



NOTICE OF MEETING

HEALTH OVERVIEW & SCRUTINY PANEL

THURSDAY, 22 JUNE 2023 AT 1.30 PM

VIRTUAL REMOTE MEETING

Telephone enquiries to Lisa Galacher, Local Democracy Officer 02392 834056
Email: lisa.gallacher@portsmouthcc.gov.uk

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

Membership

Councillor Mark Jeffery (Chair)
Councillor Matthew Atkins
Councillor Stuart Brown
Councillor Graham Heaney
Councillor Leonie Oliver
Councillor Judith Smyth

Councillor David Evans
Councillor Ann Briggs
Councillor Martin Pepper
Councillor Michael Read
Councillor Julie Richardson
vacancy

Standing Deputies

Councillor Charlotte Gerada

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

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

AGENDA

- 1 **Welcome and Apologies for Absence**
- 2 **Declarations of Members' Interests**
- 3 **Minutes of the Previous Meeting (Pages 3 - 8)**
- 4 **South Central Ambulance Service update (Pages 9 - 14)**

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

5 Solent NHS Trust update (Pages 15 - 18)

Alasdair Snell, Chief Operating Officer, will answer questions on the attached report.

6 Health and Care Portsmouth and Hampshire & Isle of Wight Integrated Care Board (Pages 19 - 30)

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

7 Adult Social Care update (Pages 31 - 64)

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

8 Public Health update (Pages 65 - 86)

Claire Currie, Assistant Director of Public Health, will answer questions on the attached report.

Agenda Item 3

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 16 March 2023 at 2.00 pm at the Virtual Remote Meeting

Present

Councillor Ian Holder (Chair)
Councillor Graham Heaney
Councillor Mark Jeffery
Councillor Brian Madgwick
Councillor Arthur Agate, East Hampshire District Council
Councillor Ann Briggs, Hampshire County Council
Councillor Joanne Burton, Fareham Borough Council
Councillor Martin Pepper, Gosport Borough Council

8. Welcome and Apologies for Absence (AI 1)

Apologies for absence had been received from Councillors Abdul Kadir, Michael Read (Winchester City Council) and Julie Richardson (Havant Borough Council).

9. Declarations of Members' Interests (AI 2)

There were no declarations of interest.

10. Notes of the Previous Meeting (AI 3)

RESOLVED that the minutes of the meeting held on 26 January 2023 be agreed as a correct record.

Councillors Cal Corkery and Kirsty Mellor gave deputations about agenda item 6 (Health & Care Portsmouth and Hampshire & Isle of Wight Integrated Care Board). Deputations are not minuted but can be viewed on the council's website

[Agenda for Health Overview & Scrutiny Panel on Thursday, 16th March, 2023, 2.00 pm Portsmouth City Council](#)

11. Southern Health NHS Foundation Trust (AI 4)

Dr Riaz Dharamshi, Clinical Director for Portsmouth & South East Hampshire and Deputy Chief Medical Officer (Physical Health), introduced the report on behalf of Nicky Creighton-Young (Director of Operations), who was unable to attend, and summarised the main points in the report. The Fusion programme to bring together community, mental health and learning disability services was operating at two levels. The high level was the strategic business case which had been signed off by the respective boards of Solent NHS and Southern Health that day and would go to NHS England for scrutiny. The aim was for the new organisation to start in April 2024. At the local level there was

considerable work amongst teams to start the merger of cultures and services. Streamlining of delivery of clinical services was more successful when organisations' cultures were streamlined as clinical care at its heart is collaboration between people.

Recent strikes had minimal impact with only one clinic having to be rescheduled and the patients were re-accommodated. Southern Health was very proud of the ABC clinical commitment model which aims to empower staff. Since August 2022 much work has been done on the Urgent Community Response and Virtual Wards, which aimed primarily to support elderly, frailer people to remain at home. When support required more than one visit or assessment then the patient moved to the virtual ward for which Dr Dharamshi (a consultant geriatrician) holds a multi-disciplinary team meeting every morning. The virtual ward supports people effectively at home rather than admitting them to hospital.

The Crisis Resolution Home Treatment Team is going through service development work which aims to enable people with severe mental crises to remain in their own homes. The Future Planning Template is an example of proactive case management. It anticipates elderly, frail people are likely to have a crisis but if care is planned ahead it is easier to keep them at home rather than admit them to hospital which it is not always in their best interests.

In response to questions Dr Dharamshi explained:

A bed day is when a bed is being used. Occupancy rates over the last few months have been over 90% at all times. The recommended occupancy rate is 85%. Roughly all the surge 88 beds were occupied every day.

The Petersfield Urgent Treatment Centre (which had been under particular pressure in December 2022 because of Strep A) delivers services for local people. There are no plans at the moment for additional functional services.

With regard to concerns that Portsmouth and South East Hampshire may be left out when mergers take place as part of the Fusion programme, the Crisis Resolution Home Treatment (CRHT) Team is not new but it was not performing as effectively as it might be. Other areas of Hampshire already have crisis teams. Organisations will become a single new organisation as part of Fusion. In the initial stages there would be no direct changes to service provision. Fusion will take the best aspects of care models from across Hampshire and replicate them in other areas as one of its benefits is dissemination of best practice.

The quality improvement work for the CRHT Team was triggered by considerable focus on the in-patient unit at Elmleigh. There was fairly high demand for in-patient admission for adults with mental health needs but it was a mistake to interpret high demand for beds as a function of the unit itself. It was more a matter of understanding how the team interacts with patients, crisis teams and community mental health teams. It was a significant opportunity to improve crisis management of patients in the community when they first present, which in some cases prevents admissions.

The HOSP thanked Dr Dharamshi for the report.

Councillor Holder agreed with the suggestion that agenda item 6 be brought forward so that Jo York could address the points made in the deputations. For ease of reference, the minutes will be kept in the original order.

12. Portsmouth Hospitals University Trust update (AI 5)

Penny Emerit, Chief Executive, introduced the report, which concerned closer working between the Portsmouth Hospitals University Trust (PHUT) and the Isle of Wight (IOW) NHS Trust to deliver sustainable services on the IOW. Work had already begun when Covid started but progress has been made in some areas, for example, stroke, urology and cardiology. However, the clinical leads need the authority to act over both organisations to deliver a single service over two locations so moving to a single executive team is a logical step. Both trusts will still be statutory organisations with their own boards. Ms Emerit will bring an update when there is more to report.

In response to questions Ms Emerit explained the two drivers are clinical and financial sustainability though finance is not the main driver for bringing the leadership teams closer together. Financial challenges are due to scale as costs are more per head of population on the IOW and the trust pays significantly more for temporary staff because of recruitment challenges. There may be financial improvements from bringing services together, particularly support services, but the right level of oversight needs to be maintained to run both sites effectively; the financial and clinical drivers have to be balanced.

The Panel thanked Ms Emerit for her report.

13. Health & Care Portsmouth and Hampshire & Isle of Wight Integrated Care Board (AI 6)

Jo York, Managing Director of Health & Care Portsmouth, responded to the points made in the deputations. She acknowledged and apologised for the frustration residents felt at the lack of GP services in the John Pounds Medical Centre, Portsea. The main cause of the delay is complicated negotiations over the lease. Portsmouth City Council owns the building and the original lease was between the council and NHS Property Services. Then the lease was sub-contracted between NHS Property Services and the Lake Road practice, which has since merged with Sunnyside Medical Centre and John Pounds to become the Island City practice. It was decided some time ago that the three-way lease was not helpful but the move to a new direct lease between the council and the practice has created challenges. There have been issues around dilapidations, including the lift which has been out of action for some time. The practice is reluctant to offer services without the security of a lease and is also looking to take on a greater share of the building.

The issues with the lease are shadowing care on the site but Health & Care Portsmouth (HCP) are meeting the council again to assess the current

situation and will work more closely with the practice. Another challenge is that primary care has changed considerably since the Covid pandemic and there are capacity issues around GP provision in Portsmouth. The work described in the report outlines how HCP can improve understanding of residents' needs and how it intends to support them. It may not be feasible to offer a full-time GP at the site so work is taking place on how to support residents access services in different ways. Ms York offered to bring an update to the HOSP and to meet councillors.

Ms York highlighted other actions in the report. She acknowledged there were significant issues with accessing GPs and HCP welcomed support from the council and stakeholders, particularly learning about international recruitment from the PHUT. All patients from the North Harbour Medical Group have been transferred to new practices, mainly the Portsdown Group and Drayton Surgery practices. HCP has worked closely with both these practices and feels the transfer went well but they will continue to work with the practices to ensure the support they receive is satisfactory and that the transfer has not created further issues.

In response to questions Ms York clarified:

The proposed consultation about the John Pounds Medical Centre would have to be handled carefully to avoid cynicism from residents and to get a good response. HCP did not want to pay lip service and wanted to be honest with what can be achieved. They are working with the council's Communications and Engagement Team and closely with the Hive to give weight to what residents need and to have more co-production.

Another reason why work on John Pounds is taking so long is that it was delayed by the closure of the North Harbour Medical Group; transferring patients safely took a good four months from November 2022 to mid-March so there has not been the capacity to work on consultation for John Pounds. However, work on North Harbour has not impacted on conversations about the lease. The council, the practice and NHS Property Services are working to resolve issues with the current lease and the valuation of the new lease.

With regard to the proposed new GP practice at the Highclere site in Cosham, there were conversations with the North Harbour Medical Group about moving before they gave their notice to quit as the Cosham Health Centre building had not been fit for purpose for some time. A business case had been developed with the Portsmouth Clinical Commissioning Group (CCG) and Solent NHS (the latter would be the building's owner as the CCG could not own buildings). The business case had been approved, then sent to NHS England and since December 2021 has been with the Secretary of State. Some NHS capital builds have been paused and the HCP has been going backwards and forwards to pursue progress. Penny Mordaunt MP has raised it with the Secretary of State to try to get funding approved. With the delays the cost of building may be more than originally planned. The Integrated Care Board believes the premises at Highclere are needed as the Portsdown practice has already had refurbishments and it was unsure how sustainable the Drayton Surgery building was.

Units of dental treatment are the pricing mechanism for a unit of dental activity in the new additional dental contracts being delivered from 1 April 2023. Within them will be different grades and prices depending on the complexity of the treatment but broadly the contract is priced per item and will provide a significant increase in activity. With regard to funding for the transformation fund for oral health promotion, some is from the council as oral health is a local authority responsibility but the HCP is also looking at other pots of funding, potentially from the NHS.

Feedback on why the four new dentistry providers had decided to take up the contracts, whereas they had not before, has not been considered. However, Ms York could ask NHS England colleagues how the situation differed from three years ago. Previously NHS England had gone out to tender but this time tenders were very specific about where services are wanted. Before Covid there was not as much interest in procurement and as a consequence some provision for Portsmouth ended up in other areas of Hampshire like Andover. There has been no take-up to provide dentistry services in the Isle of Wight which Ms York would follow up. Details were still waiting to be released about the location of the four additional dental contracts.

Covid and Long Covid are considered separately as their impacts on people can be very different. There is a whole workstream on Long Covid looking at, for example, the effect on mobility and how people can be supported. The impact of flu, Strep A and other respiratory illnesses are also considered.

Under the Adult Social Care Discharge Fund patients are discharged to the council's Shearwater care home but the ICB has also used the funding to purchase beds in private care homes. The council has entered into a relationship with the PHUT to use 16 beds on the top floor of Shearwater. The beds are for acute patients who are still under the care of QA but it reduces pressure on QA. The arrangement ends on 31 March 2023 but is proving to be quite successful.

The HOSP thanked Ms York for her report.

The meeting ended at 3 pm.

Councillor Ian Holder
Chair

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Agenda Item 4

South Central Ambulance Service **NHS**

NHS Foundation Trust

Title	Health Overview and Scrutiny Panel
Author	Tracy Redman - Head of Operations SE South Central Ambulance Service NHS Foundation Trust (SCAS)
Date	June 2023

Contents

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

Introduction / SCAS 999 South East

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

SCAS 999 - South East Hampshire



Over 100k - 999 calls a year



Approx. 50k ambulance conveyances a year



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



Circa 300 frontline operational team members



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



One main hub site with satellites

Developments

Integrated Urgent Care

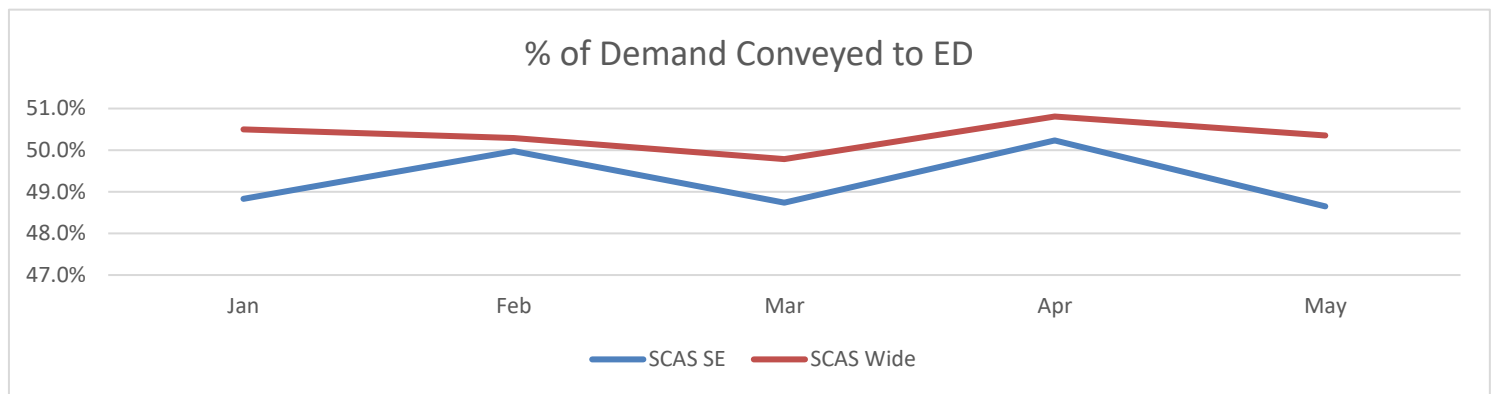
SCAS continue to work closely with partner health and social care providers to ensure efficient and effective collaboration. SCAS frontline clinicians work closely with Community Teams as well with Primary Care, with a single point of access in place to support this and enhance clinical decision making.

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

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

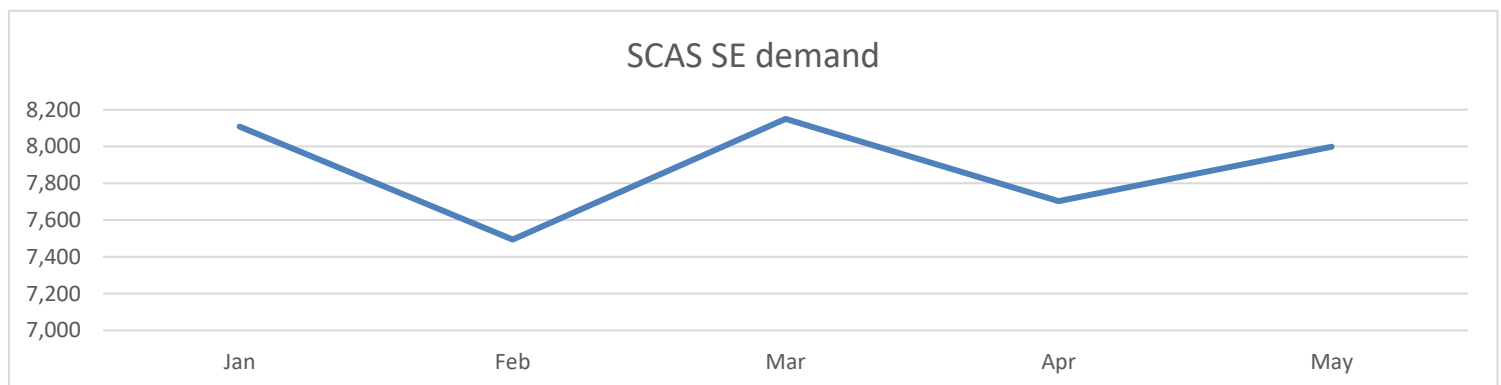
This approach not only ensure the patient appropriate and timely care, but it also supports the agenda of working towards keeping the Emergency Department (ED) for Emergencies.

SCAS SE continue to consistently convey less than the rest of the SCAS geography.

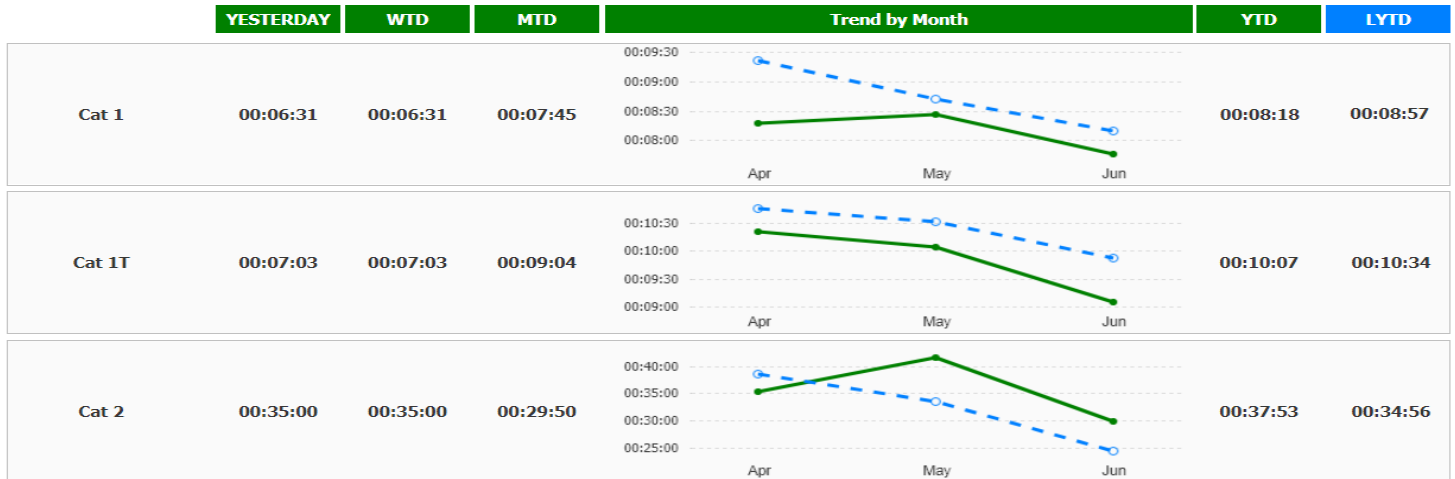


999 Demand / Performance

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



Performance South East SCAS (data produced 06.06.23)



Demand has fluctuated over the past few months. Despite workforce challenges and significant hospital delays SCAS continues to make progress on a timely response to the most poorly patients (Cat1), however there remains a challenge in responding to the less poorly patients.

Challenges / Opportunities

Operational pressure

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

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

Towards the end of 2022 SCAS operated at REAP 3 or 4 for many months including a declared Critical Incident on the 19th December. During 2023 SCAS have moved between REAP 2 and 3 - the current status is REAP 3.

Transformation Review

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

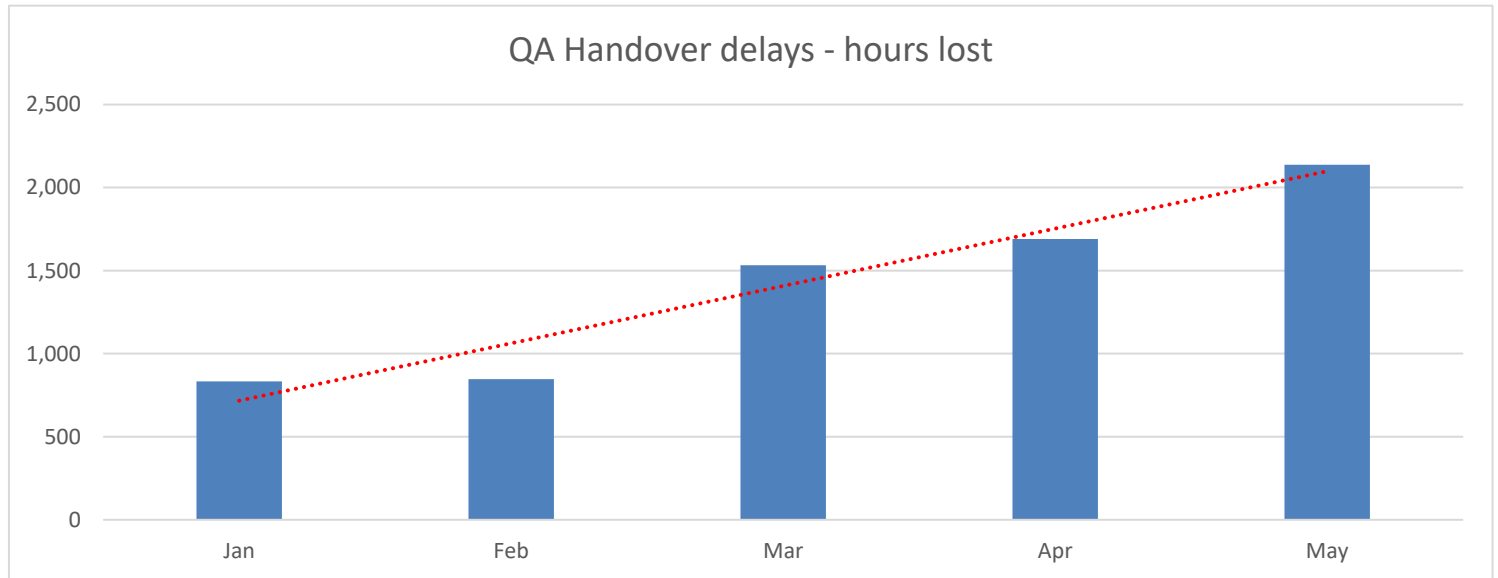
Patient care

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

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

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

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



SCAS continue to work closely with NHSI/E, HIOW ICS and the Local Delivery System (LDS) to mitigate the effects of these delays on patient care, and the impact on staff. There are a number of actions in train to support the reduction of handover delays to include actions from all system partners. To note, significant improvements are being seen in early June so far and work will continue to sustain this position.

SCAS Improvement Plan

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

1 Patient Safety and Experience:

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

2 Culture and wellbeing:

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

3 Governance and well-led:

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

4 Performance and recovery:

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

Summary

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

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

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

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

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

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Agenda Item 5

Solent NHS Trust update – June 2023

1. Jubilee House transformation

1.1 Work is currently taking place to transform the Jubilee House site in Cosham to welcome Solent rehabilitation outpatients this autumn from the Queen Alexandra (QA) Hospital.

1.2 The Jubilee House site – exterior and interior – is being refurbished and reconfigured to create the possible space for patients, visitors and staff. Here are some examples of the improvements:

- A group room area that will facilitate both staff education and patient groups, ranging from obstetrics to pain management. Consulting rooms will also be available to all clinicians, ensuring privacy and dignity for patients.
- Some rooms dedicated to pelvic health specialists, ensuring the rooms have a range of specialist equipment in them and complete privacy.
- The outside space is green and tranquil, offering the ability to provide outdoor rehabilitation facilities, as well as support the health and wellbeing of all on site.
- The move allows for more synergy between staff. Physiotherapists and specialist physiotherapists will work more closely, enhancing communication and interaction. Also, administrative teams will have more dedicated space to help them be in one place and feel a strong sense of togetherness.

1.3 Various materials – posters, articles, social media posts etc - are being produced to help patients and visitors understand the relocation and support them with the information they need.

1.4 Here is [a blog](#) published from the perspectives of staff involved in the transformation.

2. Podiatry Service relocation

2.1 Solent NHS Trust podiatry services, which are based at Cosham Health Centre will be relocating this summer.

2.2 Existing patients with podiatry needs will, from around August, receive care and treatment from Thomas Parr House, situated within the Jubilee House site on Medina Road in Cosham which proudly takes up a place at the heart of the local community (referenced above).

2.3 We have written to all podiatry patients concerned, including those who have appointments in the interim - from now to August – as they will need to temporarily attend either St Mary's Community Health Campus in Portsmouth or Oak Park Community Clinic in Havant, whilst Thomas Parr is made ready.

2.4 We created text and visuals materials, including posters, to outline travel options to and from Thomas Parr, whether that is by car or bus or another way. These materials have been

shared electronically and online with partners across the Portsmouth area including primary care, the ICB and healthcare and community organisations.

2.5 We have emphasised to patients and visitors that there is onsite parking for them as well as the 22 Bus from Cosham High Street, with a bus stop opposite the entrance to the Jubilee House site. We are also encouraging patients who might have patient transport needs, to discuss this with their GP to see if they are eligible for patient transport. Those already using patient transport can book through the Podiatry team.

2.6 We are encouraging anyone with any questions to contact our Podiatry Team through the contact details shared in the patient letters.

2.7 We are currently preparing similar communication updates to share with people using Bladder and Bowel and Improving Access to Psychological Therapies (IAPT) services which are based at Cosham too.

2.8 (The move is at the request of the Hampshire and Isle of Wight Integrated Care Board (ICB) and NHS Property Services).

3. Portsmouth Mental Health Hub

3.1 May saw the full launch of the Portsmouth Mental Health Hub phonenumber, which helps people get the most appropriate mental health support they need before they reach a crisis point.

3.2 Anyone aged 16 and over can call the hub, which is open Monday to Friday between 8am and 6pm, on 0300 123 6621.



3.3 Fully trained call handlers will, in a kind and compassionate way, either arrange an appointment with services such as Talking Change or offer support to connect with local organisations including HIVE Portsmouth, social support or substance misuse. Callers do not need to go through their GP before using the phonenumber.

3.4 The creation of the phonenumber comes directly from feedback gathered during events run by Health and Care Portsmouth as part of Hampshire and the Isle of Wight's No Wrong Door

programme. Health and Care Portsmouth is a partnership of six healthcare organisations in the city. More than 140 people from local voluntary groups, and people with lived experience of mental health, attended community workshops throughout the last year.

3.5 Feedback from the workshops suggested a desire to develop an 'access hub' for mental health, to provide a clear point of contact for meaningful support and advice.

3.6 A comprehensive promotional campaign is underway, with posters and leaflets being displayed around the city and shared directly with organisations. The mental health hub will also be advertised on local radio stations, Spotify and the social media channels of Health and Care Portsmouth partners.

3.7 During the soft launch from 1 April, the phonenumber received 50 phonecalls received in the first month. In May, the phonenumber handled 113 calls, each one lasting an average of 26 minutes. Also, traffic to the website resulted in 630 visits in the second half of May.

3.8 Work is taking place throughout the summer to publicise the phonenumber to city stakeholders and health and care organisations which goes to show and celebrate its innovation and collaborative working.

4. Improving travel, transport and access

4.1 As part of estates master planning, Solent is reviewing all accessibility, transport and travel systems and processes alongside promoting alternative travel modes and active travel measures to align with green and sustainable initiatives.

4.2 Improvements to accessibility, travel and transport will be integrated and delivered via a series of projects focussed on parking space capacity planning, management and control, including:

- Car parking management operator
- Staff parking permit revalidation
- Pool car and international recruitment fleet
- Sustainable and active travel
- E-scooters and BERYL Bikes project.

4.3 Car parking management operator procurement: We are currently under formal closed procurement for a car parking management operator. The contract is set to be awarded by the end of June and then mobilisation and rollout follows this summer. St Mary's in Portsmouth will be the first site to go live and followed by some Southampton sites.

4.4 Staff parking permit revalidation: An equitable permit application process has been developed and built on a digital platform incorporating eligibility criteria and an Occupational Health referral assessment to support staff in a comprehensive way as and where needed.

4.5 Eligibility criteria includes allowance for those staff working nights, some late shifts and weekends, those providing emergency response, equipment pick up and drop off and multiple visits on and off site within shift. Some departmental "baton" permits will be issued to meet different operational service needs. Staff will not be charged for their parking permits.

4.6 Pool car fleet: Solent has expanded the fleet to eight cars, and all are operational at St Mary's (Rodney Road) with further expansion by July to Bitterne Health Centre (2 cars), Western Community Hospital (2 cars).

4.7 These key updates and processes will be available to view online on dedicated webpages on the Solent intranet and internet.

5. Project Fusion

5.1 Previously, the four partner Trusts involved in Project Fusion (which is the programme to create a new community and mental health trust for people living in Hampshire and Isle of Wight) have been speaking with people to understand their thoughts on the proposals, as well as their hopes and concerns for the new organisation.

5.2 We have now entered the next phase of engagement around Project Fusion. Internally conversations have been happening with staff to help create the proposed new Trust. People have been asked to share their thoughts on what the Trust should aspire to, how services should be organised, what the clinical priorities should look like and how they would like it to feel working in the new Trust. They have also been asked to share their thoughts on what the new name of the Trust should be. We have also been continuing the conversation with our partners in care and our communities to hear what they think too.

4.3 Along with our partners, we are currently preparing the final draft of the Full Business Case (FBC) for September 2023 ahead of the formal submission of the FBC to national regulators in November.

Please follow our latest news here [News | Solent](#)

Agenda Item 6



Hampshire and Isle of Wight



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c/o NHS Hampshire and Isle of Wight Integrated Care Board
4th Floor, Civic Offices
1 Guildhall Square
Portsmouth
Hampshire
PO1 2GJ
Tel: 023 9289 9500

9 June 2023

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

Dear Cllr Jeffery,

Update letter for HOSP - June 2023

I am pleased to provide an update for the Portsmouth Health Overview and Scrutiny Panel.

Our letter includes updates from across the Hampshire and Isle of Wight Integrated Care System, as well as the work we are delivering locally through Health and Care Portsmouth that describes the integrated working within the city.

Our website – www.healthandcare.portsmouth.gov.uk – provides further details about what we do if members are interested, and we are always happy to facilitate direct discussions if that would be helpful.

Hampshire and Isle of Wight Integrated Care Board

Pharmacy, Dentistry and Optometry

The ICB became responsible for Pharmacy, Optometry and Dentistry (POD) as an early adopter of delegated commissioning from NHS England on 1 July 2022. Complaints have come to the ICB from 1 April 2023.

The NHS England South East region POD team will be embedded into Frimley ICB as of 1 July 2023 and they are currently providing the contracting function for the ICBs and the current ICB POD

team is working closely with the regional team to look for improvements with a priority of improving dental access.

Across Hampshire and Isle of Wight, we have:

- 295 Community Pharmacy
- 29 Dispensing Doctors
- 100 Optometrists
- 173 Dentists

The priority initiatives for POD are:

Dentistry	<ul style="list-style-type: none"> • Review the current funding across the ICB with the aim of narrowing any differential in UDA rates • Look to create innovative solutions to support particularly areas with lowest area for access such as a dental bus. • Look to create a longer-term increase in dentists within the region and especially the IOW
Pharmacy	<ul style="list-style-type: none"> • Work with Local Pharmaceutical Committee (LPC) to improve uptake of the Community Pharmacy Consultation Service (CPCS) • Review of access to medicines in Out of Hours (OOH). • Pathfinder Expressions of Interest (EOI) to extend upon the contraceptive services already in place. Pilot to take place in Portsmouth where the current service is highest achieving. • Review of Locally Commissioned Services (LCS) starting with the End of Life pharmacy service to align across the ICB. Others to follow in priority order
Optometry	<ul style="list-style-type: none"> • Review of optometry commissioned service across the ICB to ensure equitable levels of service

Dentistry procurement

We are currently developing and mobilising more innovative and flexible commissioning solutions to improve access – including testing of the ‘dental bus’, and oral health strategy development.

New dental contracts were procured in 2022/23 effective from April 2023, with Isle of Wight procurement underway.

Community dental re-procurements are also underway, with a range of dental re-procurements taking place throughout 2023/24. This will lead to:

- Some short-term increased capacity in place for IOW, with long term procurement
- Decisions about new procurements complete e.g., direct awards, extensions or any competitive tenders to be progressed

To address areas with limited access, we have undertaken a review of dental services by Public Health which highlighted that activity ideally needs to be highest in the most deprived areas. The report highlighted Portsmouth, Isle of Wight, Havant and Gosport as the areas most in need.

Big Dental Discussion event - Tuesday 8 June

38 attendees attending an event this week, with representation from:

- 11 dental practices in Hampshire and Isle of Wight
- NHS England (including Senior Commissioning Manager for Dental)
- Healthwatch (Southampton, Isle of Wight, Involving People, Hampshire, Portsmouth)
- Solent NHS Trust
- University of Portsmouth Dental Academy
- Hampshire and Isle of Wight Integrated Care Board
- Hampshire and Isle of Wight Local Dental Committee
- Macmillan Cancer Support

Five themes were covered (from the HealthWatch dental report and agreed with the planning group):

- Access (Routine)
- Access (Urgent)
- Health Inequalities
- Prevention
- Workforce

Training opportunities/incentives, better processes for working together and a public health focus also emerged as additional themes.

A huge number of ideas and thoughts on dental solutions was gathered and will be presented in a raw form for feedback on Friday 9 June to attendees and non-attendees to allow them to add further thoughts. We will then be collating this information and using it to co design solutions to the problems we are seeing.

Urgent care

Summer communications campaign

The ICB communications team are developing plans for a summer campaign across Hampshire and Isle of Wight to discourage people from attending the Emergency Department inappropriately. The team are currently looking at the data to help identify specific groups to target during the school summer holidays and will look to utilise a range of channels across the NHS, councils and other partners, including websites, social media, newsletters, press, community outreach and events.

WaitLess app

The ICB have commissioned a mobile app which shows live waiting times for urgent treatment centres (UTCs) and minor injuries units (MIUs) across Hampshire and Isle of Wight - allowing patients to choose the most appropriate place to be treated for urgent minor conditions.

Following several delays in the last 12 months due to data input, it is anticipated that the app will be available in July/August ahead of the August Bank Holiday weekend. Individuals will be encouraged to download the app to check wait times before attending an Emergency Department (ED), UTC or MIU.

WaitLess has been shown to result in:

- 11% movement in minors' attendance away from ED at the busiest times
- 5% reduction overall of Type 3 attendances across the urgent and emergency care pathway
- Distributed demand across the system
- Increased patient understanding of where to most appropriately receive care
- Potential cost savings for commissioners of £3.77 per £1 spent on investment

Health and Care Portsmouth

Primary care

Access to GP practices

In May, NHS England published the national paper: [Delivery plan for recovering access to primary care](#). This plan focusses on four core areas:

- Empowering patients
- Implementing modern general practice access
- Building capacity
- Cutting bureaucracy

Within Portsmouth, several the recommendations from the delivery plan have already been implemented locally, or are being progressed; for example, all GP practices in Portsmouth have implemented digital telephony with call back functionality, and Portsmouth already has a number of self-referral pathways into NHS community-based services for local residents.

We are also working with practices and HIVE Portsmouth to offer digital drop-in sessions to support patients in accessing services through the NHS app, using e-Consult and SystemOnline, and other digital channels. Two events are taking place at Cosham Library on Monday 12 and Wednesday 14 June, to initially support patients at The Drayton Surgery and Portsdown Group Practice in light of the North Harbour Medical Group closure.

Further work is ongoing to implement the delivery plan in full. In addition to this, GP Practices, through their Primary Care Networks, are developing improved access plans in conjunction with the ICB, aimed to improve patient access to primary medical care services. These will be developed in Q1 2023/24 and delivered throughout the year.

All of this in the context of Portsmouth practices continuing to deliver an increasing number of appointments in primary care year on year; in April, 73,679 appointments were delivered by GP Practices within Portsmouth (13% increase compared to April 2022).

Individual practices

Island City Practice - incorporating John Pounds Medical Centre

There are two elements of work taking place with Island City Practice; the first part is around the lease arrangements between the practice and Portsmouth City Council for John Pounds Medical Centre. The District Valuer and Council have come to agreement regarding the lease and we are awaiting final confirmation from the practice agent. Once the practice has agreed the draft lease can be finally reviewed and both parties will be in a position to sign.

The second is our commitment to identifying what service provision may be required at John Pounds by establishing a working group to help identify the challenges and needs of residents in accessing healthcare in Portsea. Contact has been made with the various stakeholders in regard to participating in the working group and dates are currently being finalised for meetings and events.

Key members of staff from the ICB have recently embarked on a co-production training programme, which will provide them with additional knowledge and tools to support their work with patients in helping shape local services.

The intention is that by Autumn 2023 the working group, supported by local public health information and patient surveys/focus groups, will identify the health and well-being needs of the local population and the type of services that may be needed.

The ICB, in conjunction with other organisations/agencies/providers/partners, will then assess how health needs can best be met, and the model of delivery that can achieve this.

Closure of North Harbour Medical Group

North Harbour Medical Group officially closed on 31 March 2023. Patients were allocated and transferred to a new practice from late February to mid-March 2023 following a survey to ascertain their preferences and mapping undertaken by South Central and West Commissioning Support Unit (CSU). The Portsmouth Primary Care Operational Group received a lessons learned paper in May 2023 which looked at learning from the whole process. The key findings from this review were:

- On the whole, the process went smoothly given the pace at which the list dispersal needed to be completed (due to staffing challenges, the ICB agreed to work to a shorter notice period of just four months).
- The ICB supported the practice in identifying and securing additional management and admin staff to enable them to remain open and to manage the closure process.
- The response rate for the survey was high – over 50%, and the majority of first choices were met.
- There was extensive patient engagement with a series of well attended information sessions with representation from the ICB and other local practices, additional drop in sessions at Cosham library pre and post allocation to support any queries patients may have, and a phone and email contact manned by the ICB.
- Engagement from receiving practices was good with weekly joint project meetings between the three most impacted and the ICB Portsmouth Primary Care team.
- Both the receiving practices and ICB staff went above and beyond to ensure that patients were safely transferred and continued to receive a safe level of care in the run up to the closure.
- There were some issues with boundary mapping which resulted in a small number of patients not being provided with the correct choices on their survey. This was identified whilst the survey was open, additional letters were sent with correct choices and the survey deadline was extended to allow sufficient time for patients to register their choice.
- Early engagement did not include practices outside of the old Portsmouth CCG boundary which resulted in these not being included as options in letters and the practice management teams were not brought in to meetings or patient engagement at an

appropriate stage. Again, this was remedied through the additional letters and all patients contacting the ICB had their full range of choices explained.

Due to the demographics of the patient population, there were a lot of patients who needed support to complete the online survey. This resulted in a lot of calls and a dedicated phone line (rather than main reception) would have been better to support this high call volume.

Pharmacy

With the advent of PCN and practice pharmacists there has been an increased pressure on the community pharmacy workforce resulting in unplanned closures and an increase in locum rates. This results in increased cost pressures for contractors.

Funding for community pharmacy has dropped with a reduction in the community pharmacy global sum from £6.68bn in 2015-16 to £6.46bn in 2020-21 at a time when staffing and running costs are rising. This is quoted as the major reason for the closures we are seeing in addition to the cost of living crisis.

The contract for 100-hour pharmacies is changing to allow them to reduce their hours to 72 hours per week.

Increase in patients using distance selling pharmacies. With the advent of online and distance selling pharmacies patients are increasingly using these for their prescription supplies. The largest pharmacy in terms of H10W prescriptions dispensed is in Leeds.

Urgent Care

System pressures

Portsmouth and South East Hampshire Local Delivery System

While we have continued to see high levels of demand for our emergency and urgent care services across Portsmouth and South East Hampshire (PSEH), due to the continued efforts of all providers working together across PSEH and the wider Hampshire and Isle of Wight ICS, the local delivery system has recently stepped down from a sustained period at highest level of operational escalation.

As highlighted in other sections of this update, we continue to work closely with our primary care and community colleagues to provide increased access to GP practices urgent community response services, and mental health services which contribute towards demand on the acute sector, as well as responding to demands within urgent and emergency care, to improve patient access across a number of pathways.

In late May, Portsmouth Hospitals University NHS Trust (PHU) commenced a programme of measures designed to reset the Queen Alexandra Hospital site, so patients are cared for in the right place; improving their experience and outcomes. This includes ensuring the Same Day Emergency Care (SDEC) services are used for their intended purpose and speciality, and the closure of escalation beds to give capacity back to the elective care programme so patients who have been waiting for longer periods of time for care be treated.

Mental health

Community Mental Health Framework

Portsmouth Mental Health Hub

As reported previously, through discovery events and design workshops with people with lived experience of mental health and those working in the voluntary and community sector, we were tasked with developing an 'access hub' to provide a central point of contact for people to call and ask for mental health support/advice.

On 3 April 2023, the Portsmouth Mental Health Hub phonenumber was launched, with anyone aged 16+ being able to call the phonenumber - 0300 123 6621 - Monday to Friday, 8am-6pm.

Since the soft launch in April, the service has had:

- 52 calls in April - an average of 2.5 calls per day
- 113 calls in May - average of 6.9 calls per day

Current data suggests the busiest call times are between 11am and midday, and the quietest before 9am. The average call duration is 23mins during these first two months.

Callers residents in Southsea, North End and Paulsgrove make up the top three recorded postcode areas, however, it is important to note there has been a high number of 'not known' also recorded.

The age range of callers was highest for 26-35yrs, followed by 36-55yrs. Interestingly a slight dip in the 56-65yrs which increases slightly for the 66 and over.

Most callers heard about the service either from their GP and/or online and social media. And when asked 'where would you have gone if you did not access the hub?', most said they would have gone to see their GP, with a few also sighting the emergency department and 111.

You Are Not Alone communications campaign

To accompany the launch of the Portsmouth Mental Health Hub, we have re-launched the 'You Are Not Alone' multi-media marketing campaign for six weeks from mid-May to the end of June.

To date, we have:

- Reached 100,000 people on social media and 80,000 people on Spotify
- Distributed 8,000 leaflets, 8,000 business cards and 2,000 posters to partners across the city
- Featured the campaign on outdoor advertising boards, at Portsmouth and Southsea train station, on digital radio and podcasts and in Flagship magazine
- Presented information at network meetings and events
- Engaged with targeted groups such as students, young people and older people through specific events and activities
- Seen 1,000 visits to our accompanying website - www.mentalhealthinportsmouth.co.uk

Children, Young People and Families

No Limits

A new counselling service for young people in Portsmouth is up and running, after launching in early May. It is open to those aged 5 to 17 (or age 24 for young people with special educational needs and disabilities and those who have been in care) and is being delivered through Hampshire Youth Access (HYA), a partnership of youth services operating across Hampshire and led by No Limits.

Young people living in Portsmouth who are aged 5-10 will need a referral from a GP; the Children and Adolescent Mental Health Service (CAMHS); or through the Mental Health Support Teams who work in Portsmouth schools.

Those aged 11 to 17 (age 24 for those with SEND/Care Leavers) will be able to self-refer, and referrals will also be accepted from parents/carers or any professional.

The new service continues to be widely promoted through Health and Care Portsmouth's partnership agencies, and we are waiting for early data for the number of referrals it has so far received.

For more information or to refer: [Get Help - HYA \(hampshireyouthaccess.org.uk\)](https://hampshireyouthaccess.org.uk)

#BeeWell

Portsmouth secondary schools have been invited to join other schools across Hampshire and Isle of Wight to join #BeeWell, England's largest youth-centred wellbeing programme.

#BeeWell will seek the views of the region's secondary-school-age pupils, in a bid to influence and improve the wellbeing services available to them, both locally and nationally. A letter from all four local authority chief executives, including David Williams, was sent to all secondary schools in the region to encourage them to sign up and take part in the census in the autumn term later this year.

Hampshire and Isle of Wight is the second area to introduce #BeeWell, after its success in Manchester, where it started.

Neurodiversity community inclusion project

Leisure centres in Portsmouth can sign up to become more welcoming places for people with hidden disabilities.

New specialist training is being created for leisure staff to support people who have a neurodiverse need such as autism or ADHD that might not be visible, when they visit.

Leisure providers who join will also be advised on how they can make positive changes to their centres to make them more welcoming, which could include dedicated quiet spaces. Businesses will also have free access to software to help them develop improved signage for their centres, as well as communication boards which help people with hidden disabilities to express how they feel.

The training and support is being provided by Hampshire and Isle of Wight Integrated Care Board and delivered throughout Portsmouth and the wider region.

Public Health

re:work

re:work is an employment support service, delivered by Portsmouth City Council, for people recovering from drug and alcohol addiction and wanting to find work.

re:work takes referrals from Hampshire NHS Inclusion teams at Fareham, Gosport and Havant, and from the Society of St James in Portsmouth, and the re:work team of employment specialists work with clients and employers to set up employment opportunities across the south Hampshire area.

Materials have been produced to promote re:work to employers and clients, including business cards, pull-up banners, posters and animated videos. A launch event is taking place on Friday 9 June at Lakeside North Harbour, with Cllr Winnington, Cabinet Member for Community Wellbeing, Health and Care opening.

Live Well

Live Well aims to provide community outreach, and take services such as mental health, wellbeing support, housing advice, help with paying bills, claiming benefits, and mini health checks, into the community.

Seven sessions have been delivered since our last update in March 2023 - predominantly alongside food pantries, larders or food banks in four areas of the city: Paulsgrove, Portsea, Landport and Somerstown.

429 separate engagements have been recorded, including 25 mini health checks delivered by BH Live.

In addition to the traditional delivery, one Live Well session was delivered in a school setting in February (Trafalgar) and will be repeated in July with the addition of a programme of awareness talks being available for parents/families/guardians. A smaller bespoke session is also being delivered at St. George's Primary School in June around holiday activities and support for families.

Healthy living in Paulsgrove

A new project to promote healthier lifestyles in Paulsgrove is being developed by the Health and Care Portsmouth communications, marketing and engagement team. As one of the most deprived areas of Portsmouth, Paulsgrove has significantly higher than average emergency hospital admissions, a higher-than-average number of residents with a limiting long-term illness or disability, and higher than average premature mortality rates.

Numerous departments within Portsmouth City Council are supporting residents in Paulsgrove to live healthy lifestyles, but feedback from the community indicates feelings of isolation and frustration, with residents often feeling that they must travel onto the island to access services.

This project aims to:

- Bring partners together to help identify the current offer in Paulsgrove, and to help identify any current gaps in provision

- Discuss innovative ideas and possible solutions to any gaps in provision and any other barriers to living healthy lifestyles in Paulsgrove
- Involve Paulsgrove residents in conversations about their area, to ensure they are engaged and remain informed throughout
- Co-produce a campaign to bring services and activities together under one banner, to promote healthier lifestyles in Paulsgrove

We will establish a Paulsgrove Working Group with representatives from local people, ward councillors, healthcare organisations and businesses, and look to involve the local community through focus groups, existing events (such as Live Well) and one-to-one conversations.

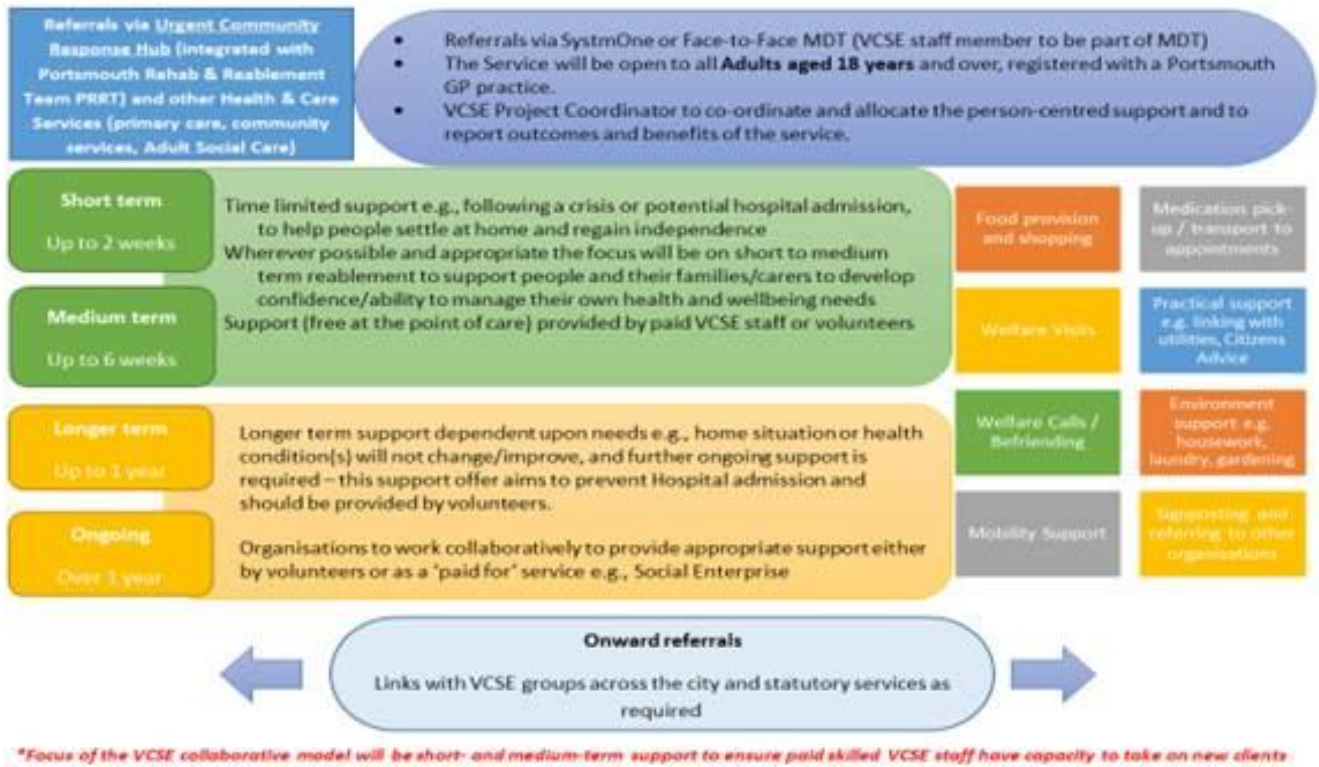
Long-term conditions

Voluntary Community Social Enterprise (VCSE) Wellbeing Collective

The Better Care Fund for Portsmouth currently supports the development of a Wellbeing Collective service model consisting of Hive Portsmouth, Salvation Army, and British Red Cross, who work together, with health and care services and the wider VCSE, to support people at most risk of hospital admission and those recently discharged from hospital.

The purpose of the development phase is to prove the concept of a VCSE collaborative approach for delivery of coordinated community social value support, rather than the previous model of separately commissioned VCSE support. The VCSE organisations have come together to develop a collective approach to delivery, each organisation supporting the others. The Collective received 655 referrals over a 13-month period (Nov 2021-Dec 2022) 87% of those referrals were for people over 65yrs of age. Over 3,000 support interventions were provided (during last 6-month period).

The aim from April 2024 is to commission, via BCF funding, a longer-term VCSE Wellbeing Collective admission avoidance / discharge support service to enable both sustainability of the model to support Portsmouth residents and clarity for the VCSE organisations providing the service. Please see model below:



Palliative Care Support Hub for Portsmouth and South East Hampshire

The Health and Care Act (June 2022) included a new requirement for all Integrated Care Systems (ICSs) to commission palliative and end of life care (PEoLC) for the whole population. [The Palliative and End of Life Care: Statutory guidance for integrated care boards](#) was developed and published to support ICBs in these responsibilities. The guidance specifically includes the commitment for ICBs to:

“...engage in defining how their services will operate population needs 24/7”.

Furthermore, the [Fuller Stocktake report](#) recommends “streamlining access to care and advice for people who get ill but only use health services infrequently: providing them with much more choice about how they access care and ensuring care is always available in their community when they need it.”

From late summer early autumn 2022 Rowans Hospice, Solent NHS Trust and Southern Health NHS Trust with support from Portsmouth and South East Hants Local Delivery System came together to develop a Palliative Care Support Hub to provide a single point of contact. The aim is to reduce the burden of navigation for PEoL patients, their families and health care professionals. To provide opportunity to identify and effect Advance Care Plans and to reduce duplication of effort to improve efficiency by a coordinated support offer.

The Palliative Care Support Hub was launched April 2023 and provides 24/7 support via a telephone support line (tel. 023 9225 0001), including:

- Symptom and medication management advice
- Urgent immediate response

- Palliative care signposting
- Planning ahead (*Future Planning*) support
- Out of hours advice and guidance
- Referral for admission or Specialist support
- Triage and assessment

Targeted Lung Health Check (TLHC) project

Portsmouth smokers and ex-smokers aged 55 to 75 are being invited for a Lung Health Check and where required, a low dose CT scan.

The primary aim is to reduce mortality from lung cancer. Currently Portsmouth early diagnosis rate is 38% (Stage 1 or 2). In line with the NHS Long Term Plan 2028 target, the TLHC programme is aiming for a 75% early diagnosis rate with a target population of 24,000.

The project is rolled out gradually via our Primary Care Networks, with patients being invited to St Mary's for the check. It is delivered by Portsmouth Hospitals University NHS Trust (PHU) with support from InHealth and the Public Health's Wellbeing Team.

Outcomes to April 2023

- 9039 people have undergone a Lung Health Check (virtual appointment).
- 4985 having been identified as high risk for Lung Cancer.
- Of those, 3480 have had a CT scan.
- 100 have been referred to the Lung Cancer Pathway.
- **39 cancers** have been diagnosed (inc 1 melanoma and 1 colorectal). **80% at Stage 1 or 2** (average pre TLHC was 38%.)
- 48% of contacted patients have taken up smoking cessation support provided by our Wellbeing Service.

Since the programme launch, PHU are on track to have invited 50% of the 23,924 eligible Portsmouth residents within a year.

In addition, through Portsmouth Provider Partnership (P3) funding we are helping practices to provide incidental findings support via the Breathlessness Hub for mild emphysema provided by Solent NHS Trust and coronary calcification via additional Pharmacist input. The newly built clinic facility at Rodney Road opened to patients at the end of April. The updated process will greatly improve patients experience with a **one stop shop approach**, rather than the previous virtual (phone call) followed by CT scan.

Overall, to date, the point at which lung cancer is being diagnosed at, is delivering on its aim to improve from 38% being diagnosed at **State 1 or 2, to 80%** (75% is the national target).

Yours sincerely,

Jo York
 Managing Director
 Health and Care Portsmouth

Title of Meeting: Health Overview and Scrutiny Panel
Date of Meeting: 22 June 2023
Subject: Adult Social Care Update
Report By: Andy Biddle, Director of Adult Social Care

1. Purpose of Report

To update the Health Overview and Scrutiny Panel on the key issues for Adult Social Care, (ASC) for the period December 2022 to May 2023.

2. Recommendations

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

3. Overview

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

Adult Social Care promotes health and wellbeing for all, helping people to build on their strengths through access to advice, support and care enabling them to feel safe and able to contribute to their communities.

4. National Legislation & Guidance

Further to the enactment of the Health & Care Act 2022 the following has happened since December 2023:

A draft version of the assessment framework to assess how well local authorities are performing against their duties under Part 1 of the Care Act 2014 was published in March. CQC are currently reviewing published information and running a pilot with 5 Local Authorities to form a baseline ahead of the proposed formal inspection, starting from September 2023 (subject to secondary legislation being passed).

- 4.1. Integrated Care Boards ICBs took on the commissioning functions of CCGs in 2022; at the time ICBs were established jobs and teams transferred directly, with a marker to review once a level of stability had been achieved. HIOW ICB began undertaking a workforce review in February 2023 which is ongoing. It is expected to have a significant impact on the future shape and resource of ICBs; any deficit could place additional burden on Councils with Adult Social Services Responsibilities (CASSRs)
- 4.2. The Department of Health and Social Care (DHSC) have announced the Liberty Protection Safeguards (LPS) will not be implemented during the life of this parliament, meaning continuation of Deprivation of Liberty Safeguards (DoLS). This delay will mean an increase in financial and legal risks to councils, as well as a risk to individuals as the DoLS framework has been deemed not fit for purpose.
- 4.3. The draft Mental Health Bill, intended to modernise the Mental Health Act still awaits parliamentary approval.

5. Health & Care Portsmouth

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

HIOW ICB has recently taken the decision to institute the 'Fusion' project; this will lead to a single community health and mental health provider organisation for Hampshire & the Isle of Wight (which includes Portsmouth). At the time of this report it is not clear how this will impact partnership working.

Since December HCP has been working on a number of initiatives including how together we support improving quality in the care market; supporting care providers to embrace use of digital technology and working together to ensure appropriate alignment of our strategy and business plans.

6. Key Issues

6.1. National reform

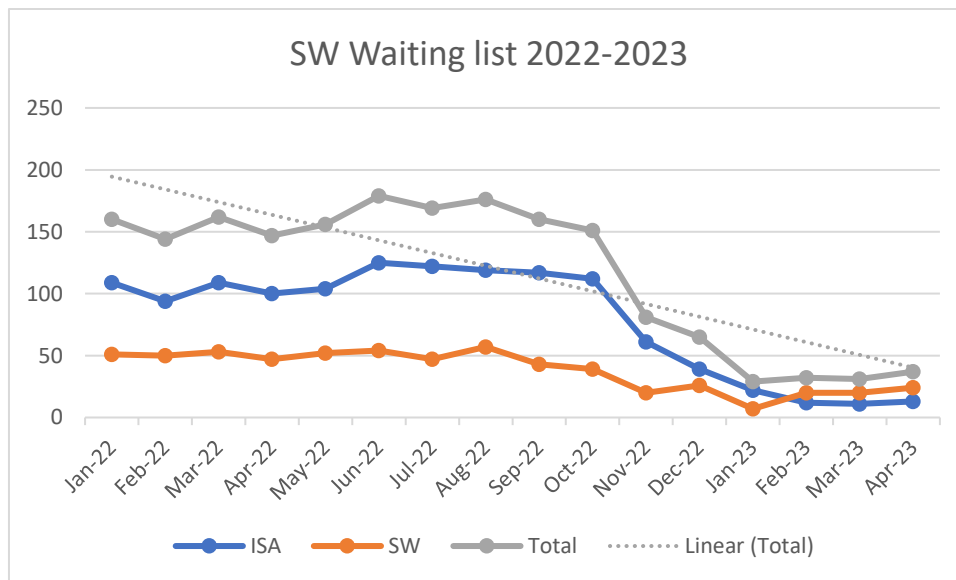
Proposed reform constitutes significant changes to the law and related guidance and although elements have been delayed there are still requirements placed on local authorities, which places pressure on resource.

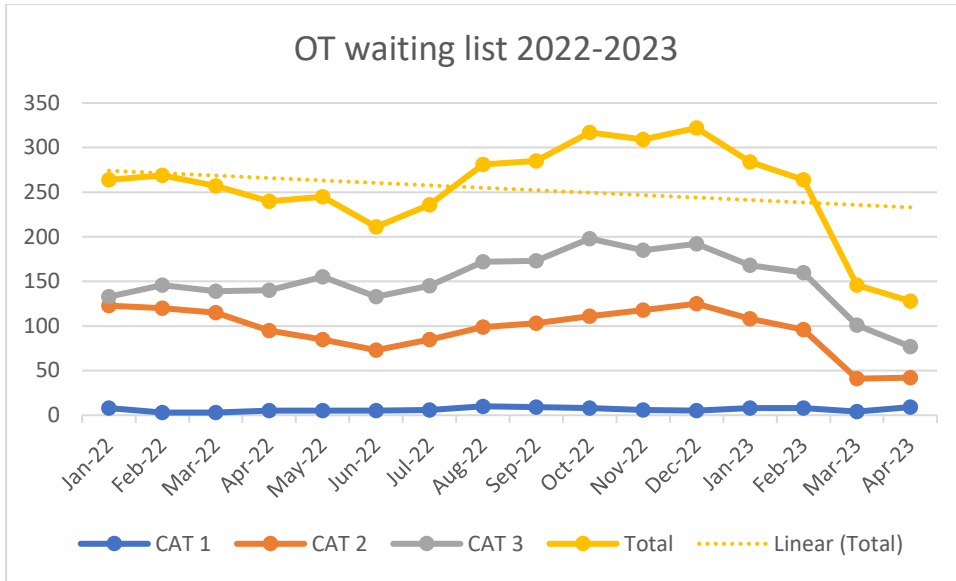
6.2. Adult Care and Support

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

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

The community SW and OT teams have been experiencing increased pressures. However, through efficiency improvements we have managed to reduce both the SW and OT waiting lists including reducing the overall waiting times for assessment.





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

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

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

6.3. Hospital Discharge

ASC continues to follow the hospital discharge guidance¹ to reflect the changes introduced by the Health and Care Act 2022. Section 91 of the Health and Care Act² revokes procedural requirements in Schedule 3 to the Care Act 2014 which require local authorities to carry out long-term health and care needs

¹ Hospital Discharge and Community Support Guidance (publishing.service.gov.uk)

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

assessments, in relevant circumstances, before a patient is discharged from hospital; it also introduces a new duty for NHS trusts and foundation trusts to involve patients and carers (including young carers) in discharge planning.

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

There have been ongoing permanent staff recruitment challenges within the Discharge to Assess Team, and the reliance on locum staff on short-term contracts has been detrimental in supporting timely assessments and discharges from the bedded units, which in turn impacts on the acute hospital being able to discharge patients who require a bedded option. Where there has been constant dedicated Social Care staff in the Spinnaker Unit the length of stay has reduced and there are no delays in waiting for Care Act assessments. It has been more difficult to maintain social work assessment staff in the Jubilee Unit. Consequently, there has been an increase in people waiting assessment, before progressing to discharge. This impact of this is greater requirement for short term beds in the private sector. This means we are using the joint ASC / ICB budget for D2A more quickly than anticipated.

Currently, we may not have sufficient funds to enable a continuation of this way of working for the full 2022/23 financial year. Therefore, we may need to review our D2A model later in 2022 as we prepare for winter. Although it is not confirmed, we would expect additional winter funding to be made available this year which would support our D2A pathway although this can not be relied upon or considered at this moment in time.

Work is currently underway to understand ASC total actual spend to date on D2A, to produce a calculation of average weekly placement costs year-to-date and to produce an estimate of the number of affordable weekly placements for remaining period of financial year (based on average weekly cost to date). The purpose would be to then have a conversation with ICB to consider a greater contribution to our D2A financial risk agreement or consider other mitigation actions to avoid a return to care act assessments being completed in the acute hospital, which will see a return to increased numbers of Portsmouth citizens delayed in being discharged.

The Portsmouth Rehabilitation and Reablement Team (PRRT) have continued over this period to enable timely hospital discharges and ensure those people that can go home, do so with access to rehabilitation and reablement support. PRRT is an integrated health and social care team comprising of Rehab Assistants, Physiotherapists, Occupational Therapists,

Nurses, and Social Workers. As part of our discharge pathway, PRRT works closely with the Discharge Team at Queen Alexandra hospital to identify people who require further intervention to return to their baseline and maximise their independence. A key performance indicator is evidenced by those people supported by PRRT that have remained at home for at least three months after they have left PRRT services. For this last reporting period, this figure was an average of 86% of the caseload, remaining being supported to remain at home.

There are several commissioned rehab and reablement services across Portsmouth, which includes Community Independence service, Portsmouth Rehab and Reablement Team, and Community OT. This has led to a fragmented and inconsistent pathway for referrers to navigate to know which service to refer to for their patients and service users. The Portsmouth health and care vision is to provide a single rehabilitation and reablement offer across Portsmouth city, ensuring that Portsmouth residents needing care or support receive Rehab and Reablement as a default offer, increasing their independence and decrease their reliance on statutory services.

A review of Rehab and Reablement services in Portsmouth has been commissioned which will inform whether a reconfiguration of local community service provision is required alongside a revised and clear pathway / offer. An in-depth analysis of the current services has been undertaken, which has provided an overview of how the current services operate from the perspective of the patient / client. Following the analysis, a workshop was held which reviewed the findings and agreed actions to take forward the recommendations of the findings. It is proposed the next step is to break down the introduction of a new pathway and service offer into phases, utilising a Plan, Do, Study, Act (PDSA) approach. The first phase will focus on the introduction of a single access point and triage for rehab services. This initiative aims to enhance the efficiency, coordination, and effectiveness of the deployment of rehab and reablement services, providing a streamlined and integrated approach for referrers. This will support the implementation of a no wrong front door approach to accessing rehab and reablement services for the city, in which patients will receive an inclusive, holistic approach to return to independence following a crisis or deterioration. To inform the form of the single access point from June CIS, PRRT and Community Physio will jointly triage all referrals coming into the services. The aim of this is to provide a single overview of rehab and reablement demand into the city and to ensure patients are supported by the most appropriate team, optimising the use of available resources. This will then inform phase 2 which will consider capability and capacity to meet demand as well as inform the structure of our services.

6.4. Work with People with a Learning Disability

The Integrated Learning Disability Service (ILDS) continues to have high levels of referrals with an overall caseload increase. There has been a significant increase in transition referrals, (those Portsmouth residents turning 18 and needing support) and in those eligible for Continuing Health Care (CHC). This has placed a major strain on the service and has required investment in staffing from both the City Council and Solent NHS Trust. Similar investment was also being sought from HIOW ICB to ensure sustainability. This has just been agreed,

In the previous 18 months the ILDS caseload has increased from 778 to 904 Portsmouth residents. This represents a 16% growth (126 cases).

Currently, there are 126 residents waiting for allocation to a named worker. This represents 14% of the entire caseload. Of these 32 (25%) have been assessed as being a very high priority for support.

The service has achieved just over 85% of annual reviews of our resident's support.

In the next four years, there are an estimated 70 Portsmouth residents who will turn 18 and need care and support from the service.

Alongside continuing fieldwork pressures, the ILDS are also:

- Looking at innovative and cost-efficient local commissioning for young adults in transition with high-cost care packages. This has been achieved for some in a new development (Fir Trees).
- Leading work around managing constipation which regionally and nationally has proven to be a direct, or indirect, cause of death for people with a learning disability than is accounted for in the general population.
- Leading on the introduction of the “safe places” scheme within the city.
- Hosted a recent event, “Moving Forwards”, in partnership with other sectors of the Council aimed at people new to our services, particularly in transition, to help understand what opportunities there are in the city. This was very well attended and received.
- Continuing to host a provider partnership forum that champions quality improvement initiatives. More recently this has led to an induction day being developed for all staff across learning disability services to meet, understand what services operate in the city and hear the voices and wishes of our service users. This is an innovative approach that aims to break down barriers between providers and promote a community of support and opportunity for all.
- The forum has also started working with a newly appointed LD community pharmacist to help better respond to medication errors across services.

- Refreshing our commissioning framework for our supported living services with the dual ambition of driving up quality whilst managing the market in a way that is sustainable.
- Finally, we are nearing the completion of our “Voices Heard” project. We have been aware that the oral history of people with a learning disability is poorly recorded and that there is a risk of history repeating itself if we don’t learn from the past. This project sought to hear the stories of some of our older folk who experienced care in institutions such as Coldeast Hospital and the ways in which life was better when they closed. We now have an hour-long film capturing their testimony and are looking at how we can best share this.

6.5. Carers Service

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

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

Over the past six months, the carers service has continued to receive high rates of referral, both from professional and self-referrals. We have also increased the variety of services we offer. The following new services have started in the past six months:

- New respite provision at Harry Sotnick House. This replaces the previous provision at Cosham Court Nursing Home which no longer met the needs of carers wishes to access overnight respite services. Harry Sotnick House can support all but the most complex behaviours and physical needs and has been very well received. Demand for the bed is extremely high and it is running at around 90% capacity.
- Wellbeing Within - mental wellbeing support for carers. This service provides an informal 8-week course for carers and provides useful tools such as breathing exercises, mindfulness and relaxation techniques that carers can use in their own homes.

The past 12 months has seen an increase in demand for commissioned services, driven in part by the increase in referrals but also by the continued shift towards pre-pandemic behaviours with more carers requesting sitting services to enable them to have a break and to also attend to their own medical appointments. This has led to increased spend in this area.

One of the continued areas of focus is to build our online presence and enable carers to access information and support in a way that suits them, at a time that suits them. We have increased the reach of our Facebook and Instagram accounts as well as our website as follows:

Facebook

Nov 22-Apr 23- 26,544 post views

Nov 21-Apr 22 -16,396 post views

68% increase

Instagram

Nov 22 - April 23 - 3054 post views

May 22 - Oct 22 - 1975 post views

55% increase

Website

Oct 22 - Dec 22 - 204 visitors

Jan - Mar 23 - 512 visitors

151% increase

6.6. Independence and Wellbeing Team

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

The Independence and Wellbeing team work to support the people of Portsmouth to

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

This focus increases independence and consequently reduces demand on health and social care statutory services through early intervention, centred on a strength-based approach to working.

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

Community Connectors (CC):

- A strength-based triage process has been implemented to manage the waiting list. This has resulted in a reduced waiting list (rolling average of 12 referrals); in addition, referrals are assessed to ensure they are appropriate to the support available.
- Due to lack of take up, the Community Inclusion Workshop (CIW) has been put on hold. However, the introduction of a triage for 1-2-1 support has meant the waiting list remains manageable.
- Covid Recovery funding for CC presence in Extra Care (EC) Schemes has finished. An application for additional funding from the Transformation Fund was unsuccessful and therefore there is no longer specific CC offer to EC residents. However, EC residents can still be referred to the service by care staff.
- The CC service continues to take a strength-based approach in service provision utilising the principles of MECC (Making every contact count)

Community Development:

- The Community Development service has a default position of coproduction for new projects and is actively working to embed coproduction across its work, consequently project development is done collaboratively with the community, stakeholders and residents, with an outcome of residents' voices being heard, feeling valued and meaningfully contributing to the design and delivery of local solutions.
- Funding was received from Public Health for a part time Community Development Officer (CDO) to deliver a 12-month project to improve the city's ethnic minority communities' access to children and young people's mental health services. The project was launched with a health and wellbeing event on 27th April 2023.
- The service will be recruiting a part-time Project Officer on a 12-month fixed term contract. This will provide a temporary increase to capacity to support existing and new activity sessions across IWT community projects and to support volunteers to become activity leads.
- A Community Development Officer continues to work within Extra Care schemes which is proving successful. Working in coproduction with EC residents, staff and partner services, the schemes offer:
 - seated chair exercises
 - coffee socials
 - art and crafts
 - nature watch / outdoor opportunities.

New activities are:

- Yoga in the Park every Wednesday 10am - 11am. This activity has been funded until September 2024 by Victoria Park.
- Autism and Neurodivergence gardening session at the Milton Piece Community Allotment.

- Paulsgrove Men's Group - a social group for men who may be experiencing social isolation.

6.7. Participation and Engagement

We believe, that to meet the challenges of delivering on our vision and strategy for Adult Social Care in the city, power must be distributed more evenly between people who use services, those with lived experience, people providing assessment/support and leaders. We continue to move to a language of involvement and shared power which will help to achieve the required shift in culture.

Achievements over recent months include:

- Recruitment - A 'how to guide' has been developed to support the involvement of people with lived experience in ASC recruitment processes. This is in final draft stage with some teams starting to adopt these approaches as standard.
- Staff Live Event - took place to support understanding of what co-production is with plans for further attendance at meetings and events to support staff to develop knowledge further.
- Strength-Based practice - the service have engaged and organisation to work with us to undertake a stock take of our practice, to ensure it is based on the principle of working to our residents' strengths and maximising opportunities for independence. This approach focusses on co-producing person-centred support plans with residents.

6.8. Management Information Service

Annually in September NHS Digital issues a letter to provide information on the mandated national adult social care data returns. The Department of Health and Social Care (DHSC) has now confirmed that the quarterly Client Level Data collection is mandatory from 1st April 2023, with the first quarter submission in July 2023. ASC are working to amend our systems and processes to enable us to record and report the required information. During 2023/24 we will submit information as and when the required changes are implemented, and approach we have discussed with DHSC. We will be completing and submitting full returns from April 2024.

Over several years the resource to support analysis and reporting within ASC has been removed. To support ASC to respond to mandated requests, produce data required for regulated ASC assurance and draw on performance and management information to effectively run ASC business we have established the Information Management and Data (IMD) Programme. This covers a programme of work to address the challenges associated with multiple data sources, the need to produce timely accurate reporting and create reports for non-technical staff.

As part of the requirement to support our data and information needs and to develop our business processes, we are currently recruiting two members of staff to join the team.

Securing specialist resource remains a challenge, particularly ensuring appropriate access to business analysts and technical expertise for the programme to develop. Our reliance upon 'Python' software continues and we have to commission specialist resources to support work. We now have a project focused on data warehousing and using tools which do not depend on specialist resources. We continue to liaise with PCC IT services to deliver this work and if viable it may provide a 'blueprint' for data management across the council.

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

6.9. Regulated and Provider services

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

- Three services are registered for the delivery of accommodation for persons who require nursing or personal care:
Harry Sotnick House, Russets and Shearwater
- Four services are registered for the delivery of personal care:
Ian Gibson Court, Portsmouth Rehabilitation and Reablement Team (ILS), Community Independence Service (CIS) and Portsmouth Shared Lives Service

Each service has a Registered Manager (RM) who is registered with the CQC, as well as a variety of staff relevant to the service provided. All services are subject to inspections from the CQC in line with their registered activity.

With the exception of Ian Gibson Court, which is part of the Housing, Neighbourhoods & Buildings, (HNB) directorate, all services sit within Adult Social Care (ASC). All staff within services receive mandatory training as required.

Harry Sotnick was inspected by CQC in May 2022, with the report published in June, and received an overall rating of Good.

Russets is our only service rated as Requires Improvement; and was last inspected in December 2022.

The Community Independence Service is rated Outstanding. The rehabilitation and reablement offer across the city is currently under review as part of the work to ensure as many residents as possible are able to benefit

from reablement. There is a proposal to commission a new service by Summer 2023.

Since October 2022, Harry Sotnick House has accommodated a Discharge to Assess, (D2A) unit, the Jubilee Unit led by Solent NHS trust. Staff were brought across from Solent's Jubilee House, following a planned decommission, and PCC staff were transferred into Solent NHS to provide a consolidated workforce. Staff are co-located at the Jubilee Unit.

In November 2022 staff from PCC regulated services worked with colleagues in response to significant safeguarding concerns identified within an independently run care service. PCC managers and personnel provided support, over a number of days, to coordinate health and care resources in the service and support with direction and delivery of care to keep people safe. To increase available capacity in the city, appropriate to temporarily meet needs of individuals moving out of the service a decision was taken to mobilise additional staff and open additional beds in Shearwater.

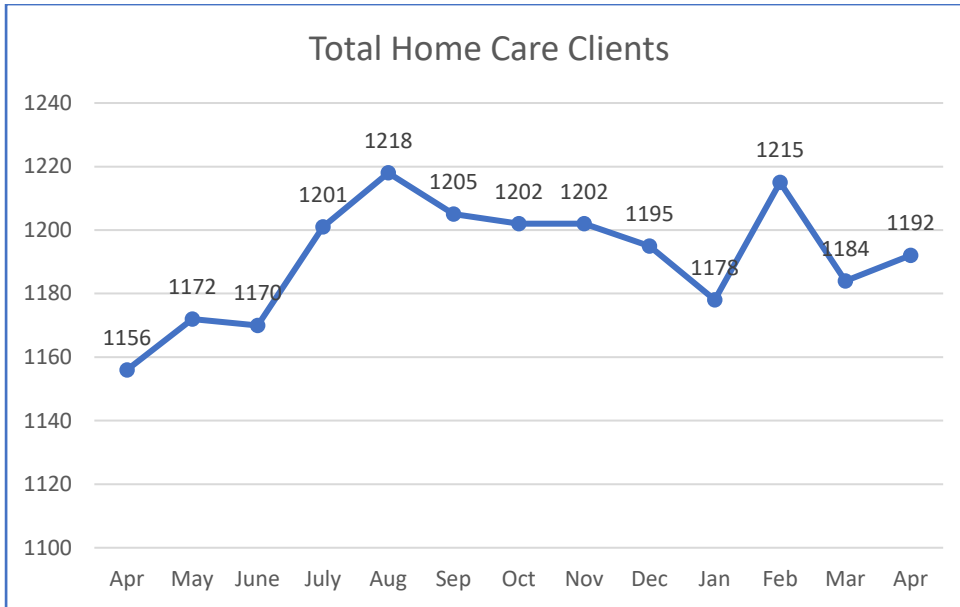
The ASC 'quality assurance & learning framework' for regulated services includes a requirement that we audit standards across our regulated services, part of this process involves informal inspections. These are completed by the Head of Regulated Services and the Nominated Individual annually with support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

7. Demand

The figures below are snapshots of our residents with care and support needs who are in receipt of care and support in the month.

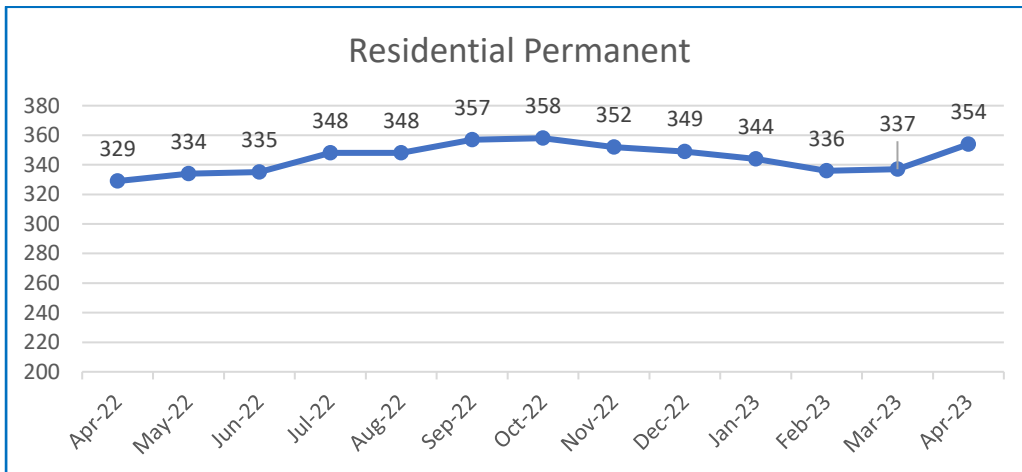
7.1. Domiciliary Care Services

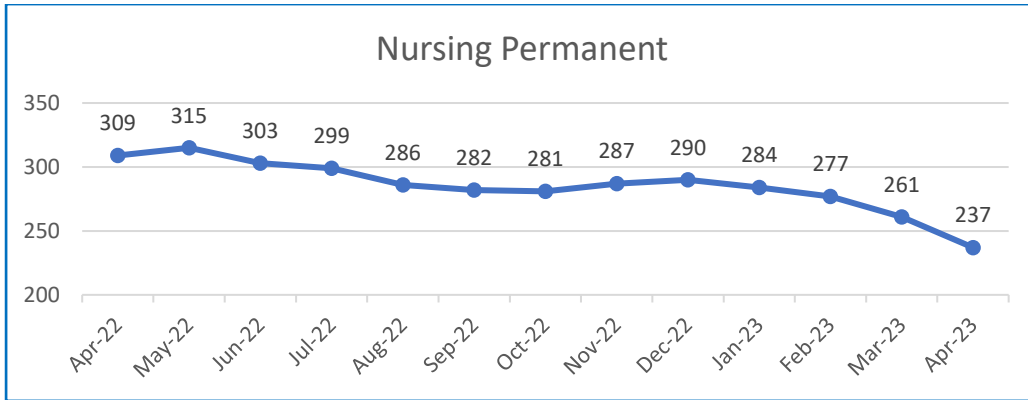
The number of people receiving care in their own home has remained around 1200 over the past 6 months except for a brief 'spike' during February.



7.2. Residential and Nursing Care

During the last 6 months we have seen a gradual reduction in nursing care placements. Residential placements were also reducing, however there has been a slight increase during April due to the inclusion of figures relating to Extra Contractual Referral (ECR) that as of 1st April 2023 are managed by PCC.





7.3. Stroke Association Update

The Health Overview & Scrutiny Panel have asked for an update around the contract with the Stroke Association that will now cease in December 2023.

The rationale around the current contract ending in June 2023 was based on the fact that this contract has for some time been funded by underspends in our Better Care Fund, due to the core funding for the contract exceeding the financial capacity in the BCF. There was not a forecast underspend in the BCF in 2023/24 and there was therefore no budget available to retender this contract. The contract was due for re-tender as it is not possible to extend it further.

The other relevant issue is the National Stroke Service Model guidance issued by the NHS, for an integrated community stroke service (ICCS). Since that time health organisations have been reviewing their stroke provision in line with the model. Whilst the model focuses on the core delivery of 3 pathways, Life after Stroke services including voluntary/charity support services are included within the scope of the model. It is suggested that ICCS should work with the voluntary sector to develop appropriate life after stroke and support services.

Where local voluntary sector stroke recovery services are not in place, people still have access to Stroke services provided through the health service, including acute treatment and rehabilitation after stroke and assessment of their social care needs through the local authority. In addition, people are still able to access the support service from the national stroke association via their helpline or online forum, who can put them in touch with other local support groups and services.

When a small underspend in the BCF was identified for 22/23, we agreed to bring this forward and extend the contract to the end of December 2023 to enable further time to focus on working with the Stroke Association to develop an exit strategy and develop plans to mitigate risks to residents, resulting from

the ending of the contract. This work involves our colleagues in the NHS and we have met with local NHS colleagues, social care and the Stroke Association to discuss the pathway for people who have experienced a stroke in Portsmouth, how residents access it and how we communicate this to our residents.

We understand that changes to any arrangements creates concern for our residents. The NHS in Portsmouth commissions services and support for residents who have experienced a stroke, which means that residents will continue to be able to access services when this contract ends. Health and Care Portsmouth, the joint body which includes the council and NHS partners, has extended its contract with the Stroke Association until the end of December 2024. This gives an opportunity to ensure that people currently using the Stroke Association service have alternatives and we can share information about the services in place.

7.4. Deprivation of Liberty Safeguards (DoLS)

The data for the period 01 December 2022 to 30 April 2023 when compared, on a pro rata basis, to the figures submitted in the November report to HOSP show a slight decrease in the number of referrals with a marked decrease in the average time between receiving the referral and authorising DoLS.

Descriptor	No.	Change against previous
Referrals Received (all Referrals)	624	9% fewer
Referrals Received (excluding Furthers & Reviews)	449	1% fewer
DoLS Granted	138	48% fewer on previous
Average Time between Referral & Authorisation	28 days	reduction of 24.6 days

Status of referrals 30/04/2023	No.	Chane against previous
With Triage	5	Increase of 3
To be Allocated	23	Decrease of 40
To be Triaged	13	Increase of 13
Total to be Allocated	41	Decrease of 24

Despite a reduction in the number of Best Interest Assessors, (BIA) based in community teams, available to undertake assessments the Approved Mental Health Professional (AMHP) team have aimed to increase their work in this area (subject to capacity relative to the level of Mental Health Act work). This has ensured that our delays have not significantly increased although this remains a risk should pressures increase elsewhere in the team.

Nationally, the current DoLS system has been reviewed with a recommendation to move to Liberty Protection Safeguards (LPS); this would apply to people who lacked capacity to consent to being in a care home, hospital as well as in a community setting, including a person's own home. This sought to simplify the DoLS system by assessments being carried out by practitioners already involved with the person as well as removing the requirement for a 2nd assessor (a doctor) that exists with DoLS. Under the current legislation DoLS only applies to those who are in a hospital or care home setting; any other settings where a deprivation occurs have to be referred directly to the Court Of Protection via the Council's legal department.

Given the announcement by DHSC that the proposed Liberty Protection Safeguards (LPS) will no longer be implemented during the life of this Parliament, one of many challenges for the Council is that we will have to continue to pay for doctors to carry out assessments for a much longer period than originally thought, using DoLS legislation which is acknowledged as not fit for purpose. As a consequence of the delay there are new risks, one is the need to apply to the Court of Protection for those people who are deprived of their liberty, living in the community that were being held over in the expectation that LPS legislation would manage them. The DoLS team are working with Legal to explore and consider how we best manage this risk.

Our LPS Implementation lead has worked with our Principal Social Worker (PSW), Mental Health Act (MHA) and Mental Capacity Act (MCA) Leads to complete a review across both Adults and Childrens Services to determine how well practitioners understand the MCA and best interests decision making. Consequently we are currently designing a training package to support consistent practice across all services, which will ensure a smoother transition when the government introduces new measures for tackling the issues of deprivation in all settings.

7.5. Mental Health Act Assessments (October to March)

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

The AMHP role is to gather all relevant information, coordinate all involved in the assessment and make applications to admit to hospital, when required.

Delays are a common theme for this process and some of these are documented below. An Assessment requires two doctors (psychiatrists) and it has become more challenging to locate doctors to carry out assessments from Solent NHS Trust. There is a recruitment challenge for most NHS Trusts and those doctors who are working in the trust are mostly reluctant to assist us due to the task not being part of their contracted work. This leads to delays in response to requests.

The team continue to monitor issues in obtaining warrants, due to the online system introduced by Her Majesty's Court Service (HMCS), this has delayed access to urgent warrants due to reduced spaces. This can have an impact on assessment timescales, with can then create delays to admissions. Consequently, the AMHP team have also reviewed their use of warrants in a bid to reduce the need for applications.

Issues remain accessing private ambulance cover; consequently, this can (and sometimes does) delay admissions and create additional pressures. These issues are monitored by the Integrated Care Board (ICB) who are responsible for the management of the contract with Secure Care UK. The MHA lead attends a bed resilience meeting each week that monitors the bed situation as a well as the response times by Secure Care UK.

Our partner, Solent NHS Trust (the Trust), continues to experience challenges in managing the inpatient wards to ensure the flow of admissions and discharges. They have been affected by the national recruitment challenges affecting Registered Mental Health nurses (RMN) and psychiatrists. This has resulted in a small number of out of area placements for Portsmouth residents and transfer delays from QA Hospital while a mental health bed is sourced. The situation is being monitored closely by the Trust. This places additional pressure on the AMHP team, particularly where further detention is required, and the patient is located outside of Portsmouth; this either incurs time and travel costs or results in reimbursement to the host AMHP service, operating in the place where the patient has been admitted. These costs range from £500 to £800 per assessment.

As a result of the number of delays that were occurring the MHA lead briefed the Director of Adult Social Services (DASS) that the AMHPs were unable to fulfil their duties in a timely manner as required by the Act, leading to increased risk of legal challenged, against the Council; examples include a

person waiting over a week for the execution of a s135(1)³ warrant due to police and ambulance services not being available, and the AMHP not being able to make an application to detain to hospital due to no bed being available.

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

	October 2022	November 2022	December 2022
Number of MHA Requests Made:	76	58	45
Number of Hampshire Residents:	20	18	9
Number of Under 18s:	1	2	1
Outcome -Community Support arranged.	9	7	5
Informal Admission to Hospital.	4	7	3
Section 2.	32	21	25
Section 3.	10	12	3
No Further Action.	21	11	9

	January 2023	February 2023	March 2023
Number of MHA Requests Made:	74	58	62

³ A s135(1) warrant is to provide police officers with a power of entry to private premises, for the purposes of removing the person to a place of safety for a mental health assessment or for other arrangements to be made for their treatment or care

Number of Hampshire Residents:	21	18	14
Number of Under 18s:	3	3	0
Outcome -Community Support arranged.	10	7	9
Informal Admission to Hospital.	10	2	5
Section 2.	28	27	23
Section 3.	11	7	13
No Further Action.	15	15	12

7.6. Adult Safeguarding

The number of concerns received by the Adult MASH in Q3 and Q4 of 2022-23 were significantly higher than the number received in the same period in the previous reporting year. 617 concerns were received in Q3 (up 27% from 2021-22 [484]), and 616 concerns were received in Q4 (up 25% from 2021-22 [493]).

Of the concerns received, 52% of concerns in Q3 and 48% of concerns in Q4 met the Section 42 statutory criteria⁴.

The Section 42 duty to carry out safeguarding enquiries applies when a local authority has cause to suspect that an adult a) has care and support needs, and b) is experiencing or at risk of abuse or neglect, and c) as a result of their care and support needs, is unable to protect themselves from the abuse or neglect.

Over the two quarters, 412 Section 42 enquiries were concluded, in which:

- 98% of identified risk was reduced or removed.
- 98% of expressed desired outcomes were fully or partially achieved.

⁴ A section 42 (Care Act 2014) enquiry relates to the duty of the Local Authority to make enquiries, or have others do so, if an adult may be at risk of abuse or neglect.

Police referrals remained steady throughout the period, with 244 received in Q3 and 270 received in Q4. Of these, 11% met the Section 42 statutory criteria.

In addition to statutory safeguarding work, which continues to increase in both numbers and in complexity, the Adult MASH continue to work on the team business plan which currently focuses on re-establishing and strengthening relationships with partners agencies, particularly care providers. Over the summer months the team are planning a series of 'Meet the Adult MASH' workshops, which will give care homes, domiciliary providers and supported living providers the opportunity to meet the team and learn about key aspects of the local authority safeguarding procedure. The Adult MASH team also continues to offer support and specialist advice to colleagues and partner agencies through fortnightly virtual safeguarding clinics.

In Q3, the Adult MASH team and the Portsmouth Safeguarding Adults Board (PSAB) were pleased take part in a peer review, facilitated by the Association of Directors of Adult Social Services. Many areas of good practice and strong partnership working were identified by the reviewers, as well as several areas for suggested development, including widening the membership of the PSAB and considering the current resource allocation for the Adult MASH. The Adult MASH and the PSAB have subsequently worked together to produce an action plan to address suggested areas of development.

7.7. Complaints

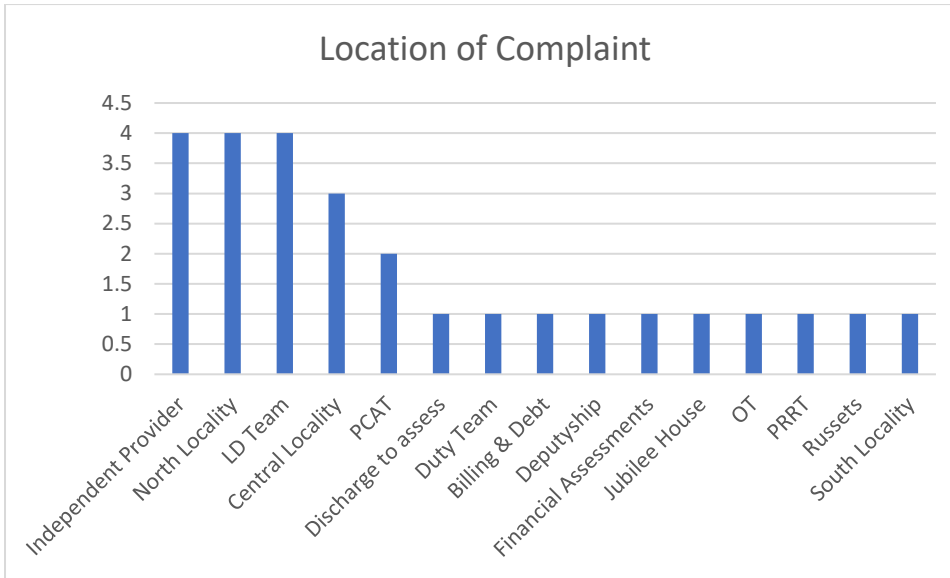
The Complaints Managers have continued to operate in a hybrid way, offering in-person, telephone and online support.

For the period 1 December 2022 to 10 May 2023, there were 32 statutory complaints made about Adult Social Care, compared to 22 in the previous year. Included within this period are 4 complaints involving an independent provider, compared to 1 in the previous year.

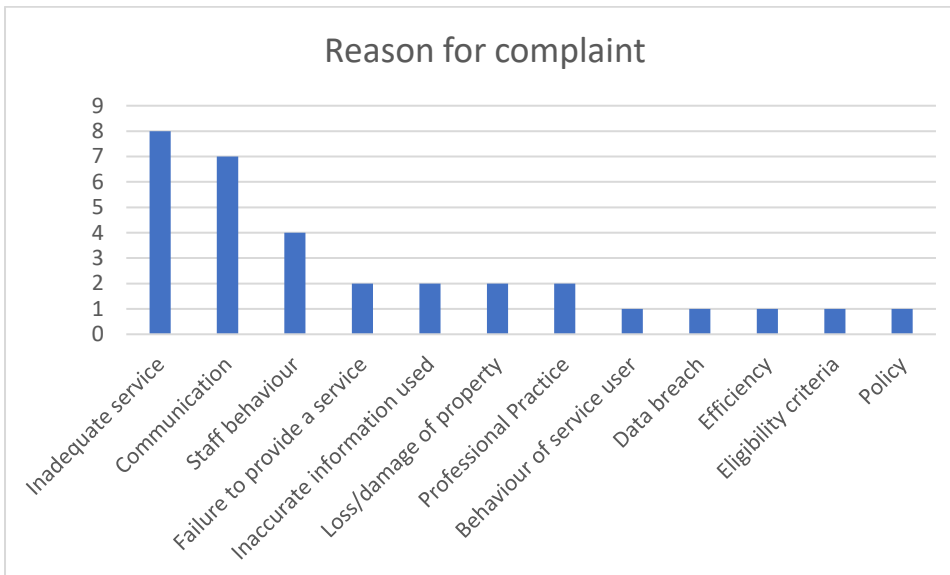
In addition to statutory complaints, there were 4 customer contacts, 8 possible complaints and 2 contacts that were responded to under different procedures.

Based on number of service users open to adult social care on 5 December 2022 (8,362), the 32 complaints received represent less than 1% of all the people receiving a service from adult social care.

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



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



Full Reply Performance (working days)	1 December 2022 - 10 May 2023
0-20 days	59% (56% within 10 days)
20+ days	13%

There are 8 outstanding complaints for the period 1 December 2022 - 10 May 2023.

We have reviewed our processes to support the improvement of response times, and have introduced an amended follow up process with those leading the compliant response, their managers and regularly attend ASC Governance Board.

Three complaints were investigated by the Local Government and Social Care Ombudsman (LGSCO). The ombudsman found fault with one complaint and recommended we make compensatory payments to a resident and her family member for distress and frustration due to a missed care visit and write to care agencies reinforcing their responsibilities when residents they care for are admitted to hospital.

The second complaint centred on the Council failing to investigate safeguarding concerns raised by a family member. The Ombudsman did not investigate this because of the length of time that had passed.

The third complaint was about the care a resident received at a Council run care home. The initial draft decision has been received and the Ombudsman has found fault with the council.

38% of complaints were upheld to some degree.

Adult Social Care received 18 compliments. Shearwater (a council run care home) received the most compliments (3).

In total for this period, we recorded 38 Councillor/MP Enquiries for Adult Social Care.

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

Some examples of how ASC has learned from complaints:

Following a complaint relating to the a particular service: if anyone now calls the service and are upset or distressed, unable to wait for their named worker to become available, reception will either put the call through to duty or ask duty or another member of the team to call them back.

The Team has also worked on a specific plan for the person who the complaint, with the plan available to reception and other members of the team.

A care agency, commissioned by the Council, wrongly advised a service user their care would be free for 6 weeks. The Team Manager explained to the provider that unfortunately charges do apply and suggested she refer people back to Adult Social Care for this information in future, which she agreed to do.

Following the clearance of the property of a deceased service user, organised by and ASC team, the family were unable to collect personal belongings because it had been cleared before they visited and earlier than requested by Client Affairs.

Lessons have been learnt to prevent this from happening again. These include that keys to properties will only be given when the work is required rather than in advance, there will be clear information shared if families or others need to visit or collect items from the property, and checks made to ensure this has been completed prior to the clearance starting. A confirmed clearance date will be agreed and shared, and family involvement and wishes will be clarified.

8. ASC Strategy

Adult Social Care have been working to update our strategy to reflect changes in our approach to service delivery through the use of structured projects and plans to reflect the changing needs of Adult Social Care.

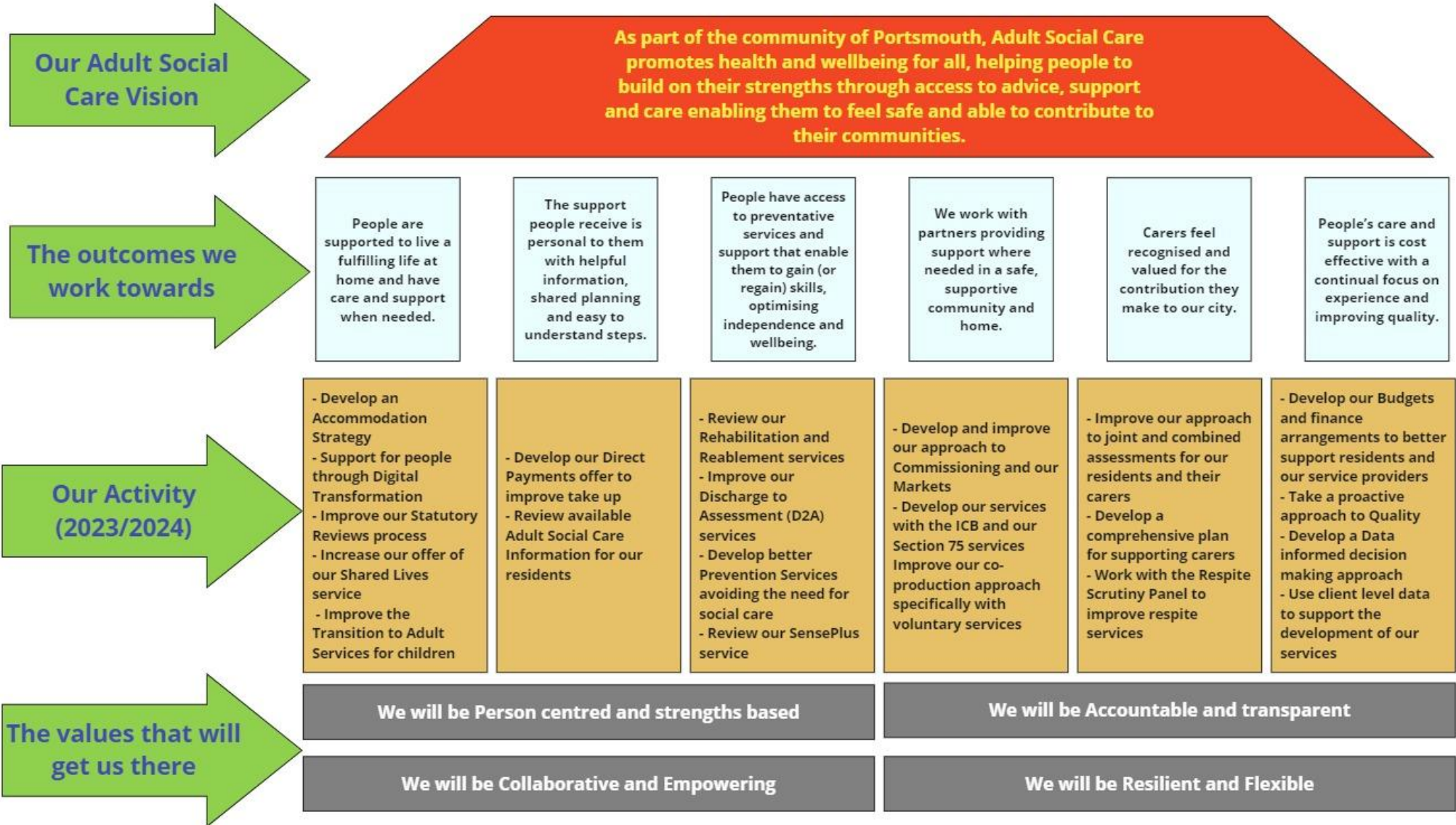
We have revised our vision and developed a set of 6 outcomes that we aim to achieve through our strategic approach. We have also developed a Business Plan to set our working objectives for the year ahead.

In summary the intention of the strategy is to:

- Acknowledge the current social care 'landscape' nationally and locally and the challenges we are facing.
- Set our vision and detail the outcomes of our approach to meet the challenges we are facing.
- Re-affirm our working values in the directorate⁵:
 - We will be person centred and strengths focused.
 - We will be accountable and transparent.
 - We will be collaborative and empowering.
 - We will be resilient and flexible.
- Detail an approach as to how we can bring our vision 'to life'.
- Set out our operational delivery plan.

We have created a 'strategy on a page' which summarises our strategy into an infographic (see below).

⁵ These will be reviewed and the Corporate Values adopted once these are agreed.



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

New duty in Health and Care Act 2022 for the Care Quality Commission (CQC) to independently review and assess how Local Authorities are delivering against the functions set out in Part One of the Care Act 2014.

In March 2023 CQC published a draft Assessment framework for local authority assurance, however at the time of this report secondary legislation has not been passed.

The framework focusses on 4 themes underpinned by 9 quality statements:

Theme 1: Working with people	Theme 2: Providing support	Theme 3: Ensuring safety	Theme 4: Leadership
<ul style="list-style-type: none"> • Assessing needs • Supporting people to live healthier lives • Equity in experience and outcomes 	<ul style="list-style-type: none"> • Care provision, integration and continuity • Partnerships and communities 	<ul style="list-style-type: none"> • Safe systems, pathways and transitions • Safeguarding 	<ul style="list-style-type: none"> • Governance, management and sustainability • Learning, improvement and innovation

Each of the quality statement will attract a score of 1-4 relative to evidence, with a score of 1 meaning evidence shows significant shortfalls in the standard of care through to 4 where evidence shows an exceptional standard of care. The individual quality scores will be aggregated to provide an overall score (the full detail of this has not yet been developed).

An indicative timeline of activity was shared earlier this year:

Timeline	CQC Activity
Apr - Sept 2023	A sweep of public and documentary evidence for all CASSRs focussed on two quality statements: <ol style="list-style-type: none"> Care provision, integration, and continuity Assessing needs. Themes and insight on: <ul style="list-style-type: none"> • Access • Commissioning • market shaping • workforce • personalisation Evidenced from published data e.g. JSNA etc End to end piloting for up to 5 CASSRs (volunteers)
Autumn	Batch publish pilot assessment reports with 'shadow' ratings
Sept- Dec 2023	Start formal assessments - aim to carry out 20
Early 2024	Continue to carry out formal assessments and publish reports and ratings

Last month (15 May) CQC confirmed the first three local authorities to pilot the new approach to local authority assessments, (Birmingham City Council, Lincolnshire County Council, and Nottingham City Council), with a further two local authorities announced recently (Suffolk County Council and North Lincolnshire Council) with the pilot being undertaken this summer.

The pilots are a key activity to ensure the approach to local authority assessments is as meaningful and effective as possible. This follows last year's test and learn activities across two local authority areas, Manchester City Council and Hampshire County Council.

Concurrent to the pilot CQC will also review data and published documentary evidence across all Councils with Adult Social Services Responsibility (CASSRs) focussing on themes in these 2 quality statements:

- Care provision, integration, and continuity
- Assessing needs

CQC will use their independent voice to publish their findings at an overall national level as a collection of evidence e.g. in their annual State of Care report to Parliament.

As a Directorate we have continued work, through briefings, newsletters, ASC live events and meetings to involve and inform staff on the evolving process.

We are working towards a self- assessment, from which we will develop an action plan identifying areas and actions we feel may not meet expected standards and at the same time document areas worthy of celebration and models of good practice.

9.1. Service Assessments

During November a peer review of the safeguarding Adults Board and related work was undertaken by respected colleagues from Southeast ADASS (Association of Directors of Adult Social Services). The Adult MASH and the PSAB have subsequently worked together to produce an action plan to address suggested areas of development.

The practice quality assurance framework has been developed with a renewed focus on case audits to better understand quality of practice. The Principal Social Worker and Principal Occupational Therapist are designing a framework to assess the quality of the audits that is objective and can be applied and is recognised consistently, so we may hold up good examples and learn an prioritise work and support to understand why practice may not meet the required standard.

We are designing joint carers assessment workshops - to begin in July 23 - to support practitioners to capture informal carers at the point of assessing the care for. Therefore taking a whole family approach to assessment to ensure carers needs are being identified and addressed.

9.2. Updated Strategies

The Directorate continues to update, review and introduce strategies to drive areas of work forward, provide clarity on intended outcomes and enable us to priorities key areas of work.

Workforce - due to other service commitments and interdependences we paused work on the Workforce Strategy, but recently have agreed to take this work forward. We will look at the demography of our workforce, consider the results of the stock take on strength-based practice and consider the skills we need now and in the future, together with the demand for services to produce a clear plan in terms of what our workforce needs to look like moving forward and how we will deliver this.

Market Shaping - the Directorate has worked on its Market Position Statement (MPS), currently in draft format. Once published this will provide an understanding of provision that currently exists in Portsmouth and what we need going forward. This will underpin the development of our commissioning intentions.

In addition, we are drafting a capacity plan in response to meeting DHSC conditions for funding into ASC to support increases in fees paid to care providers, the Market Sustainability and Improvement Grant (MSIF) which we received for 2023/24. We anticipate using some of this information to support the development of our commissioning intentions.

Carers Strategy - this is a Health and Care Portsmouth (HCP) strategy led by Adult Social Care which was updated in an abbreviated form and published in 2022. Work is underway with colleagues across the partner organisations to co-produce a more detailed strategy for publication late 2023. Areas for further development include:

- Establishing ownership, within the Integrated Care System (ICS) structure, and improved visibility of carers matters across health and social care.
- Working with the care market to make replacement care more accessible for more carers
- Through South East Association of Directors of Adult Social Service (SE ADASS) focusing on carers and hospital discharge/virtual wards
- Looking for opportunities in our systems and processes to support carer identification and support i.e. carers' contingency plans

Autism Strategy - The Portsmouth Autism Strategy and Action Plan was published for the period 2017-2022, now we are working towards developing the new strategy. This is being led by Adult Social Care in co-production with the Portsmouth Autism Community Forum and system partners. The starting point is the findings and recommendations from the report 'If not now, when?',

published in May 2022, this report is the outcome of a piece of community research which took place over six months in the summer of 2021 to understand the experiences, challenges and gaps for neurodivergent individuals in Portsmouth.

9.3. Quality Assurance

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

In previous reports to HOSP we outlined four key areas of focus of assurance as:

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

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

- Annually, councils with adult social services responsibilities (CASSRs) are required to submit eight statutory data collections, we have worked on our Short and Long Term (SaLT) return, submitted the Adult Social Care Survey (ASCS) and made changes to our case management system to start submitting returns for Client Level Data (CLD) a new return which require quarterly returns from April 23, this is a 9th return for 2 years, but once DHSC are content with its introduction the SaLT return will be retired.
- Encouraged all staff to participate in the corporate staff survey so we review and take learning from the outcome report.
- Using practice and finance data refine the performance and management information for senior managers via the Management Insights pack and worked with ASC finance to develop dashboard within the ASC Finance system to support effective management of our business and commissioned services. The information has been used to increase performance in areas such as timeliness of review.

9.4. Other Activities

- Established Brokerage for domiciliary care, and have started to gather requirements and work with providers of care homes and care homes with nursing to ensure core information is included in the system and understood in the Care Purchasing team to support some rules within the system to support matching of people to approaches to potential services.
- Publication of our Fair Cost of Care exercise and our Market Sustainability Plan (MSP) on the Council's web pages in February and March, following submission to DHSC, in response to the autumn Fair Cost of Care exercise and requirement to meet the conditions of grant funding.
- Submission of our Market Sustainability and Improvement Fund (MSIF) return in May to DHSC to meet the conditions of the grant funding used to increase fees and rates paid to care providers in 2023/4.
- Work is in progress to update the MSP, to include a report on capacity and create an outline capacity plan for winter 23/24, due for submission on 30 June.
- Two statutory returns, The Adult Social Care Survey and Short and Long Term (SaLT) return have been prepared. SMT sponsors now have the responsibility to bring to Governance Board and sign off ahead of submission to DHSC.
- April a new statutory return was launched, the Client Level Dataset (CLD). In time this will replace the SaLT return, until then both processes are running in parallel.
- The Social Care Sector Operational Group has been reviewed, reset and brings together representatives from across health and social care in Portsmouth and CQC, to understand emerging issues, risks and themes. This supports rounded understanding of where quality and improvement support may be required and also who is best placed to lead. This group escalates to HCP Quality Board.

10. Governance

ASC have an established monthly Governance Board that focusses on 'Management Insights', data that focus on key areas of the business including waiting lists, assessments, reviews, safeguarding etc. which supports to understand issues, risks and areas for priority across our business. In addition, the risk register, learning from complaints and adverse events and review of internal audit recommendation and consideration for future audits are discussed and agreed. This meeting is also a point of escalation for other meetings including the newly established Business Systems, Insights and Digital Board, which oversees areas such as impact of change in terms of systems on operational teams and vice versa, takes strategic decisions on

key systems such as ContrOCC (ASC Finance System) and SystemOne (Case Management System), approves 'system freezes' to create a stable environment and capacity to undertake system change and creates a link into SMT, and conversely direction, assurance from SMT members back into the business.

The risk register continues to provide an overview of risk to with Board allowing an opportunity to understand the lessons learned from adverse events and oversee them being incorporated into practice.

The current risks being monitored fall into the following themes (with some examples provided):

- Demand
Increased demand for services, across all customer groups and for specialist areas such as the Approved Mental Health Practitioners, compromising ability to respond and increasing pressure on compromised resource and strained budgets.
- Capacity
Following a number of closures of care homes in the city since late November (3 and 1 in progress) and quality issues in the care market capacity has become more limited.
- Capability
Understanding of the Mental Capacity Act across statutory agencies and care services in the city is not evidenced to be at the level we, or the regulator, would expect. Work is in progress across the sector to support focussed learning in this area.
- Quality
Ratings published by the regulator, CQC, evidence a drop in quality in services. ASC led a learning event earlier this year to consider our learning from care home events, with co-produced outcomes (which included care providers and other partners). This has led to some core recommendations such as considering how partners work with providers to developing a 'quality and safeguarding' pathway.
- Cost
Commitments are increasing notably due to both increased demand for services and increased costs in delivering services driven by impact of inflation, increases to national living wage. Solid work has been undertaken in the Directorate to both plan and deliver savings however where people meet eligibility criteria we do have a statutory duty, which with increased demand and increasing costs becomes both a challenge and a risk.

Sustainability of the Care Market - in Portsmouth 65% of care homes (includes care with nursing)/66% of beds in homes are rated good, and 52%

of registered community care provision (home care/domiciliary care) are rated good or outstanding. Taking account of quality, CQC rating, workforce challenges, and cost pressure there remains a risk of capacity in the city not being sufficient to meet need, and where there are pockets of capacity in the city having to pay a higher unit cost to commission services, creating additional budget pressure. n.b. there are a number of care homes (3) that have no customers but are still registered, which skews the picture of capacity and ratings given the relatively small numbers of providers we have in the city.



Compared to other councils quality of registered services hosted in the city does not compare favourably, leading us to consider as a health and care system how we support and work with providers.

Portsmouth & England (Quantiles of All English single tier and county councils)

Area	Care homes, good or outstanding, %	Beds in care homes, good or outstanding, %	Care homes with nursing, good or outstanding, %	Beds in care homes with nursing, good or outstanding, %	Care homes without nursing, good or outstanding, %	Beds in care homes without nursing, good or outstanding, %	Community based locations, good or outstanding, %
	Jun 2023						
	%						
England ↕	79.3 ↕	76.6 ↕	76.2 ↕	75.1 ↕	80.5 ↕	78.0 ↕	64.5 ↕
Portsmouth	64.9	65.9	63.6	62.0	65.4	68.9	56.5
Mean for South East (ADASS Region)	78.2	74.8	71.9	71.7	80.4	78.0	62.9

1 Quartiles within All English single tier and county councils	2 Quartiles within All English single tier and county councils	3 Quartiles within All English single tier and county councils	4 Quartiles within All English single tier and county councils
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We are still seeing significant budget pressures from commissioning care and support services, with limited opportunity to reduce cost of commissioning care.

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

On a quarterly basis, the data from savings plans updates are aggregated and shared with the Leader of the Council, S.151 Officer and cabinet member to ensure financial governance.

The service publishes regular papers to the Cabinet Member Decision Meeting and briefs opposition spokespeople on a monthly basis.

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HOSP – Delivering the Public Health Business Plan 2023/24

Claire Currie – Assistant Director of Public Health

Thursday 22nd June 2023

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Public Health Business Plan 2023/24: Priorities

There are 7 priorities for Public Health for 2023/24:

- Reduce the harm caused by substance misuse including alcohol misuse
- Reduce the prevalence of smoking, including smoking in pregnancy, across the city working with partners to ensure sustained system wide action
- Reduce unwanted pregnancies by increasing access to Long-Acting Reversible Contraception (LARC) in general practice, maternity and abortion pathways, and strengthening LARC pathways with vulnerable groups
- Promote positive mental wellbeing across Portsmouth and reduce suicide and self-harm in the city by delivering the actions within Portsmouth's Suicide Prevention Plan (2022-25) and the ICB Suicide Prevention partnership programme.
- Promote healthy weight, reducing the harms from physical inactivity and poor diet.
- Work with Council partners to address the health impacts of the built and natural environment.
- Enable an intelligence-led approach to addressing key health and care priorities for the city

Service	Provider/s	Contract terms	Update
Locally commissioned services (smoking cessation, alcohol awareness, supervised consumption, needle exchange, emergency hormonal contraception, Long Acting Reversible Contraception, NHS Health Checks)	GP practices and community pharmacy	Term: rolling year on year	These services have been recommissioned from 1 st April 2021. These services are paid for by activity on patient led basis, however NHS Health Checks is invitation only and is a local authority mandated service. Long Acting Reversible Contraception review will take place across Hampshire, Isle of Wight, Portsmouth and Southampton to explore opportunities for alignment.
Integrated Drug and Alcohol treatment and support service. Including: assessment and case management, medical interventions, psychological and social support interventions, specialist substance misuse housing support	Society of St James (SSJ)	Commenced 1 st June 2022 initially until 31 st March 2026, but flexibility to extend up to 31 st March 2032.	This service has recently been re-commissioned. The new contract was awarded to the incumbent lead provider, SSJ. SSJ are working in partnership with an NHS provider called Inclusion, who provide drug and alcohol services across the country. Additional elements within the new contract include: expanded opening hours to 7 days per week, expand women only provision, expanded support for carers/families, provide some alcohol only provision and deliver abstinence based supported housing.
Sexual Health (contraception, testing and treating sexually transmitted infections, HIV prevention and testing, sexual health promotion, Psychosexual Counselling, Networks and training)	Solent NHS Trust	Current contract extended to end of March 2024. Recommissioning processes has initiated.	Includes mandated services. This joint contract with commissioners across Hampshire, Portsmouth, Southampton and Isle of Wight Local Authorities and ICB offers face to face and remote provision, including home self-sampling STI/HIV testing, treatments and condoms by post where appropriate. The clinical front door has been introduced using the Systems Thinking approach. NHS England has introduced opportunistic cervical screening within the service.
Health Visiting & School Nursing and National Childhood Measurement Programme (in conjunction with Children's and Families Directorate)	Solent NHS Trust	Section 75 agreement - ongoing	Solent NHS Trust are commissioned by Children's Services to deliver Health Visiting and School Nursing
Healthwatch	The Advocacy People	Term; 4 years with options to extend up to 7 years	Mandated service - and new contract which commenced April 2021 with The Advocacy People

Joint Working – Portsmouth through HCP

- Aligning commissioned functions where appropriate with ICB Portsmouth and PCC Adults/Children's through Health and Care Portsmouth S75s
 - Aligned funding on programme areas
 - Main benefits from PH services perspective to improve outcomes for residents
 - Better join up of sexual health commissioning (remove false barriers between funding / provision)
 - Opportunity to improve join between mental health and substance misuse services
 - Strong links with the Inclusion Healthcare Team
 - Link into primary care commissioning functions as develop
 - Collaboration in Local Care planning – creating shared vision e.g. cardiovascular disease prevention with application of Population Health Management
- Strengthened Intelligence links including:
 - Supporting intelligence-led Population Health Management approaches across Health and Care Portsmouth (H&CP) 'Place'
 - Providing maps and analysis e.g. using SHAPE to support H&CP planning and decision-making
 - Engaging ICB Portsmouth in joint approaches to key city challenges through the HWB priorities, Knowledge Network, and ongoing surveillance work around Covid-19 and other viruses etc

Public Health Intelligence

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- In addition to what is in the Business Plan, we continue to lead the data and insight aspect of the council's response to the Cost of Living crisis, using the CoL Dashboard, which brings together key data on vulnerability to, and impact of, the cost of living crisis in Portsmouth, to inform actions within the council and through its partners.
- Support to the delivery and monitoring of the city's Health and Wellbeing Strategy continues, including a new Poverty Needs Assessment that will form the 2023 Public Health Annual Report.
- The HWB approved the [Pharmaceutical Needs Assessment](#) for publication in October 2022, through which the HWB were able to successfully oppose the consolidation application that would have led to the closure of a pharmacy in Hilsea
- The [Solent Armed Forces Covenant Needs Assessment](#) was published in February 2023 on behalf of the four local authorities (Portsmouth, Gosport, Southampton and IoW) that make up the partnership.
- We provide the data and intelligence to inform the revised Health Protection Forum.

Public Health Intelligence (cont.)

- Monitoring of key priorities in the Strategic Assessment for Crime, ASB, Re-offending and Substance Misuse informs the work of local partnerships including the Combating Drugs Partnership and the Domestic Abuse Partnership.
- The Community Safety analysts will also produce the new Strategic Needs Assessment of Serious Violence and continue to support the council's work around tackling Anti-Social Behaviour.
- We continue to develop more joined up approaches to the production and use of 'knowledge' across the council, with partners in Portsmouth and with PH Intelligence teams across HIOW.
- We are building the strategic relationship with the University of Portsmouth, and leading the development of a more research-active council to support evidence-informed decision-making. This has included enabling the Athletic Skills Garden project and supporting community-based researchers. A number of new strategic and operational research projects are being applied for currently.

Portsmouth Wellbeing Service 22/23

Overview:

- Wellbeing Service screen all clients for Smoking status, BMI (weight and height), physical activity levels, alcohol consumption – as well as using the Edinburgh Warwick scale to support with mental wellbeing.
- Senior Practitioner focusing on Smoking and Pregnancy supporting Tobacco Dependency Advisors within Maternity as part of NHS Long Term Plan. To reduce smoking at time of delivery.
- Continuing to support smoking clients with behaviour support and direct supply of e-cigarettes.
- Working in partnership with Health and Care Portsmouth colleagues to support the Weight Management Hub pilot.

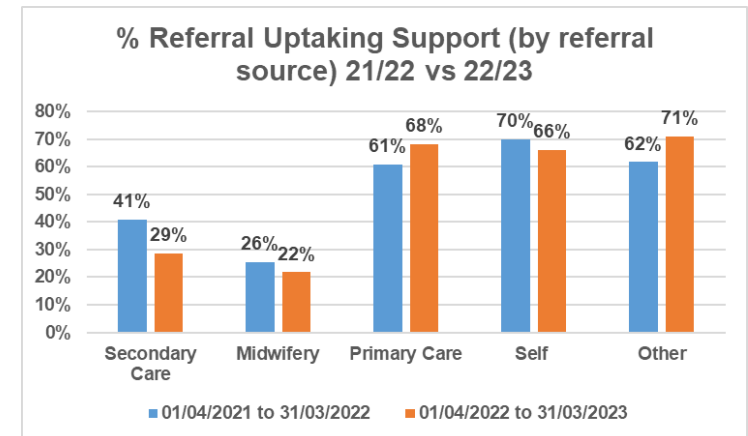
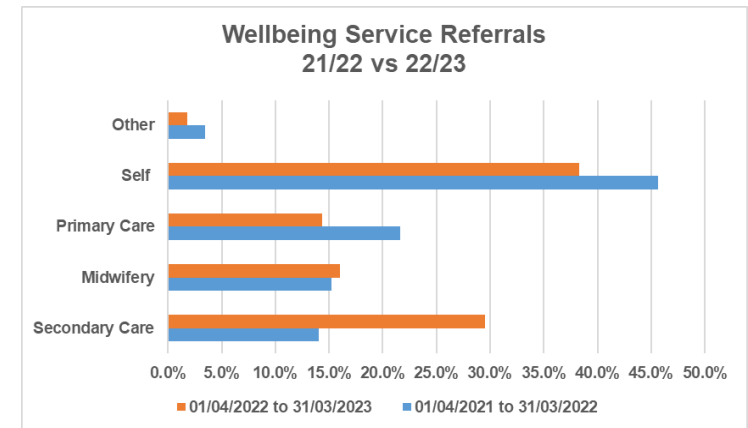
Referrals:

- Overall (n.5,226) up 36% on previous year (21/22 to 22/23) – key increase in Secondary Care (15.5%) contributed by return to service following Covid and an increase of referrals from Target lung health check (TLHC) and Tobacco Dependency Advisors.
- Starting in May 22, a total of 486 referrals (included in Secondary Care) for stop smoking had been received as part of TLHC referral pathway.

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Support Provided:

- Number of clients setting a Quit Date for smoking had increased 17% (n.1,270) compared to previous financial year (n.1,054). 52% successfully quit at 4-weeks (n.655) compared to 48% (n.509) in the previous year.
- Referrals from TLHC, 51% (n.249) had accepted support, 80% (n.198) set a quit date and 51% (n.101) had successfully quit at 4 weeks.
- 204 new clients engaged in the three healthy weight group cohorts (6 venues) that ran 22/23 financial year and approx. 274 clients received 1-1 support for healthy weight.
- A total of 31 Interventions for alcohol were provided and 31% of clients taking up service (n.783) received brief advice due to drinking at risky levels (AUDIT C 5+) compared to 14 interventions and 34% given brief advice (n.652) in previous year.
- Overall uptake of Service (48%) reduced from last year (57%) mainly contributed by increase in Secondary Care. Currently there are 456 active clients, 173 starting support in 22/23.



Reduce the harm caused by substance misuse

- Over the past year we have seen a significant increase (21%) in the number of people in drug and alcohol treatment, rising from 1,436 in 2021/22 to 1,742 in 2022/23. This increase is one of the highest in the country and higher than other areas in the region. Nationally numbers in treatment only increased by 0.2% (n.619) over the year (Portsmouth's increase was n.306).
- Our target for 2023/24 is to further increase individuals in treatment to 1,785.
- The percentage of prisoners leaving prison and engaging in community drug or alcohol treatment has increased from 31% (2021/22) to 36% (2022/23). The target for 2023/24 is to increase this to 45% by the end of 2023/24.
- During 2022/23 37 individuals accessed residential rehabilitation. This is higher than the 3 year average baseline from 2018-21 (n.30). The target for 2023/24 is to increase this to 39 placements.
- The number of suspected drug related deaths reported reduced during 2022/23 to 27, from 39 in 2021/22.
- The proportion of people successfully completing drug and alcohol treatment has improved over the past year, but remains below the national average, however this is impacted by the significant increase in numbers in treatment over the past 12 months. Over the next year, as more people complete their treatment programme, the rate of successful completions should increase further.

Reduce the harm caused by substance misuse

Over the past 2+ years there has been significant increased investment in drug and alcohol treatment services nationally.

Locally we have used this funding to develop the following initiatives:

- Dedicated rough sleeper drug & alcohol team, with multi-disciplinary staff, including psychologists, mental health support, peer support.
- Enhanced specialist criminal justice team, engaging with offenders in a range of settings from police cells through to prison releases.
- Enhanced specialist alcohol team
- Specialist psycho-social interventions practitioner & specialist LGBTQ+ worker

During 2023/24 we are further increasing capacity by investing in:

- Further dedicated alcohol and psycho-social interventions practitioners
- Peer mentor development
- Drug specialist nurse at QA for Portsmouth residents
- Additional funding for residential rehabilitation placements

Sexual & Reproductive Health

Systems Thinking 'roll in' introduced clinical telephonic front door (June 2023) in Portsmouth and SE Hants to meet the needs of residents easily in their 'patient journey' and maximise on resources available to improve patient outcomes.

Integrated Sexual and Reproductive Health Service provision recommissioning process underway to initiate the new contract 1st April 2024 across Hampshire, Isle of Wight, Portsmouth, and Southampton (HIPS), including continuing all the current services:

- Local Authority Commissioning of System Leadership & Network Management; Specialist Integrated Sexual & Reproductive Health Service (inc STI testing & treatment, HIV testing, contraception, clinical advice to residents and professionals); Sexual Health Promotion and Prevention (inc free condoms with no upper age cap); Psychosexual Counselling
- NHS England commissioning of HIV Treatment and Care; and Opportunistic Cervical Screening; HPV Vaccination for gay, bisexual and other men who have sex with men

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General Practice Long Acting Reversible Contraception (for contraceptive and non contraceptive use)

- Jointly commissioned with the Integrated Commissioning Board, supported by free workforce development opportunities
- Working towards equitable access, including cross practice referrals in Portsmouth and Saturday appointments available

Community Pharmacy

- Free emergency contraception continues, complimented by the NHS England commissioned Free contraception provision in more than 12 pharmacy sites across Portsmouth

Partnership working: Children's Public Health Strategy 2021 - 2024

No.	Priority & Vision
1	<p>The Best Start</p> <p>As far as possible, all women and their partners make an informed decision about becoming pregnant; all women have access to opportunities which improve their physical and mental health throughout their pregnancy and into parenthood.</p>
2 Page 76	<p>Thriving Parents</p> <p>In Portsmouth we believe that parents are key to helping children and young people achieve their very best. Parents will be supported to fulfil their role to the very best of their abilities, whilst taking responsibility for helping to create the city we all want our children to thrive in.</p>
3	<p>The Impact of Poverty</p> <p>For all families to have access to pathways, opportunities and living conditions that support their child's long-term physical health, reducing the inequalities that exist as a result of poverty.</p>
4	<p>Environmental and Social Planning</p> <p>For all new plans and key decisions regarding the built environment and healthy place-shaping to have embedded within their process a focus on the physical health of maternity, children and young people.</p>

[Family Hubs](#) are anticipated to launch September 2023 within Portsmouth which will support the ambitions of the CPH strategy

Healthy weight –nutrition/poor diet and obesity

Children

- Continuing delivering National Child Measurement Programme (NCMP) and use the insight to utilise the limited resources effectively both in relation to prevention and also treatment.
- Continuing delivering our pilot Superzone, a place-based approach to tackle childhood obesity, with Arundel Court Primary Academy in Charles Dickens Ward. We've entered the delivery stage, with a continued focus on active travel and school lunchboxes. Utilising feedback at all stages and amending delivery accordingly.
- Started a review of the Children's Weight Management Pathway, which is due to go to the Health & Wellbeing Board in November 2022. A multi-agency steering group lead by PH, is reviewing and amending the current pathway, to reflect current provision and ensure a smooth and consistent pathway is in place for utilisation by services for the residents they are supporting.

Adults

- The Wellbeing Service's and Pompey in the Community's weight management programmes continue, delivered city-wide, predominately via groups and incorporating physical activity. Demand continues to increase.
- On-going work with midwifery to review the maternal weight management pathway and increase up-take.

All ages

- Provide nutrition/healthy eating advice and training when requested by our partners, to support positive dietary behaviours.

Physical inactivity and utilising outdoor spaces

Physical inactivity

- Continuing to lead the Active Portsmouth Alliance, a multi-agency partnership, working collaboratively to delivery the physical activity action plan for the city. Organising quarterly meetings and leading/supporting specific actions to support our most inactive communities to be more active.
- Work with key partners including (but not limited to) the Integrated Care Board, Primary Care, Sustrans, Active Travel and Transport teams to develop and pilot new initiatives e.g. Physical Activity Local Incentive Scheme with GP practices and support established programmes e.g. School Streets.
- Promotion of physical activity to key target groups i.e. least active, remains an on-going focus. Continually looking for opportunities to add brief advice and physical activity into other topics/agendas both internally and externally.

Utilising outdoor spaces to make being active easier

- The first Skills Garden in the UK as part of the Athletic Skills Model (ASM) developed in the Netherlands, based on 10 fundamental movements continues at pace, with the site at Lords Court (Charles Dickens Ward) due to open later this year. Youth and community staff, plus school staff local to the Skills Garden are due to be trained in the ASM principles in July to ensure utilisation of the new community asset.
- Supporting various partners to increase casual recreational and/or active travel via projects, for example, re-vamp of Arundel Park as part of the Superzone and Active Pompey Neighbourhood.

Suicide prevention and public mental health

- The **Portsmouth Suicide Prevention Action Plan 2022-25** overseen by Portsmouth Suicide Prevention Group describes our local priorities informed by auditing Coroner's records. Much of our work is undertaken collaboratively across HIOW, as part of the HIOW suicide prevention programme.
- The **HIOW real time surveillance system** (working with police to understand local deaths by suspected suicide to identify and inform preventative action), is working well, and led from Public Health in Portsmouth. A system to enable closer vigilance to trends is being implemented and links with partners being developed to enhance data completeness and postvention strategies. This includes overseeing delivery of **suicide bereavement support commissioned from Amparo** and developing a **HIOW system response following suspected suicide plan** which has been tested in a table top exercise. Participation in **ADPH sector led improvement activities** have been reassuring in the direction we are taking in this work and also helpfully prompted local thinking.
- Current areas of work include working with a range of health, care and education settings on a **quality improvement project on addressing self-harm; raising awareness of suicide prevention with primary care**; and, continuing to be **proactive in offering a range of training** to reduce the stigma associated with mental health conditions and develop the skills and confidence of non-mental health practitioners in supporting others.
- Public Health Co-Chairs the **Portsmouth Mental Health Network** alongside Solent Mind and in collaboration with HIVE Portsmouth and ICB Portsmouth. The Network which comprises community and voluntary sector and statutory organisations met in May 2023 with a focus on suicide prevention (presentations by Andy's Man Club and Amparo), mental wellbeing of carers and people who are cared for (Carer's Service, Portsmouth City Council) and an update on the NHS Solent Mental Health Hub.
- **HIOW Integrated Care Partnership Strategy priorities on social connectedness and mental wellbeing** are being actively supported with local work developing.

Community Champions

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- The Community Champions Programme's priority areas include Mental health and wellbeing, Access to healthcare, Cost of Living and COVID-19. (Priority areas as identified by communities themselves e.g. menopause)
- The priority areas inform the weekly messages and most recently the awareness sessions, Menopause (April), Access to Healthcare (May)
- Currently there are approximately 20 individuals that have been recruited onto the programme, however, the wider network has an additional 60 members making the total to approximately 80 people.
- Engagement varies from the sharing of the weekly messages, attending awareness sessions and involvement with the Cost of Living blog.
- Currently scoping the development of 'a guide for people new to Portsmouth' with interested community champions.
- Working with Portsmouth College (ESOL) to identify potential new community champions.

Live Well Events

- Live Well sessions have been predominantly delivered alongside food pantries, larders or food banks in four areas of the city; Paulsgrove, Portsea, Landport and Somerstown
- The Live Well concept is to provide community outreach and take services into the community, e.g. mental health, wellbeing support, housing advice, help with paying pills and claiming benefits and mini health checks. The model is flexible to meet the needs of the community.
- Seven sessions have been delivered since the 9 March,
- 429 separate engagements were recorded (people would have been counted more than once if they engaged with different services)
- The overall consensus from the attending services is that they have made a difference to at least one person they have engaged with and that their attendance has been worthwhile.
- In addition to the traditional delivery, one Live Well session was delivered in a school setting in February (Trafalgar) and will be repeated in July, with the addition of a programme of awareness talks being available for families/parents/guardians.
- A smaller bespoke session is to be delivered with St George's Primary school in June around holiday activities and support for families.

Health protection

- **Air Quality**

- Multi-agency Air Quality Board chaired by PH to deliver the Health and Wellbeing Board priority on Air Quality and Active Travel. Delivery Plan for coming year in place, including:
 - Clinical champions for air quality
 - Work to share electric vehicle charging facilities across organisations
 - 'Greening the Quiet Ways' initiative led by Sustrans
 - Active Pompey Neighbourhoods and road closures around schools
 - Anti-idling campaign and support for Clean Air Day

- **Health Protection Forum** – has now replaced the 'Health Protection Board' as a refreshed quarterly meeting, taking an 'all hazards approach' to share health protection issues and plans between partners in the city
- **Health Protection enquiries** to Portsmouth public health are answered by a team of experts on a rota basis, who offer advice normally within one working day.
- **Infectious disease and environmental hazards** – we continue to support partners, including UKHSA, with managing the consequences of incidents and outbreaks of infectious disease. We support mosquito surveillance at the Port, and various emergency planning plans on hazards such as extreme heat, cold, flooding and drought.

Sustainability and wider determinants (cost of living)

Climate Change

- Cross-agency **Portsmouth Climate Action Board** created 2019 in response to Climate Emergency, Chaired by University, Public Health and Portsmouth Hospital Trust included on membership

Greener NHS

- Public Health Portsmouth represent HIOW public health on the Hampshire and Isle of Wight ICB Energy and Sustainability Board, responsible for delivering the HIOW ICB Greener NHS Strategy.

Cost of Living

- Public Health continues to support the PCC-wide project to tackle the Cost of Living (CoL) crisis through managing the **CoL Support Officer**, offering intensive one-to-one support to those most in need, and engaging in outreach work in the city through regular attendance at Live Well events, job centres, foodbanks, and other agencies.
- We have contributed to aligning the corporate response to the CoL crisis with our BAU approach to poverty through the **Tackling Poverty Steering Group**, which is being adopted as a formal sub-group of the Health & Wellbeing Board, so allowing our partner organisations greater input into how we respond to the ongoing challenge of poverty in the city.
- We are working with Health and Care Portsmouth, Switched On Partnership, the HIVE and Age UK to pilot a **Warmth on Prescription project** at the Portsdown Group Practice, with the aim of mitigating the effects of cold homes on the health of those most vulnerable during the CoL crisis.

Green and Healthy city

- Public Health has been able to make the previously fixed-term **Green and Healthy City Co-ordinator** role permanent. The post will oversee delivery of a refreshed **Greening Strategy and Development Plan**, taking an evidence-based policy approach to developing greening projects in the city.
- We are about to recruit to two additional fixed-term Greening team posts with a focus on project management and engagement. These have been made possible as a result of a successful bid to the **Forestry Commission's Woodland Creation Accelerator Fund**. All three posts are managed by Public Health to align with health priorities, particularly around climate change mitigation and inequality, with corporate strategic support.
- Through our **Greening Development Group** - a sub-group of the Climate Programme Board - we are working with other council directorates to ensure the approach to greening in city is targeted at those areas most in need. For example, working with the Planning team to make the most of Biodiversity Net Gain legislation.
- PCC is proud to be one of the 21 councils in the UK which has **Tree Cities of the World status**, as part of a programme managed by the UN and the Arbor Day Foundation in the US. We've met five standards with our tree planting programme in terms of defined responsibilities, setting rules for managing trees, knowing what we have, allocating resources, and celebrating our achievements.
- The **Greening the City community fund** awarded grants to four community-led greening projects at the end of 2022. These projects are now underway, and include a church, a health centre and a local sustainability charity.
- A number of **other greening initiatives** have been successfully implemented, including **Queen's Green Canopy commemorative planting** at Castle View Academy and Moorings Way Infant School. Further projects for schools are in development working with our partner, Trees for Cities.

Joint Working – Planning, Transport and Housing

- Portsmouth Local Plan has a clearly articulated policies on air quality, greening, health and wellbeing and Health Impact Assessment (HIA) for major development applications.
- Public Health routinely consults on development applications and has designed a Health Impact Assessment framework.
- Providing health intelligence to support programmes and policies, including:
 - Major developments and regeneration proposals
 - Greening and biodiversity net gain
 - Flood risk mitigation including sustainable urban draining systems
- Providing health intelligence to support flagship transport programmes and policies included in the Local Transport Plan 4, including:
 - South East Hampshire Rapid Transit scheme (rapid bus travel)
 - Refreshed Air Quality Strategy
 - Future Transport Zone to promote active travel
 - Parking Strategy
 - Support for funding bids

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