assess model is built on evidence that the most effective way to support people is to ensure they are discharged safely when they are clinically ready, with timely and appropriate recovery support if needed. An assessment of longer-term or end of life care needs should take place once they have reached a point of recovery, where it is possible to make an accurate assessment of their longer-term needs.

In Portsmouth, we have built upon the work we achieved during the Covid Pandemic which saw the formation of our multi-disciplinary hospital discharge team and transfer of care hub. These teams comprise of professionals from health and social care, which have established links with housing and the voluntary sector, to support the principle that everyone should have the opportunity to recover and rehabilitate at home (wherever possible) before their long-term health and care needs and options are assessed and agreed.

This approach reduces exposure to risks such as hospital-acquired infections, falls and loss of physical and cognitive function by reducing time in hospital, and enables people to regain or achieve maximum independence as soon as possible³. It also supports hospital flow, maximising the availability of hospital beds for people requiring urgent and emergency care.

Portsmouth health and care has seen an increase in demand in recent months of people on the D2A pathway and waiting assessment. Due to wider service line pressure, staff absences and capacity, there has been a delay to respond within the 4-week period of funding thereby increasing pressure on the Portsmouth City Council Adult Social Care Budget. This is being monitored weekly along with identifying further funding sources to increase D2A social work assessment capacity. This is shown in the graphs below.

Current external D2A placements as at 10th November are 56 at home with 22 within Residential / Nursing homes. However, the jointly developed D2A business case assumes, for 23/24 onwards, 10 external Residential / Nursing placements. This current level of demand for external placements is partly in response to Southsea Unit not being able to move residents on in time with the limited social work and therapy input available

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

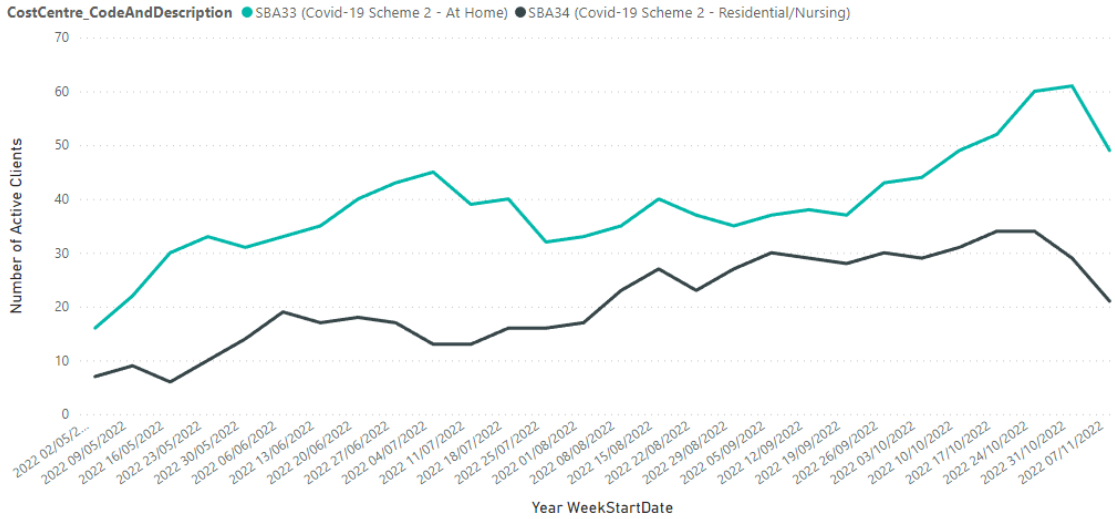
³ Kortebein P, Symons TB, Ferrando A and others. (2008) Functional impact of 10 days of bed rest in healthy older adults. *J Gerontol A Biol Sci Med Sci.* 2;63:1076–1081.

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in the unit. It is expected that with Solent team in place we will see a reduction in length of stay and a reduction in external D2A placements.

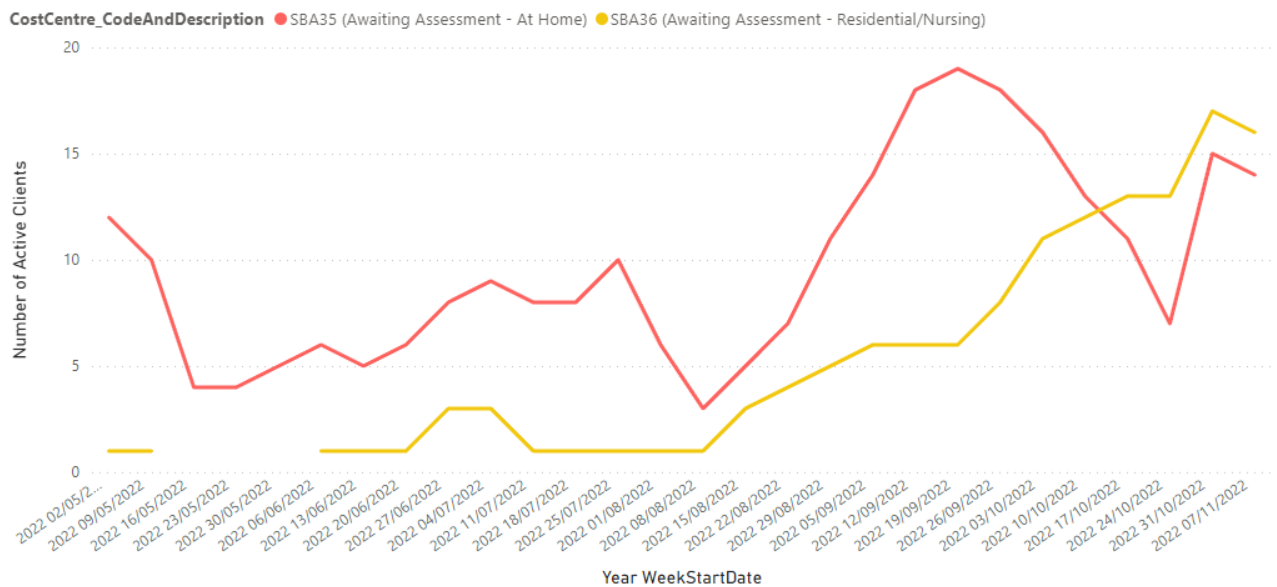
External Discharge to Assess Placements



Note: data for week commencing 07/11/22 shows only a part week

Current residents who have left D2A (outside of 4-week funding window) and are pending ASC assessments as at 10th November are 8 at home and 13 within Residential / Nursing homes. Ideally there should be no residents pending assessment as the operating model assumes residents will be assessed within the D2A funding window.

ASC Clients Awaiting Assessment - Following D2A Placement



Note: data for week commencing 07/11/22 shows only a part week

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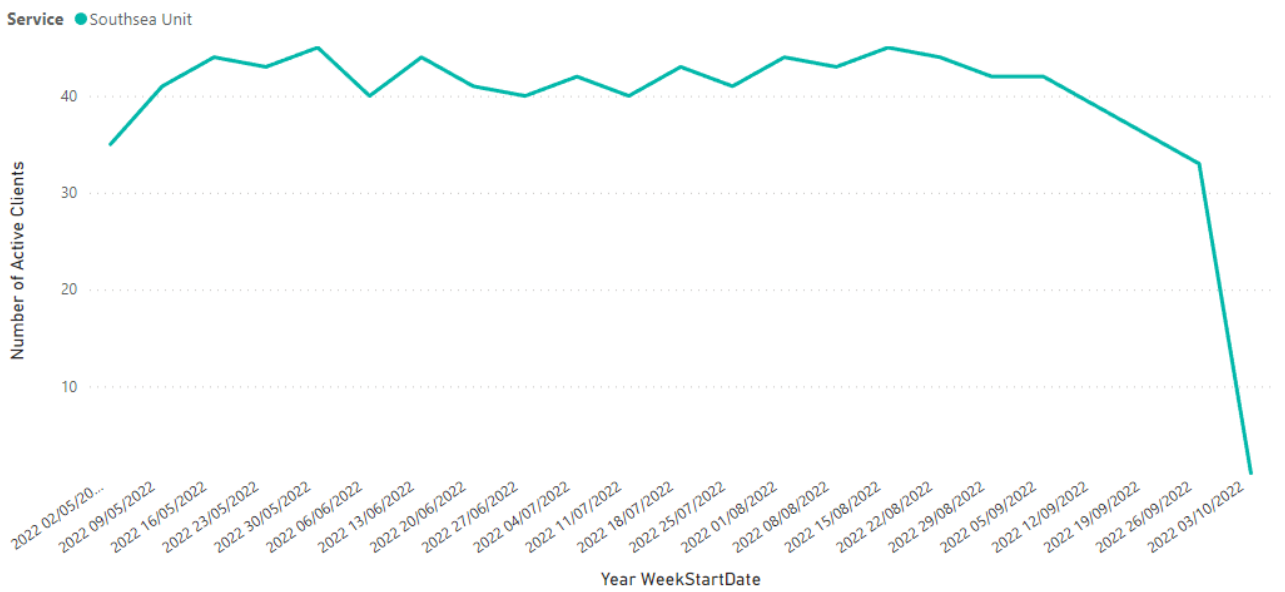
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In October 2021, Cabinet agreed that the Director Adult of Care should negotiate with Health and Care partners to establish a jointly funded and commissioned D2A unit within Harry Sotnick House. This unit was known as the Southsea Unit. From the 1st of October 2022, Solent NHS Trust have been operating the unit, now called Jubilee Unit until a new name has been selected and has been established through the consolidation of staffing transferred from the closure of Solent NHS Trust led Jubilee House rehabilitation and reablement unit and the existing cohort of staff from the Southsea Unit.

It is expected that the length of stay for people remaining in Jubilee Unit will be no more than 18 days. Upon transfer to Solent, the average length of stay per person was 32 days. At the end of October 2022 this had reduced to 28 days. As Solent continue to work with the people within the Unit this average length of stay will reduce. This is being monitored through a monthly governance board which will review the data across all D2A activity to be able to take mitigating action where trajectories are not being met.

Provided below is the historical view of volumes passing through Southsea Unit, as the unit is now managed by Solent. Going forward client volume data will flow via the Solent Information Team and will be included in the D2A monthly governance meeting. There were 33 people in the unit when the Unit transitioned to Solent at the end of September with an average length of stay of 32 days. This is currently 28 days. The expectation is for the length of stay to reduce to 18 days by end of 22/23, with this dropping to 15 days in 23/24.

HSH Discharge to Assess Unit - Weekly Summary of Active Clients



As highlighted above the D2A business case was jointly developed with health & care partners in the city, with funding contributions from both the City Council and the ICB.

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Whilst the City Council commission the external D2A placements on behalf of the local health & care system, the cost of these placements is funded for the first four weeks, by contributions from the ICB. Where residents' needs have not been assessed within the four-week period, and they do not have continuing health care needs, the cost of these placements is wholly borne by Adult Social Care.

Health and Care partners are working collectively to ensure people are discharged safely from hospital when they no longer need in-patient care, with timely and appropriate recovery support if needed. To ensure the D2A model remains financially sustainable, partners are also working to reduce the length of stay within the Jubilee Unit, as well as the number of placements in the external care market. Discussions are also underway to ensure the City Council has sufficient funding during 2023-24, to continue to facilitate the commissioning of the external placements.

Winter Planning

As part of ICB winter planning and in response to increased pressure experienced by the ambulance service when delayed in handing over patients to PHU, the ICB system partners have formed a Remedial Action Plan (RAP) to reduce ambulance handover delays by increasing hospital discharges and reducing avoidable hospital admissions.

Adult Services are proposing, subject to available funding from the ICB, to increase social work capacity to react faster to those waiting an assessment whilst on the D2A pathway. A further option to increase the numbers of people discharged is to consider staffing the top floor of Shearwater residential home to create up to 16 care beds. These beds would enable patients within PHU that are medically ready to leave but are delayed through not having home care available, a deep clean needed of their home, and similar social reasons, to go to a safe environment and enable the acute hospital bed to be available for urgent care.

Outline costings for the provision of 16 temporary additional beds for 5 months is in the region of £700k and would include additional social work and therapy to consider opportunities for further increasing independence of the person before going home. Recruitment would be initially via fixed term contracts, though if this were unsuccessful, we would have to consider the at risk / redundancy implications of issuing permanent contracts to attract the workforce. It should be noted that recruitment is likely to be minimum 4/6 weeks from agree to proceed.

The beds at Shearwater are one option for enabling more people to be discharged and LDS colleagues will work together to ensure the services that support the NHS this winter make the best use of any resource available.

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Signed by (Director)

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