Portsmouth CITY COUNCIL

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NOTICE OF MEETING

HEALTH OVERVIEW & SCRUTINY PANEL

THURSDAY, 23 NOVEMBER 2023 AT 1.30 PM

VIRTUAL REMOTE MEETING

Telephone enquiries to Lisa Galacher, Local Democracy Officer 02392 834056
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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 Leonie Oliver (Vice-Chair)
Councillor Matthew Atkins
Councillor Stuart Brown
Councillor Graham Heaney
Councillor Judith Smyth
Councillor David Evans
Councillor Ann Briggs
Councillor Martin Pepper
Councillor Julie Richardson
Councillor Vivian Achwal
vacancy

Standing Deputies

Councillor Charlotte Gerada
Councillor Jonathan Williams

(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

A G E N D A

1 **Welcome and Apologies for Absence**

2 **Declarations of Members' Interests**

3 **Minutes of the Previous Meeting** (Pages 3 - 8)

4 **Stroke Recovery Service update** (Pages 9 - 12)

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

5 **Adult Social Care update** (Pages 13 - 70)

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

6 **Solent NHS Trust update** (Pages 71 - 76)

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

7 **Access to Primary Care** (Pages 77 - 84)

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

8 **Health and Care Portsmouth and Hampshire and Isle of Wight Integrated Care Board** (Pages 85 - 94)

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

9 **Portsmouth Hospitals' University NHS Trust** (Pages 95 - 98)

Penny Emerit, Chief Executive and Dr John Knighton, Medical Director will answer questions on the attached report.

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 21 September 2023 at 1.30 pm at the Virtual Remote Meeting

Present

Councillor Mark Jeffery (Chair)
Councillor Matthew Atkins
Councillor Stuart Brown
Councillor Graham Heaney
Councillor Judith Smyth
Councillor David Evans, East Hampshire District Council
Councillor Martin Pepper, Gosport Borough Council

9. Welcome and Apologies for Absence (AI 1)

Apologies for absence were received from Councillors Achwal (Winchester City Council), Briggs (Hampshire County Council) and Richardson (Havant Borough Council).

10. Declarations of Members' Interests (AI 2)

There were no declarations of interest.

11. Minutes of the Previous Meeting (AI 3)

RESOLVED that the minutes of the meeting held on 22 June 2023 be agreed as a correct record.

12. Stroke Recovery Service (AI 4)

Andy Biddle, Director of Adult Social Care, introduced the report and summarised the main points.

In response to questions Mr Biddle explained that:

- He was unsure why the funding had been extended until December and not the end of the financial year but he could find out and come back with a more detailed answer. The funding was coming from Council funds and not the ASC budget.
- A letter was sent to ICB by Councillors Winnington and Pitt to ask about the Integrated Community Support Service model and whether there would be some temporary funding if that was not in place, but no response had been received yet. The response would be shared with the panel when received. Members felt that if this model were to be developed that the HOSP should be involved in overseeing the process.
- The Council do not know whether the ICB plans to commission a specific life after stroke provision. The service was funded by

underspends from other budgets which is not a suitable way forward.

Jo York, Managing Director Health and Care Portsmouth, who was in the meeting for a later item, said that the letter referred to was sent whilst she was on leave. She had thought it had been responded to so apologised for this. She confirmed that the letter would be sent in the next few days. The team that reviewed the service are a shared team between local Health and Care Portsmouth and ASC and they are working through the implications of the new stroke pathway. It is challenging to understand what this service provides that is not already in place through other mechanisms and this would need to be tested.

The Panel agreed that an update on the service would come back to the next meeting and noted that the ICB's response to the letter would be shared in due course.

The panel thanked Mr Biddle and noted the report.

13. Portsmouth Hospitals' University NHS Trust – update (AI 5)

Mark Orchard, Group Chief Financial Officer and Deputy Chief Executive, introduced the report and summarised the main points. With regard to the Acute Services Partnership he said that there was nothing in terms of service change perspective that was expected for Portsmouth and it would remain as two separate statutory bodies with Portsmouth as the larger organisation supporting IoW colleagues, particularly where they are unable to recruit to certain services.

He referred to the industrial action taking place this week and said that as both junior doctors and consultants are both out some of the planned elective care would be stood down. The hospital though is open for those who need emergency medical care.

With regard to covid Mr Orchard said that PHUT is seeing an increased prevalence of covid related sickness and sickness absence rates amongst staff were increasing. The Trust have already started their covid vaccination campaign for staff and the flu campaign will also start soon.

In response to questions Mr Orchard explained that:

- With regard to the PHUT leadership team he explained that they work together with the IoW Trust and it gives the opportunity to re-evaluate the non-clinical corporate services in each body to get more efficiencies over time. This is significant in terms of ongoing savings for both trusts and this will allow the frontline services to be protected. They have not recruited outside of the organisation and have filled the posts with people that are already in the two organisations. A recruitment campaign is not expected which would be a significant cost, as overall there would be a disproportionate level of recurrent savings over time, which will allow them to make better decisions for the clinical services.

- Every role will not be backfilled, they are looking at re-shaping roles, avoiding duplication and making systems more efficient where there are common systems in place between the two statutory bodies.
- The IoW Trust is very small; its turnover is around £300 million per year compared to Portsmouth's turnover being around £800 million per year. There is a small-scale district hospital that must provide 24/7 emergency and maternity services due to its location. There will be no merger as the IoW has unique challenges for clinical and financial sustainability.
- Portsmouth Hospitals Board, which has its own set of non-executive directors, has been clear all the way through and nothing will be done that is to the detriment of the services provided by PHUT. They are committed to working with the IoW colleagues. The vast majority of savings will come from non-clinical settings to ensure the money given by the commissioners for clinical services goes as far as possible.
- PHUT would be using the same measures, clinical standards and service experience standards that are built into the contract with commissioners, would be used to ensure standards do not slip.

Members were a little concerned about the partnership and felt that bigger was not always better in terms of outcomes for patients. It was felt that a detailed report on this would be welcomed at a future meeting.

The Panel thanked Mr Orchard and noted the report.

14. Healthwatch Portsmouth (AI 6)

Siobhain McCurrach, Healthwatch Portsmouth Manager, introduced the report and summarised the main points of the report. Volunteers spoke to 832 people at stalls and talks in the 12-month period April 2022 to March 2023. Healthwatch are about to look at GP surgery websites and will use the government guidelines issued in 2022 as a basis for what should be included on GP surgery websites. These findings will be published. It is not a requirement of the NHS for patients to provide their address when registering for a GP surgery, but many surgeries are still asking for this information.

Healthwatch are also going to be looking at delays to elective care and she had met with the Chief nurse today asking what information patients are provided with whilst on the long wait. Healthwatch have been promised a copy of the template that PHUT send to patients to assess the quality of this information.

Healthwatch have been working closely with the Hampshire and IoW Integrated Care Board in Portsmouth on a piece of work with the closure of North Harbour GP surgery and they are now looking at the longer-term outcomes.

Over the current year Healthwatch are looking at the Mental Health Service across Hampshire and the IoW and encouraging best practice engagement. Healthwatch attend meetings that Solent NHS Trust host with the community

to look at what the efforts are being made to engage with the community and how are people's views being addressed.

Healthwatch are concerned about health inequalities in the city and there is a project that they are running with the University of Portsmouth to look at these barriers, particularly in the most deprived wards. A report on this will be presented to the Health and Wellbeing Board in the Spring.

In response to questions, she explained that:

- Regarding the mystery shopper exercise on support for stroke patients, Siobhain said that it was a small but valid exercise that found that there was little referral onto the stroke recovery service. Healthwatch were concerned that the services within the community were not being used effectively due to clinicians either not knowing or not signposting patients. This was fed back to the stroke recovery service. Siobhain would send the report they may still have the report on this and would send this if available.
- A panel member said that at the north entrance of Queen Alexandra Hospital he had seen a poster outside the entrance asking if people had made a will. He had written to the company who had said this was to try and get donations. He felt that this was inappropriate as many patients are very nervous to go into hospital as it is. Siobhain said that sometimes there are communication issues and there are unintended consequences from decisions made. She said she would like PHUT respond to this and felt that public scrutiny was useful for all organisations.

The panel were impressed with the work of Healthwatch and thanked Siobhain for her report. Siobhain asked the panel to spread the word about their work. The Panel noted the report.

15. Southern Health Update (AI 7)

Nicky Creighton-Young, Director of Operations for the Portsmouth and SE Hampshire area, introduced the report and summarised the main points.

In response to questions, she clarified the following:

- Southern Health are continuing to work with the ICBs to understand and recognise the importance of place. In terms of the work that Solent and PCC have been doing there is no intention to not recognise the value that's had in the new organisation going forward. Jo York echoed what Nicky said and added that there have been concerns but they are working closely through Project Fusion and the ICB to look at how to strengthen integration and learn where it is working well. Members said that they hoped that measuring the success of services would also include outcomes.
- The sign off of the final business case would be in March.

The Panel thanks Ms Creighton-Young and noted the report.

16. Access to Primary Care (GP practices, dentistry and pharmacy) (AI 8)

Jo York, Managing Director Health and Care Portsmouth, introduced the report and summarised the main points. She explained that the data is relatively new and each GP practice has a different way of working, therefore it is difficult to compare data so this should be taken into consideration.

In response to questions, the following points were clarified:

- The greatest benefit from the Council's support is in relation to the integrated teams e.g the integrated care teams and the mental health and learning disability teams. There is lots of support going into GP practices from the public health team and supporting that community.
- The GP practice going into the new Bransbury Park Leisure Centre is an existing practice; the Lighthouse Group Practice. HCP are working with Portsmouth Primary Care Alliance to try to attract newly qualified GPs in the area to strengthen recruitment into the city. This is early days but looks quite successful so far. She agreed that there is more that can be done to show and demonstrate access to GPs in the city.
- The Drayton practice have a branch surgery in Wooton Street which is very close to Cosham Health surgery. They will continue to offer appointments within Wooton Street until the Highclere site is completed. Her understanding was that Cosham Health Centre was no longer being utilised and she would need to find out about the sale of the site and come back to members - ACTION.

The Panel thanked Ms York and noted the report.

17. ICB recovery support programme (AI 9)

Jo York, Managing Director Health and Care Portsmouth, introduced the report and summarised the main points.

In response to questions the following points were clarified:

- Jo takes responsibility for some areas across Hampshire and IoW and she is part of the Hampshire & IoW Executive Management team but her role was predominately in Portsmouth.
- The deficit is a moving feast; the ICB are £5.8 million per month off plan. This is the amount that needed to be saved to bring them back on track with the plan agreed by NHS England.
- In terms of implications to services, in some of the Hampshire areas they have looked at the out of hospital services that were funded during covid through the hospital discharge pot. Some of those services had continued but at a rate that was not affordable. For Portsmouth, this was managed with the work to co-locate services on the Harry Sotnick site and the opening of the Jubilee unit. There are significant challenges around prescribing and the ICB are working to ensure they do not cut services to patients. There is a lot of variation across Hampshire and the IoW which means they are often double paying for things so they are working to reduce that variation to create some consistency on how they fund things.
- The panel would receive updates on the deficit throughout the year. For any services that do have to close as a result, the ICB would have to

carry out an internal quality impact assessment and any formal changes to service would come to HOSP.

The panel felt that it would be good to have a member of the ICB to come to the next meeting to give a further update and to obtain more information. Ms York said the same information had gone to all HOSPs/HASCs and she was happy to feed back to see if someone from the executive team could come to the next HOSP meeting.

The Panel thanked Ms York for her report and noted the update.

The formal meeting endedat 3.13 pm.

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Councillor Mark Jeffery
Chair

Portsmouth CITY COUNCIL

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

Title of meeting: Health Overview & Scrutiny Panel

Subject: Stroke Recovery Service

Date of meeting: 23rd November September 2023

Report by: Andy Biddle, Director Adult Social Care

Wards affected: All

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1. **Requested by**
   Cllr Mark Jeffery, Chair, Health Overview & Scrutiny Panel.

2. **Purpose**

   To provide a further update following the decision to withdraw from recommissioning the Stroke Information and Support Service, commonly known as the Stroke Recovery Service.

3. **Information Requested**

   Information related to the background, cost, funding sources, delivery & performance and rationale for the decision regarding the contract was provided to the Health Overview & Scrutiny Panel in a report in September 2023.

4. **Update November 2023**

At time of writing, there has been no formal reply from the Integrated Care Board, (ICB) to the request from the Leader of the Council and Cabinet Member for Community Wellbeing, Health & Care to confirm an Integrated Community Stroke Service, (ICSS) will be in place by December 2024.

In October 2023, the Leader of the Council and Cabinet Member for Community Wellbeing, Health & Care met with representatives of the Stroke Association. The discussion focussed on whether December 2024 would be realistic for stroke recovery to be implemented as part of the ICSS in Portsmouth by the ICB, given the services that already exist. This was on the basis that the Stroke Association, (SA) is delivering for

- Official -

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other ICBs as part of stroke recovery services and that the Association's service offer aligns to the ICCS specification, as below:
The ICSS should work with the voluntary sector to develop appropriate life after stroke and support services – extending the ICSS pathways to support the long-term needs of patients and their carers/families. This should ensure provision of effective support and information as part of the rehabilitation process and encourage self-management where appropriate. Patients should be made aware of and offered options to promote their wellbeing, including stroke education and secondary prevention, community leisure activities and exercise classes, peer-led support groups and social prescribing[1].

The current service provided by the Stroke Association is limited to those residents with more complex needs, it was felt that this model could be replicated as a model across HIOW ICB. Whilst there are services in place working with residents who have experienced a stroke, the type of service provided by the Stroke Association is not currently provided across the rest of the ICB area.

The meeting agreed that the Stroke Association would investigate the contract specification it operates to in other ICB areas. This information should include the return on investment to the NHS from the delivery of the ICSS.

Once this information is available, the Leader and Cabinet Member for Community Wellbeing, Health & Care will write to the ICB to share the model that is in place in other systems and include the return on investment this generates and share the voices of Portsmouth residents who could support the modelling of a ICCS in Hampshire and the Isle of Wight that includes life after stroke services.

The Leader and Cabinet Member for Community Wellbeing, Health & Care propose that their letter be shared with Health & Wellbeing Board Chairs in Southampton and the Isle of Wight and followed up with NHS England if the matter remains unresolved.

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Signed by (Director)

Appendices:

2.

[1] National service model for an integrated community stroke service

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

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

Title of document	Location
National Service model for an integrated community stroke service	NHS England and NHS Improvement 2022. Publication approval reference: PAR733

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Title of Meeting:	Health Overview and Scrutiny Panel
Date of Meeting:	November 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 June 2023 to November 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.

Before the end of 2023 the duties and responsibilities obligated on Councils with Adult Social Services Responsibilities (CASSR), under Part 1 of the Care Act 2014, will be subject to regulation by the Care Quality Commission (CQC).

4. National Legislation & Guidance

Further to the enactment of the Health & Care Act 2022[1] the following has happened since May 2023:

The Care Quality Commission, (CQC) have completed their inspection pilot with 5 Local Authorities; Birmingham; Lincolnshire; North Lincolnshire; Nottingham City Council and Suffolk County Council. Reports, indicative scores for all quality statements and an indicative overall rating will be published in January 2024.

CQC have also reviewed published data for all 153 Councils with Adult Social Services Responsibility, (CASSR) against the quality statements of assessing needs and care provision, integration, and continuity, which was the first step in full assessment and the start of developing judgements. A high-level summary of the findings have been published in CQC's annual state of health and care report.[2]

CQC are currently developing how they will select first local authorities to be assessed, (20) and assessment is due to commence in 2023. The proposal for the secondary legislation required to give CQC the mandate to conduct the inspections has been submitted to the Secretary of State.

In August 2023, the government published the Adult social care intervention framework for local authorities[3]. This provided information to local authorities in England on the government's approach to intervention in adult social care. The powers of intervention introduced through the Health and Care Act (2022) enable the Secretary of State for Health and Social Care to intervene where they are satisfied that local authorities have failed or are failing to discharge Care Act functions to an acceptable standard.

The framework sets out a continuum of action where CQC identify that the Local Authority is not delivering its functions under the Care Act. This continuum ranges from direction to resources that the Authority can use to inform its improvement process to enabling the Authority to lead its own improvement process, to the Secretary of State appointing commissioners to an Executive Commissioner taking on the role of performing some of the functions of the Authority and directing the Authority in its actions[4].

[1] Health and Care Act 2022
[2] 'The state of health care and adult social care in England 2022/23'.
[3] Adult social care intervention framework for local authorities
[4] Summary here.

4.1. As reported to HOSP in May 2023, Hampshire & Isle of Wight (HIOW) Integrated Care Board (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 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 (HCP). 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). Adult Social Care (ASC) and colleagues are in discussion with the ICB to try and understand the implications of this for our partnership working and integrated team structure.

Since December HCP has been working on several 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.

Since the last report to HOSP we have created and shared our Capacity Plan with DHSC, a requirement of grant funding (Market Sustainability and Improvement Fund), submitted responses and reported on similar grants to support health and social care. The funding is welcome, however reporting requirements do stretch commissioning, operational and reporting resource.

6.2. Adult Care and Support

Occupational Therapy (OT)

Following the successful completion of our OT Project 100, a project aimed at reducing the Occupational Therapy waiting list by 100 people, we have managed to maintain waiting times for non-critical face to face assessments to approximately 8 weeks; this is a significant reduction from the 20 weeks starting point. All clients have a conversation with an OT duty worker on the same day they contact our service which ensures, where appropriate, we can provide immediate support.

In the last six months the service has focused on ensuring our case recording is strength based and robust with consistent language used by all therapy staff. Regular audits and observations in practice reassure us that staff continue to make a real difference to our client's lives.

We have introduced a customer feedback form to evidence the impact of our interventions and to learn if any improvements are needed to our service. Occupational Therapy week, which runs annually in November, focused on the value of occupation and how vital occupations are for all of us in our everyday life. We had some case reflections and customer feedback which demonstrated what our clients hoped to be able to achieve and how the occupational therapy intervention enabled them to do this. For example, one lady wanted to be able to attend her daughter's wedding but had been in bed for a lengthy period of time. The occupational therapist introduced a graded sitting out programme, specialist moving and handling equipment and made arrangements for a suitable wheelchair to be available. This enabled the lady to sit out at home and achieve her dream of seeing her daughter get married.

Three of our Occupational Therapy Associate Practitioners (OTAP) are on the OT degree apprentice course; a four-year course delivered by the University of the West of England with our first graduate due in July 2024. We are proud of our comprehensive mentor and assessor programme and have been

supporting Solent and Southampton colleagues in establishing apprentice support best practice.

We have no current vacancies, having successfully recruited to all vacant post from first advert.

6.3. Hospital Discharge

Discharge to Assess Team (D2AT)

The team continues to experience recruitment issues, which is resulting is waiting lists for assessment remaining high across all areas covered by the Discharge to Assess Team.

The team are able to respond well to people who are in crisis to ensure that our citizens remain safe. However, this often has a detrimental impact on waiting lists and therefore assessment response times. The team have recently recruited an additional permanent full time Assistant Team Manager, 1 Senior Social Worker and 2 newly qualified Social Workers to replace locums, which will support better quality and more timely flow through the services which is expected to lead to a positive, sustainable change in numbers of people waiting assessment for over 4 weeks in the next month. Currently we have 19 awaiting assessment at home and 9 people in a residential care setting as part of the D2A process, which is a continually improving picture.

The team have received a number of complaints and concerns recently, which are being responded to accordingly. Any learning for individuals, the team, and wider service is shared where appropriate with additional support or training provided to staff where needed. We have started testing client feedback forms to ensure that everyone we are working with is given an opportunity to provide comments on the service to enable us to celebrate good practice and consider learning points and any action needed where appropriate.

Integrated CHC - Adults

Key performance indicators have been achieved for this latest reporting period.

The service is working with other place based CHC teams, within HIOW, and the central ICB team to consider whether any of the processes could be aligned across the ICB for the benefit of our citizens (where appropriate).

The team have also been supporting the D2AT with assessments to help reduce the delays for our clients and manage our financial risk.

Portsmouth Rehab and Reablement Team (PRRT) / Community Independence Service (CIS)

Portsmouth Rehabilitation and Reablement Team (PRRT) have continued, over this period, to support timely hospital discharges to ensure those people that can go home, do so with access to rehabilitation and reablement support through in-reaching directly into the hospital.

CIS have also continued to support D2A, working more directly with the D2A team to focus on reducing the length of time people remain in interim placements and helping people return home where possible.

There are several commissioned rehabilitation and reablement services working across Portsmouth, which includes CIS, PRRT and Community OT. This has led to a fragmented and inconsistent pathway for referrers to navigate, with lack of clarity on the appropriate service to refer patients and service users. The Portsmouth health and care vision is to provide a single rehabilitation and reablement offer across the City, ensuring that Portsmouth residents needing care or support receive rehabilitation and reablement as a default offer. The aim to optimise individuals' independence, reduce reliance on more formal statutory services and promote a strength-based approach. Work reviewing these two functions, with an aim of bringing together continues; expected to conclude before the end of the year and lead to shaping the new service with the teams.

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 a proportion of 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 sought from HIOW ICB to ensure sustainability, which has just been agreed. We are still recruiting to additional CHC posts.

In the previous 24 months the ILDS caseload has increased from 778 to 954 Portsmouth residents, representing 23% growth (an additional 176 cases).

Currently, there are 146 residents waiting allocation to a named worker; this represents 15% of the entire caseload. Of these 64 (44%) have been assessed as very high priority for support. We anticipate this situation will begin to improve following successful recruitment to our ASC vacancies.

The service has achieved 84% of annual reviews of the residents we support. We expect this to rise above the 85% expected performance level with additional capacity for new staff, now in post.

In the next four years, there are an estimated 70 Portsmouth residents who will turn 18 and need care and support from the service. It should be noted that an unusually high proportion of these young people have significant care and support needs, with several having been placed outside of the city by Children's Social Care.

Alongside continuing fieldwork pressures, the ILDS:

- are developing innovative and cost-efficient local commissioning solutions for young adults in transition with high-cost care packages. This has been achieved for some in a new development (Fir Trees); another local initiative for 7 young people currently placed outside of the city is in development and an expression of interest for capital to purchase a local property has been submitted.
- have developed a powerful video resource recounting the experiences of 5 people who lived in institutional care (Coldeast Hospital) before moving back into local community services. The personal stories help us remember why the continued development of community services for vulnerable adults is so important.
- continue with the introduction of the “safe places” scheme within the city.
- continues to host a provider partnership forum that champions quality improvement initiatives. More recently this has started working with a newly appointed LD community pharmacist to help better respond to medication errors across services.
- are refreshing the commissioning framework for supported living services with the dual ambition of driving up quality whilst managing the market in a way that is sustainable.
- are in the process of refreshing the commissioning strategy for local opportunities for day activities.
- are reviewing the local short break (respite) provision, with an ambition to develop a new offer that reflects the wishes of our community, is cost efficient, and introduces more choice.

6.5. Adult Mental Health (AMH) Support Services

Over several years, for our AMH Supported Living pathway we have been working towards some key outcomes including:

- increasing the number of high-quality accommodation placements and independent housing opportunities
- greater utilisation of housing stock and more flexibility of timely movement throughout the pathway
- increased service user satisfaction through coproduction, choice, and control
- a much-improved shared accommodation offer (incorporating supported accommodation with 24-hour support, self-contained supported accommodation with on-site staff support, and shared or self-contained accommodation with floating support)
- significant increase in independent housing options with assured shorthold tenancies as opposed to licence agreements.
- improved relationships between landlord and tenant due to shared understanding of rights and responsibilities on both sides
- increased service user support when required.

To achieve these outcomes all our recent service improvements have developed individualised provision within an affordable framework, based upon economies of scale. This has allowed us to repatriate people back into the city to be closer to their families; also, we have managed to redirect provision away from private hospital inpatient placements and high-cost residential care services to recovery focussed supported accommodation services, like the 18-bed Oakdene supported living service that opened in July 2021.

We continue to use some specialist residential services for a small number of people, these are mainly out of the city. These arrangements are regularly reviewed to ensure that that they continue to meet the needs of the individuals. Monitoring of quality and review of progress are integral to our work, and this supports us, where appropriate, to ensure that there is a clear recovery plan in place to step the person down to a less restrictive environment.

Prevention of homelessness is key to good mental health. The community floating support service has successfully supported people to remain in their own homes, some of whom would otherwise have been evicted, creating homelessness and a need to access a crisis service, and sometimes leading

to inpatient admission, due the adverse impact this experience has on a person's mental health.

Flexible commissioning models serve to ensure that providers are agile enough to provide the right level of support in line with the emergent needs of service users. We are working in partnership with our providers to ensure that support is delivered in the most effective and responsive manner, this has enabled us to move a greater number of individuals through the pathway, stepping down more quickly to lower support services or complete independence. This has enabled us to review our supported housing provision and decommission less suited or lower quality accommodation.

6.6. Carers Service

Over the past six months, the carers service has continued to receive high rates of referrals, both from professionals and self-referrals. We have also increased the variety of services we offer.

Areas of focus for the Carers Service over the past six months include:

- increased training and guidance around joint assessment work with the Adults Care and Support fieldwork teams. This will enable clients and carers to experience a more holistic 'whole family approach' to Care Act assessments.
- development of new peer support groups with a focus on parent carers and minority ethnic groups.

The Carers Service continues to see high levels of demand for services which is reflected in the increased spend in some areas, particularly the sitting service, although the budgetary position has improved with a reduction in the forecasted overspend for sitting service in 2023/24. We have also seen challenges resulting from the cost-of-living crisis.

We are starting to consider the transition model for young carers coming into the adult carers service both via the young adult carers transition pathway and through direct referral into the service.

Recognising the vulnerability of lone carers, we are developing a model for recording carers contingency plans in conjunction with NHS England which utilises the summary care record to increase visibility of these plans.

Here is a wonderful piece of feedback from one of the carers who regularly uses the service:

'As a 71-year-old man with the sole carer responsibility for my physically disabled wife and 50-year-old daughter with severe learning difficulties, day to day life is challenging. It is no surprise that the demands have contributed to a deterioration in my own health both physically and mentally. Some years ago, I became aware of the existence of the Carers Centre, and since then it has become something of a beacon in my otherwise quite depressed existence. The cookery sessions provide a lovely opportunity to learn new skills with a comfortable sized group invariably led by really nice caring people. In addition, the opportunity to attend the health and wellbeing sessions, at the allotment, have been delightful. The very location is tranquil and the opportunity to escape the caring role, in such comfortable surroundings is so very therapeutic.

It would not be an exaggeration to say that the provision of the carers breaks sessions at the allotment and carers centre for me have been a life saver.'

6.7. 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 focus remains on supporting 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.

The information below is taken from the data report for Community Development Service for period April - October 2023:

- 408 Portsmouth residents participated in 13 separate projects delivered by the IWT:

Chop Cook Chat	Reading Friends	Community Allotment
Yoga in the Park	Diversi-Tea Lounge	Autism & Neurodivergence Group
Refugee Badminton	Ethnic Grow Project	
Rock Out	Paulsgrove Men's Group	Extra Care Housing
Naturewatch	Treadgolds	

EDI Data

Disability of service users		
Disability Type	**Number**	**%**
Learning Disability	9	2%
Physical Disability	50	12%
Neurodivergence	3	1%
Hearing Impairment	4	1%
Sight Impairment	4	1%
Cognitive Impairment	2	0%
Mental Health	10	2%
Multiple Disabilities	41	10%
No Disability	196	48%
Not Specified	89	22%
Total	408	

Age of services users										
Age	**18+**	**20+**	**30+**	**40+**	**50+**	**60+**	**70+**	**80+**	**90+**	**Not Specified**	**Total**
No.	6	26	31	59	57	61	39	30	8	91	408
%	1.5%	6.4%	7.6%	14.5%	14%	15%	9.6%	7.4%	2.0%	22.3%	

Gender of service users						
Gender	**Female**	**Male**	**Transgender**	**Non-Binary**	**Not Specified**	**Total**
No.	246	108	0	0	54	408
%	60.3%	26.5%	0%	0%	13.2%	

Ethnicity of service users		
Ethnicity	**Number**	**%**
Arab	1	0.2%
Asian - Chinese	6	1.5%
Asian - Bangladeshi	56	38.2%
Asian - Indian	4	1.0%
Asian - Pakistani	2	0.5%
Asian - Other	29	7.1%
Black - African	1	0.2%
Black - Caribbean	0	0.2%
Black - Other	1	0.2%

Mixed or Multiple Ethnicities	2	0.5%
White - British	196	48.0%
White - Irish	1	0.2%
White - Gypsy or Irish Traveller	0	0.2%
White - Roma	0	0.2%
White - Other	18	4.4%
Any Other Ethnic Group	11	2.7%
Not Specified	86	21.1%
Total	**408**	

Action:

The service continues to monitor EDI data, with ongoing work to improve quality of recordings to reduce the number of unspecified responses. Also, Community Development Officers will be undertaking focused community outreach work to address low take up by residents with a protected characteristic.

Wellbeing Evaluations - Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWS)

	Before Intervention	After Intervention	Change	Positive change?	Statistically Significant	Wilcoxon signed rank test P value
% Low wellbeing	**37%**	**21%**				
%Moderate wellbeing	**44%**	**57%**				
% High wellbeing	**20%**	**21%**				
						P<0.0
Mean score	**24.4**	**26**	**4.23**	**Yes**	**Yes**	**5**
Standard deviation	**6.3**	**4.5**	**6.6**			
By age						
16-24	**15.4**	**19.0**	**3.60**	**Yes**		
25-39	**24.9**	**30.5**	**5.64**	**Yes**		
40-54	**23.4**	**27.7**	**4.32**	**Yes**		
55-64	**23.8**	**26.8**	**3.07**	**Yes**		
65+	**25.5**	**23.8**	**-1.77**	**No**		
By gender						
Male	**24.5**	**25.0**	**0.49**	**Yes**		
Female	**24.4**	**26.8**	**2.39**	**Yes**		

No. of people with a meaningful positive change (%)				**15**	**53.6**	**%**
No. of people with a meaningful negative change (%)				**2**	**7.1**	**%**

Action
The above figures do not include all post engagement evaluations as the service undertakes post engagement reviews at 6 months; a more complete data set will be available at the end of Q4 2023/24.

For Q1 and Q2 Community Connectors full reports please see Appendix 2 of the report.

6.8. 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:

- Strength-Based practice - phase one of this work is now complete following an independent stock take of our practice, focussed on how embedded the principle is of working to people strengths and maximising opportunities for independence; with an approach focussed on co-producing person-centred support plans with people requiring support.

  The stocktake included engagement sessions with carers, people with lived experience across all customer groups and practitioners. Evidence showed there are pockets of good practice, however we want to support consistency across all practice, including clear recording. The recommendations will form a delivery/improvement plan for phase two of the project.

Although we engaged with stakeholders, we recognised this is an area we need to develop further and have committed to develop a clear approach to engagement across the Directorate.

- From mid-October the Directorate has funded resource, from the Corporate Engagement Team for a year, to support us to develop an engagement strategy and draw on their expertise to engage with key stakeholders so our business, our priorities and any changes are at a minimum based on inclusive feedback from engagement, and ideally are co-produced.

- To support our preparation for regulation of ASC by the Care Quality Commission, in October we held an engagement event with formal stakeholders (including Public Health, ICB, Hampshire Care Association, Age UK Portsmouth, Police, The Hive and voluntary sector organisations). Our vision and several quality statements were shared and discussion, linked to areas of the assessment. A further virtual event is planned in November, the outcomes from both will be feed into our self-assessment.

6.9. Management Information Service

Following the previous HOSP report ASC have now implemented the Requests element of Client Level Data (our new statutory collection report mandatory from 1st April 2023)[5]. We are currently developing the Assessment and Reviews element, due to go live late November 2023.

We have made 2 successful submissions of CLD to DHSC (Q1 and Q2), with each submission improving on the previous, following the implementation of each new element. This will enable us to improve analysis of our service delivery and performance.

We will shortly be implementing the final phase of CLD, Support Planning, and will be completing and submitting full returns from April 2024.
To meet the requirement to support our data and information needs and to develop our business processes, we have recruited to two new posts, with recruits joining the team in November. This should reduce the reliance on external agency resource for specific skills, such as those needed for 'Python' software.

Our data warehousing project is due to start in November, improving our management information capabilities in the service.

[5] Client-Level Adult Social Care Data (No. 3) - NHS Digital

6.10. Regulated and Provider Services

Portsmouth City Council is regulated by the Care Quality Commission (CQC) for the delivery of three residential services; Harry Sotnick House, Russets and Shearwater are registered for the delivery of accommodation for persons who require nursing or personal care.

Each unit has a management team, consisting of a registered manager, deputy, and assistant unit managers as well as care and ancillary staff relevant to the service provided.

All services are subject to inspections from the CQC in line with their registered activity.

Harry Sotnick House was inspected by CQC in May 2022, and received an overall rating of Good, this was reviewed in July 2023. The unit has 46 bedrooms, 3 lounge areas with kitchenettes and accessible garden and patio areas. The care and nursing team specialise in offering long term dementia care and bed based reablement for older people with mental health and physical health needs, provided in a homely and caring environment.
A recent development is an offer of respite to informal carers requiring a break from their loved one, this is in partnership with the Carers Centre, demand for the service is extremely high, running at over 90% capacity and feedback on outcomes is positive.

Shearwater was inspected and rated overall as Good in March 2021; this was reviewed in July 2023. The unit specialises in dementia care for older people, offering long term accommodation and support in an enabling way to maintain independence, choice, and control. The top floor of the unit was closed in 2021, reducing the capacity from 60 to 40 residents. Consequently, the service was reviewed, and following consultation significant changes were made to the staffing establishment; there is a smaller management team, new team leader posts to support career progression and an increase in the number of care staff. The residents can choose from a range of activities, take part in seasonal events, and enjoy outings with staff and volunteers.

Russets was last inspected in December 2022 and is rated as Requires Improvement. The unit manager and Head of Service met with the CQC inspector in August 2023 to discuss the action plan and provide evidence of improvements. The service also completed a Provider Inspection Return (self-assessment) in August 2023. Russets is part of the offer to adults with a learning disability in Portsmouth, providing short breaks and longer-term accommodation with care and support. The staff team aim to create a positive environment which promotes independence and choice, where people are

offered experiences and opportunities to assist them with achieving their aspirations, and goals in life.

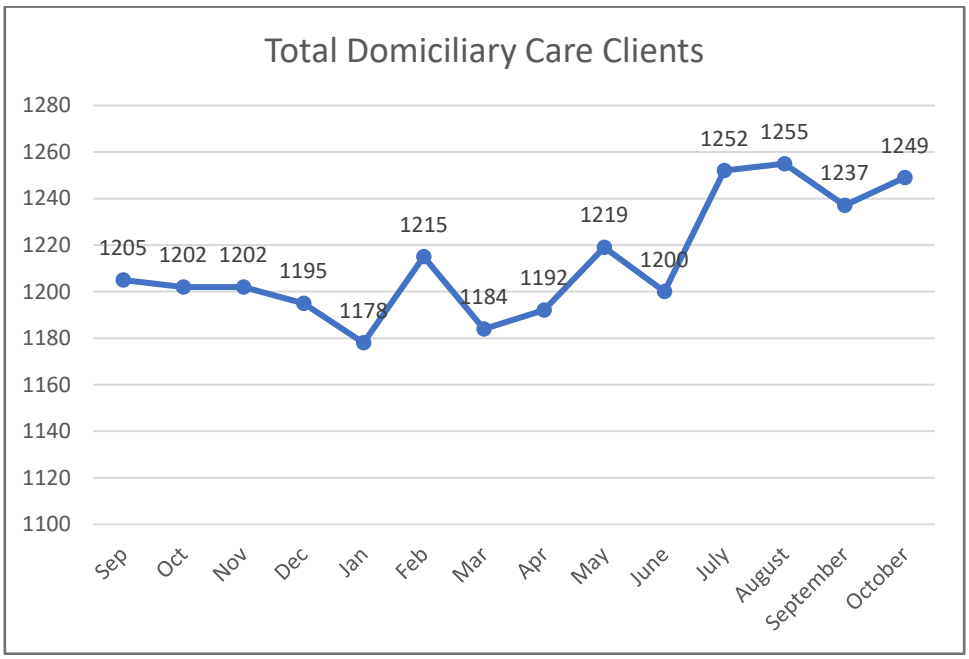
N.B. CQC are currently trialling their new single assessment framework across their Southern region, which includes Portsmouth. Consequently, this may mean a delay to inspections where there are no significant risks meaning ratings could remain unchanged for a longer period, but this will not stop services continuing to deliver to their action plan.

7. Demand

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

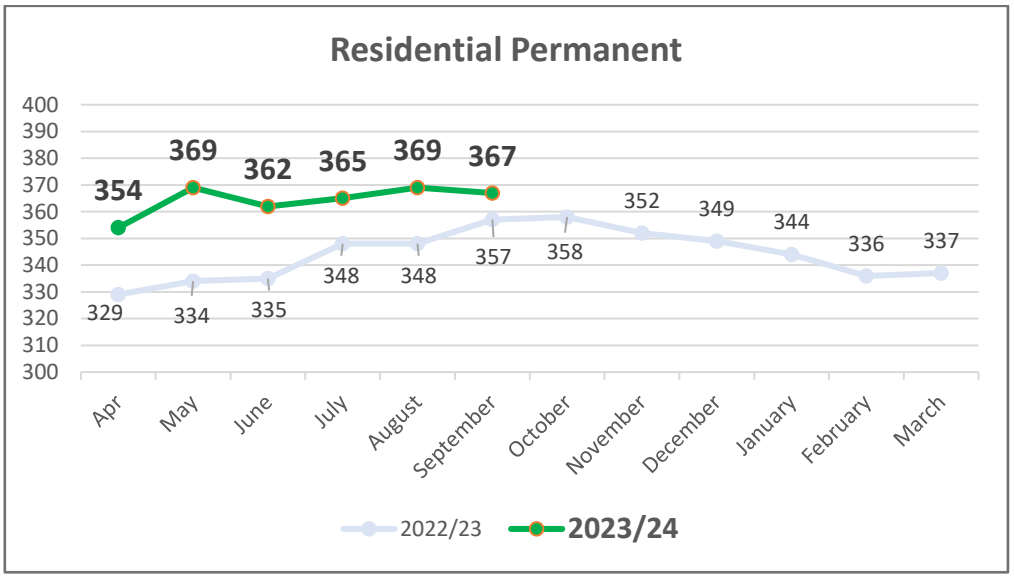
7.1. Domiciliary Care Services (including Day Care)

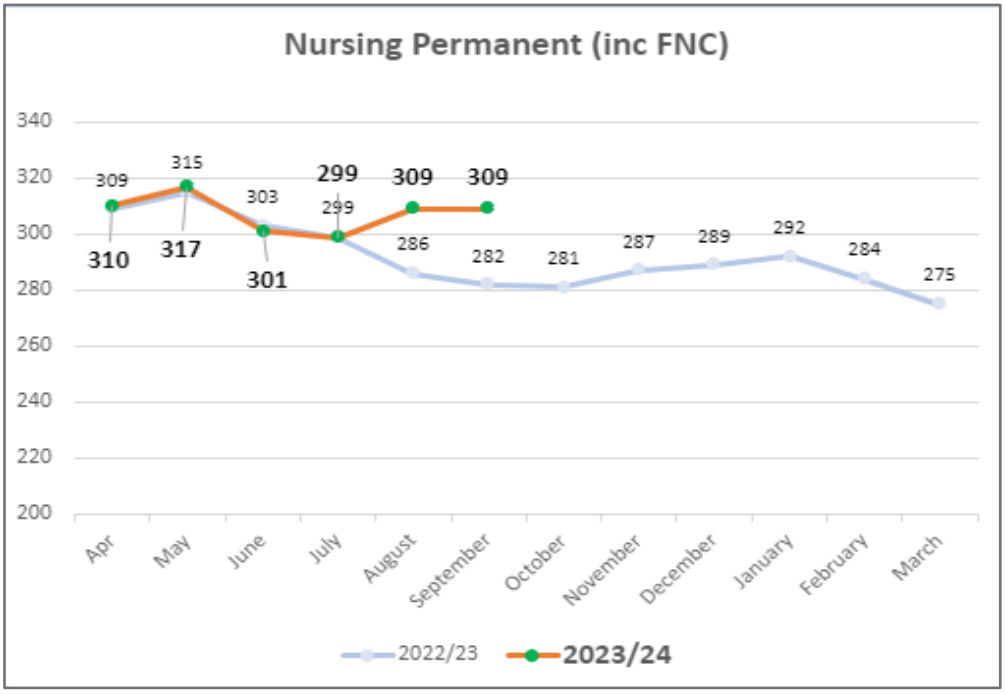
The number of people receiving care in their own home has gradually increased over the past 12 months. This is reflective of the increase in demand upon Adult Social Care referrals and service demand coming through our 'front door'.



7.2. Residential and Nursing Care

Apart from occasional fluctuations the number of residents in Residential and Nursing Care has remained broadly the same for the last six months, however significant increase on 22/23 demand.





7.3. Deprivation of Liberty Safeguards (DoLS)

Assessments are allocated by the administration team in line with timescales of the Act to Doctors, Best Interests Assessors, and Independent Advocates, we also utilise a triage process at times.

Descriptor	No.	Change against previous
Referrals Received (all Referrals)	446	33% fewer
Referrals Received (excluding Furthers & Reviews)	304	38% fewer
DoLS Granted	156	12% increase
Average Time between Referral & Authorisation	56 days	Increase of 28 days

Status of referrals 31/08/2023	No.	Change against previous
With Triage	14	Increase of 9
To be Allocated	26	Increase of 3
To be Triaged	6	Decrease of 7
Total to be Allocated	46	Increase of 5

The data for the period 1st May - 31st August 2023 when compared, on a pro rata basis, to the figures submitted in the April report to HOSP show a slight reduction in referrals over the period.

The team have run workshops to update ASC staff on how to record when carrying out mental capacity assessments and best interest decision making; all staff have now completed this.

Also, the team are working with Childrens Services to support understanding of the implications of a Supreme Court ruling in January 2023 that prohibits parents from making decisions for children aged 16 or 17 who lack capacity to make a decision about where they reside, or aspects of their care and education plans. The feedback from this work has been positive and has identified that this needs to be further developed.

DoLS is expected to continue until 2025 as a minimum; meanwhile DHSC are re writing codes of practice and other aspects of proposed legislation.

7.4. Mental Health Act Assessments

The Approved Mental Health Professional (AMHP) team are providing proportionate deployment of staff to respond to formal requests for Mental Health Act assessments.

Delays are a common theme for this process and some of these are documented below. An Assessment requires 2 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 at this time and those doctors who are working in the trust are mostly reluctant to assist us, as the task is not part of their contracted work. This leads to delays in response to requests.

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

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

The recent publicity in regard to Right Care, Right Person[6] that the Police have brought to national attention has led to a new focus on a regular 2 weekly meeting to focus on the operational processes for those arrested on s136 in suites across Hampshire and in QAH when suites are full. This work is being led by the ICB.

Our Solent NHS Trust partner continues to experience challenges in managing the inpatient wards to ensure the flow of admissions and discharges. They have been affected by the national Registered Mental Health (RMN) nurse and psychiatrist recruitment challenges. This has resulted in transfer delays from QA Hospital while a mental health bed is sourced. The situation is being monitored closely by the Trust.

[6] National Partnership Agreement: Right Care, Right Person (RCRP)

As a result of the many delays that were occurring the MHA lead approached DASS sharing the AMHPs were unable to undertake their role in a timely manner as required by the Act leading to risks for PCC by way of legal challenge. Examples include someone waiting over a week for the execution of a s135(1) warrant due to police and ambulance services not being available, the AMHP not being able to make an application to detain to hospital due to no bed being available. As a result of this a decision was taken to add the AMHP team to the Risk Register for ASC and Corporate. This issue has now been taken to the Board and a decision made to write to the ICB formally and to collect relevant information about delays experienced by the residents of Portsmouth who require mental health act assessment.

Referral rates increased during the summer but generally remained steady over the course of each month although the AMHP service experiences increases at times. Where required the service deploys AMHPs on a supernumerary basis which supports a flexible response to meet increased demand on the service. There has been an increase in referrals for individuals under 18.

The team are often thanked by relatives for their work in enabling those who are unwell to be admitted to hospital. For those subject to assessments feedback is more difficult to obtain mostly because people are so unwell at the time of the assessment; the team have attempted other methods such as seeking feedback from care coordinators and other services that support the person with limited success.

The AMHP team have received no referrals for the Treasury's "Mental Health Crisis Breathing Space"[7] programme during this reporting period; additional guidance for AMHPs was issued following a legal judgment on eligibility. The programme helps take the pressure off people with debt issues while they are receiving crisis treatment and up to 30 days post treatment. This low take up is reported in regional and national AMHP leads networks and reflected across the country.

7.5. Adult Safeguarding

Adult MASH received over 600 referrals per quarter for a consecutive four quarters, an unprecedented level of demand for the team. Of the referrals received in Q1 and Q2 2023-24, over 50% met the Section 42 statutory criteria.

Where enquiries concluded in Q1 and Q2, the outcomes were:

- In 99% of cases, risk identified during the enquiry was reduced or removed on conclusion.

[7] Guidance on mental health crisis breathing space

- 75% of adults were asked for their desired outcomes for the enquiry, and when desired outcomes were expressed, 97% of these were fully or partially achieved.

This year, outside of statutory duties, the focus of the team has been on providing education and outreach to care providers and partner agencies in the city, helping to reestablish relationships and networks post-Covid. This outreach has taken the form of 'Meet the Adult MASH Workshops', offered to care homes, homeless services, supported living providers, PHUT, domiciliary providers, charities, and colleagues in partner agency safeguarding teams. The outcomes of 'Phase 1' of the workshops:

- Over 90 members of staff reached from 29 services
- 95% found the workshop to be 'more than satisfactory'
- 94% found the content to be 'very relevant' to their role

Much of the feedback from the workshops thus far has expressed how useful these sessions have been and requested that these are repeated and rolled out to further members of staff, something that the team is keen to do, should resourcing allow.

In addition, the team continues to offer safeguarding clinics for colleagues in adult social care, to carry out internal audits and participate in multi-agency audits organised by the PSAB, and to contribute towards care provider monitoring in conjunction with the HIOWICB and PCC contracts and commissioning.

7.6. Complaints

The Complaints Managers have continued to operate in a hybrid way, offering in-person, telephone, and online support. The complaints team handle complaints about Adult Social Care (ASC), Childrens Social Care (CSC) and the Integrated Care Board (ICB). We have recently experienced a significant number of complex complaints across the services.

For Adult Social Care, monthly exceptions reports are now taken to the ASC Governance Board, in addition to the quarterly and annual complaints [8]reports. This ensures the Senior Management Team are aware of the nature of concerns being raised in the service and the themes and trends affecting their business areas, to support learning and improvement. Regular reports also go to the senior managers in CSC and the ICB.

As well as the Complaints Team being in contact with regional and national complaints groups, we also have good working relationships with other departments of the council, such as housing, and across other agencies.

[8] Adult Social Care Annual Complaints Report

For the detail of Complaints Report for the period 11 May 2023 to 13 October 2023 see Appendix 2.

Over the next period we are reintroducing face to face complaints training and mobilising a new weekly clinic where staff can seek 'in person' advice on complaint related questions.

7.7. SystmOne Support

Since May 2023, the SystmOne Support team have:

- Developed the system to support completion of the new mandatory Client Level Data (CLD) return for DHSC; phase one development has seen functionality implementation, upskilling, training, and support to practitioners.
- Submitted CLD Q1 return in July, (this includes data from another SystmOne Unit used by Solent and Integrated Learning Disability Service).
- Supported the mandatory monthly Patient Level Data Set submission for Continuing Health Care (CHC) for NHS England
- Introduced lean processes and functionality e.g., electronic referrals, updated SystmOne word templates to auto allocate 'sensitivity labels' introduced with share point, with a focus on saving practitioners' significant time.
- Developed a SharePoint reporting structure for the Directorate to enable migration
- Developed approaches to pull data and successfully complete and submit statutory returns to DHSC including SaLT return 22/3, including follow up analysis on measures outside of range to inform service improvement, input into the SE ADASS Performance dashboard to facilitate benchmarking and follow up learning.
- Generated the data required for the ADASS Spring and Autumn surveys; this is important as this contributes to a national picture of the key pressure on ASC in terms of increasing demand, increasing unit costs and budget pressures, changes in demography which supports the narrative to DHSC and Treasury in terms of the need for a review of long-term funding for Adult Social Care.

8. ASC Strategy

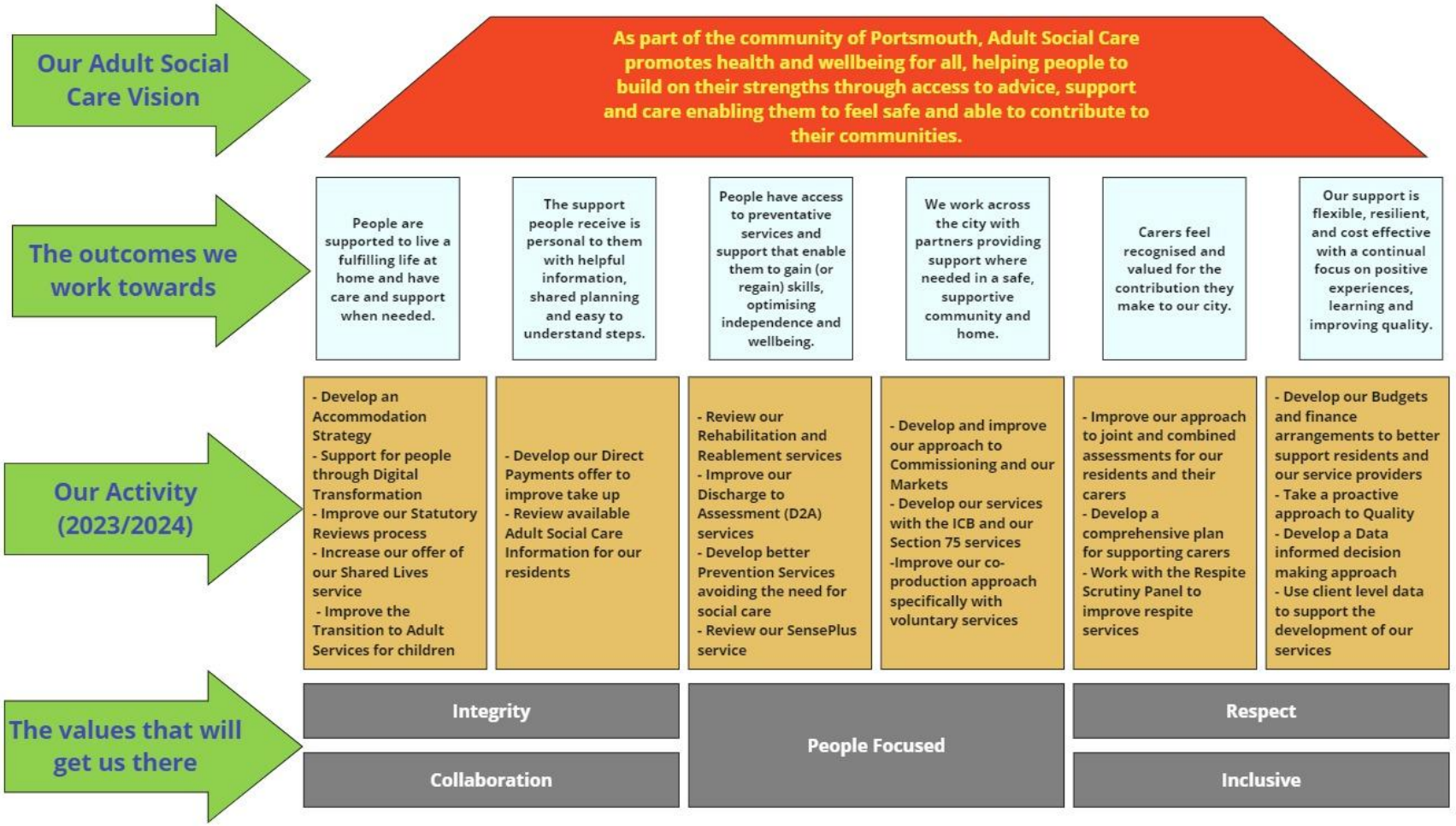
Adult Social Care have updated our strategy to include the corporate values and have been working to the result 23/24 Business Plan.

Our updated 'strategy on a page' which summarises our strategy into an infographic (is shown below).

We are in the process of reviewing our business plan, our delivery against it and will be starting the planning process for 24/5 aligned to the MTFS and

developing an updated business plan supported by an improvement plan to focus on areas where we know from a business, performance and customer perspective that delivering change will bring improved outcomes for residents in Portsmouth, within an optimal business structure.

Portsmouth CITY COUNCIL



9. Quality Assurance and CQC (Care Quality Commission) Assessment of ASC

As updated in Section 4 of this report the pilot assessments with 5 local authorities have now concluded; these started slightly later than initially communicated, similarly the start of formal assessment has been delayed from the original date of September to later in 2023; at this time, we await a formal announcement confirming this which will follow the passing of the secondary legislation which we are led to believe is imminent.

Over the six months to November, we have gathered evidence against each of the 9 quality statements, to understand how compliant we are in meeting out statutory duties under Part One of the Care Act 2014, the legislative framework against which councils will be inspected. This process has involved team, managers, and senior managers across the Directorate. To share emerging information from CQC and the pilots and allow space to co-produce our approach to preparing for assurance we have has monthly ASC managers meeting; this has supported joint and several ownership of our approach across the business. We have invited colleagues from PCC owned and run registered care homes and colleagues from Childrens' Services who are familiar with regulation by Ofsted to present and work with us so we may learn and build on good practice.

In September surveys were shared with customers by post and in person to invite feedback on how well they felt we were delivering services these were set out in terms of 'I' statements. Further we invited formal stakeholders and partners to an in-person event on 17 October sessions to sense check ‘how we are doing, against a set of focussed statements including sector leadership, governance, living our vision and values’, and presence in the city. We have a further virtual event planned, once this has concluded the combination of the feedback will support as to check and refine our self-assessment and inform our improvement plan.

With support from the Engagement Team across November we are actively seeking input from residents, we regard this as being the most important element to inform future priorities and plans. Drop ins to existing groups, forums, meeting places and key places across the city will present an opportunity to get realistic feedback from carers, customers and resident of Portsmouth who may be thinking about or may have a need for support from ASC in the future.

We are using the information coming from the pilots and the summary of the remote review of all 153 CASSRs, against quality statements of quality

statements of assessing needs and care provision, integration and continuity to refine and shape our self-assessment and resulting improvement plan.

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

9.1. Service Assessments

Stroke Association Update

The Health Overview & Scrutiny Panel were updated in September 2023 on the decision to withdraw from commissioning the Stroke Information and Support Service.

In summary as of September, with the awareness that the Stroke Association would need to begin the processes to close the service from September 2023, the Leader of the Council and Cabinet member for Community Wellbeing, Health & Care confirmed to the Stroke association that the Council had identified non-recurrent funds to maintain the service until the end of December 2024.

This is not a recurrent source of funding and therefore at this time no funding will be available from the Council after December 2024. The Council has prioritised extending this service with the expectation that the ICB will implement an ICSS model in Hampshire & the Isle of Wight during 2024.

A report is being presented to this HOSP with an update.

Review of Principal Social Worker [9](PSW)

Review of the pilot for the Post Qualifying Supervision Standards training has been completed. This was a successful programme for adult social care. Supervision is important as it supports practitioners to reflect and develop their practice. PSW has requested 5k from current training budget to roll out a cohort of 10 practitioners within this financial year, with a further 5k for 2024-2025. This training will be in collaboration with 2 other LAs to spread the cost of the budget.

The Principal Social Worker and Principal Occupational Therapist have designed and launched a framework to assess the quality of the case work through audits. This is objective and can be applied consistently, so we may hold up good examples, learn and prioritise work and support to understand

[9] PSWs lead on quality assuring social work practice and are a statutory requirement (ref in 2016 revised Care Act guidance).

why practice may not meet the required standard. The expectation is for each worker to undertake a minimum number of audits per year.

A number of audit tools have been introduced to practitioners to support them to ensure their work is legally compliant and to enable managers to quality assure their work. Principal Social Worker and Principal Occupational Therapist are overseeing audits and acting where necessary, to improve areas of practice that needs to be developed.

Preparing for inspection, we have developed a tool to support managers to identify cases in preparation for inspection. We have developed a chronology template to support tracking a person's journey across a year supported by adult social care.

Whole family approach workshops have been implemented. The workshops are designed to help practitioners to recognise the support systems in a person's life, which will support a strength-based approach to practice. It is also important to capture the needs of carers under our Care Act duties.

Modern Slavery

The Directorate with colleagues in corporate Procurement have supported research into Modern Slavery in the ASC Supply Chain. This was a national piece of work with Nottingham Rights Lab with the Local Government Association and two other local authorities. This has informed a publication, 'Establishing modern slavery risk assessment and due diligence in Adult Social Care: A commissioning officer's guide'[10], which has been published nationally, but more importantly has supported the Directorate to develop a plan of how we can take this forward in Portsmouth.

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.

In June we submitted 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 outlined how capacity gaps would be addressed including initiative such as Portsmouth City Council partnering with HIOW ICB to develop a cohort of 10 Heath and Care Support workers apprentices, and stock take of strength-based practice: with a focus on prevention and a move

[10] Establishing modern slavery risk assessment and due diligence in Adult Social Care: A commissioning officer's guide

from deficit models, leading to the release of some capacity of formal care over time alongside developing strength-based commissioning.

We continue to work on other strategic approaches including accommodation related support, our Medium-Term Financial Strategy, and our workforce.

9.3. Quality Assurance

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, assessment and audits).

The update below talks to the above focus areas.

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

- Agreed funding for 12 months to secure a dedicated 0.4FTE for resource to support developing an ASC engagement strategy, to support the Directorate to engage with customers, carers, and residents consistently and meaningfully; this follows an initial piece of engagement work across the city, in November, to inform improvement.
- Introduced a new case audit tool.
- Developed a process to sign off statutory returns, ahead of submissions, by allocating a member of the Senior Management Team (SMT) to each of the returns with the responsibility of overseeing the return. The SMT member presents a summary of the return to Governance Board which gives the opportunity to understand any anomalies or data outliers, consider any impact this may be highlighting on service delivery or people receiving services. From this a plan is agreed to address the issue (be that data quality e.g., recording or a practice issue) with an update on progress and impact scheduled for a future meeting.
- Made our first submission to SE ADASS Performance dashboard so we may benchmark and learn.
- Participated in an ASC Leadership Review, by Partners in Care (Local Government Association (LGA) and Association of Directors of Adult

Social Services (ADASS) DASS [11]sector led improvement offer), due to report to the DASS and Chief Executive during November.

- Recruited to 2 new posts, data analyst and business analyst to resource the Directorate to support the Directorate in its vision of data informed decision making; this is an area that has not been resourced for a number of years.

9.4. Other Activities

- The Social Care Sector Operational Group following review and reset is now established. This monthly meeting 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 who is best placed to lead. This forum has supported is to be both more proactive and responsive to quality concerns and have enabled us to highlight areas the system needs to come together to coproduce solutions, a recent example of this is guidance for the sector on covert medication and mental capacity; a welcome resource in response to a quality theme identified across a number of health and social care providers.
- The Quality Improvement Team, hosted by the ICB, has moved to line management of PCC and aligned to work alongside the ASC Contracts Team and Training Partnership resource; building on existing relationships and strengthening our oversight and support offered to providers.

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 driving performance. The data is reviewed and has supported us to improve on areas such as timeliness of reviews, assessments and better understand risk including safeguarding referrals into the MASH and how risks are managed.

The risk register continues to provide an overview of risks and issues.

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

[11] The Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS) are Partners in Care and Health (PCH), working with other well-respected organisations.
PCH helps councils to improve the way they deliver adult social care and public health services and helps Government understand the challenges faced by the sector.

- Demand
  Increasing demand for learning disability services, in particular 'transition' cases moving across from Children's Services as people become adults.
- Training
  Lack of corporate training database and gap in corporate resource to commission training into 24/5 for ASC, presents a real risk in terms of oversight and delivery of Directorate training.
- Cost
  Increased unit costs for care provision set against increased demand for Adults Care and Support is placing significant pressure on the service budget.
- Restructure of ICB
  Following establishment of ICBs in June 2022, where effectively CCG structures were moved across to the newly established ICB entities, since early summer ICBs have been reshaping and going through a series of Mutually Agreed Redundancy phases, which are likely to continue into 2024. This is having an impact on the shape of Health and Care Portsmouth, and there is a high likelihood that as funding is redirected, reduced, or stopped this could create a new cost pressure for ASC.

In reviewing risk consideration is given to any that may need to be escalated corporately.

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.

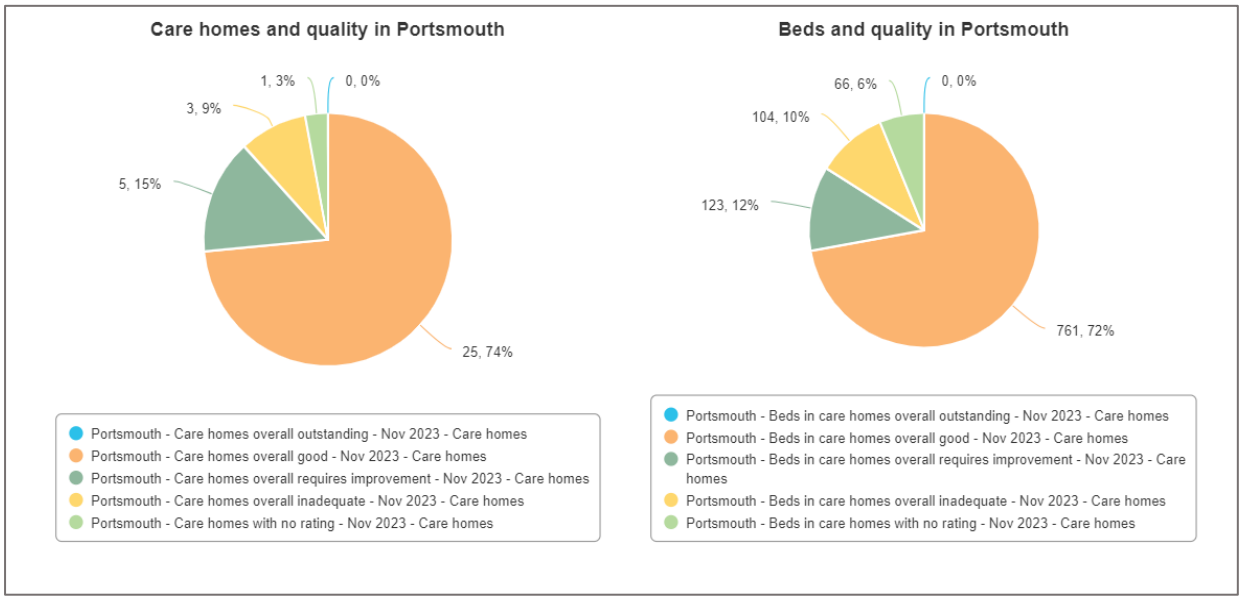
The ASC Contracts team has two posts funded through invest to save; across the team they have delivered a mix of cashable, non-cashable and cost avoidance measures which are on track to exceed the costs of the posts. This has been through identifying opportunities in existing contracts, renegotiating contracts, and tendering for new services including supporting the development of specifications. A report will be produced following end of 23/4 financial year.

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.

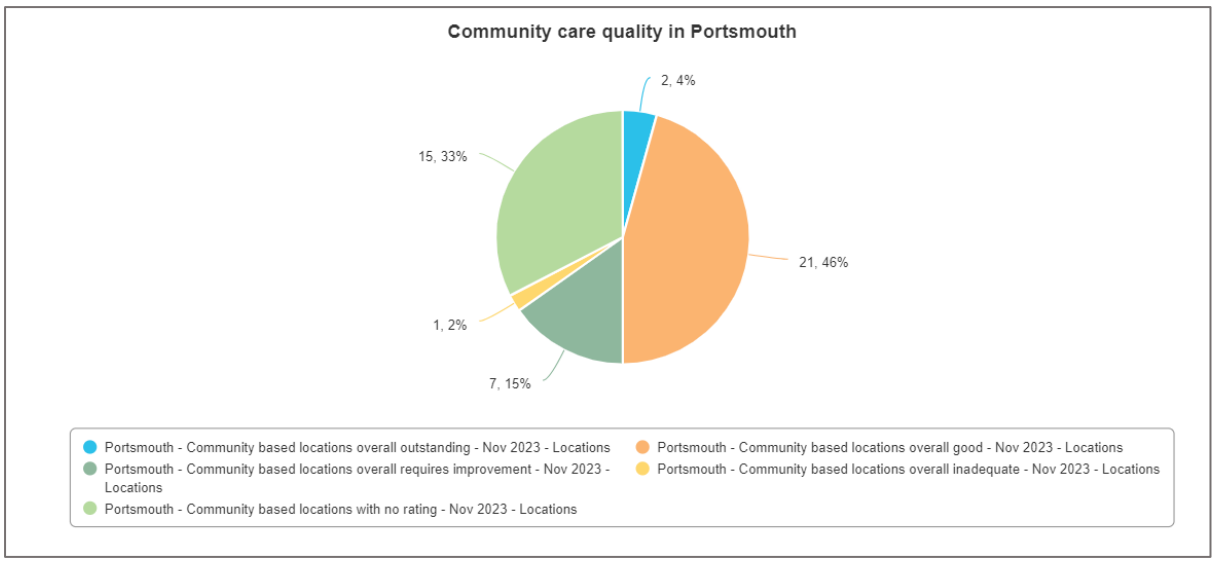
The service publishes regular papers to the Cabinet Member Decision Meeting and briefs opposition spokespeople monthly.

Market Sustainability and Quality

Sustainability of the Care Market - in Portsmouth 74% of care homes (includes care with nursing)/72of beds in homes are rated good (an improvement of 9% since the last report). 2 of the 3, care homes rated inadequate are not currently operational, the true figure for inadequate service then reduces to 3%.



46% of registered community care provision (home care/domiciliary care) are rated good or outstanding (a 6% reduction since the last report). This is due to a previously unrated service being rated inadequate on its first inspection; as our care market is relatively small a change to one or two service ratings makes a noticeable difference overall.



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, is creating additional budget pressure.

Compared with nearest statistical neighbours Portsmouth has the highest numbers of small and medium sized care home, with only 1 care registered for 60+ beds - this is likely to impact on operating costs (i.e. higher unit costs) and may impact on the ability of providers to leverage investment to turn around a service in need of improvement; this is borne out when comparing overall ratings in a range of 58.6 to 98.1 for % of services rated good or outstanding Portsmouth, as above, falls at 74%.

The table below compares Portsmouth to England and SE Councils.

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, %
	Nov 2023						
	%						
England	78.8	76.2	76.1	74.9	79.9	77.5	62.3
Portsmouth	73.5	72.2	77.8	73.4	72.0	71.4	50.0
Mean for South East (ADASS Region)	77.5	73.3	71.7	71.3	79.6	75.5	60.7

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

Some of areas we will be focussing on going into 2024 to support quality are:

- the training and support offer for care providers in Portsmouth and how it aligns to safeguarding themes
- take up of the current PCC commissioned training offer for the private, voluntary, and independent sector
- a review of the provider forums, informed by consultation with providers
- how we share resources and comms, with a view to developing our web offer to share/ store resources and messages for providers.

As a Directorate we value the relationship we have with providers and partners in the city and recognise the importance of building on this to ensure good quality outcomes for our residents.

End note

Following feedback from HOSP members, this report has been restructured around outcomes for our residents and the plans to improve outcomes. The appendices provide more detailed information in two areas and there is much

more detailed information available around the structure and functions of individual services if required.

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Appendix 1

Portsmouth Community Connector Service

2022-23 - Quarter 1 (April, May, June 2023)

Aims of the Project

To reduce loneliness and social isolation amongst vulnerable adults by connecting individuals to existing community-based resources appropriate to their needs and interests and by identifying and addressing access issues. This in turn will reduce/ delay the need for health and social care services.

Anticipated Outcomes

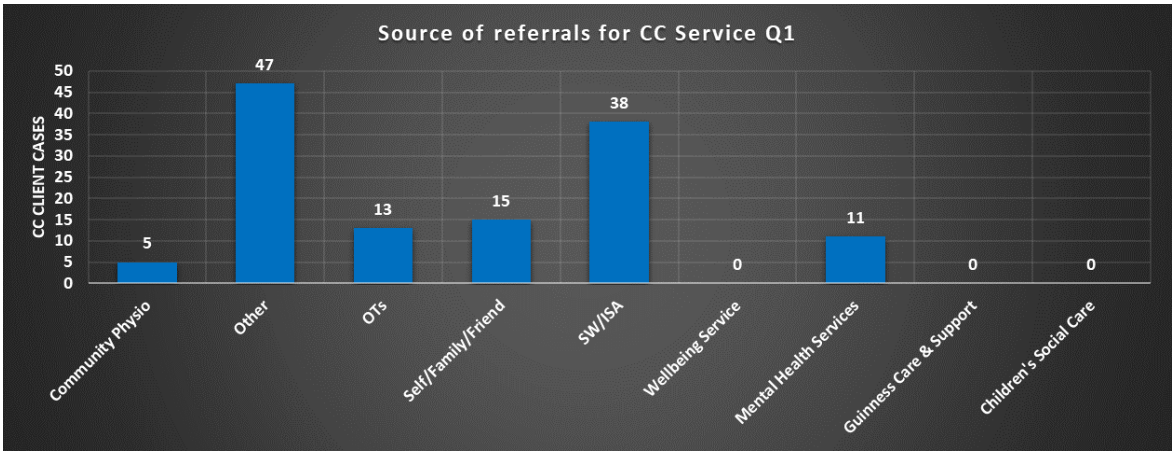
Short Term:

- Successful signposting to appropriate agencies and services within the local community
- An enhanced sense of wellbeing
- Inclusion in the local community and increased socialisation
- Prevent or delay the need to access mainstream health and social care services

Long Term:

- Clients feeling less lonely/socially isolated
- Improving independence and self-resilience
- Established friendships/extended networks of support

Data for Quarter 1



This quarter the chart shows 129 referrals were received - 41 have been carried over from 2022/23 which would include those being currently worked with. 88 is the number of referrals received this quarter.

This evidences that from last quarter when 70 referrals were received and this quarter where 88 referrals have been received, the demand for the service is increasing quickly.

Previously, the average was around 50 referrals per month.

There were 47 'other' referrals however, again this would include what was carried over from 2022/23.

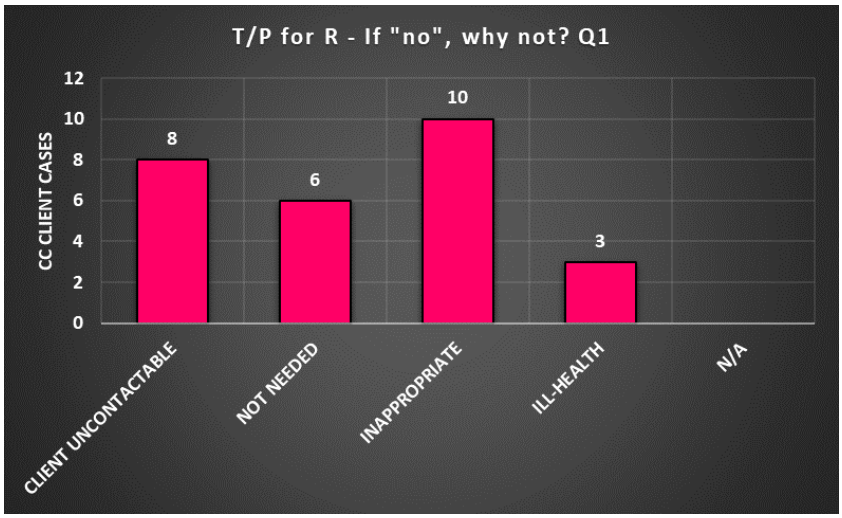
There are 47 'other' referrals for this quarter.

Social Prescriber	11
Society of St James Recovery Hub	5
Job Centre	4
Independence and Wellbeing Team	3
Early Intervention Project - NHS	2
Stroke Association	2
Neuro Physio	1
Two Saints	1
You Trust	1
Parkinson's Nurse	1
Sheltered Housing	1
Speech and Language Therapist	1
Refugee Hub	1
Stop Domestic Abuse	1
Frailty Co-ordinator	1

Triage

From the 88 referrals that were received and triaged, 27 didn’t progress to an assessment. The below chart shows the reasons why.

Appendix 1

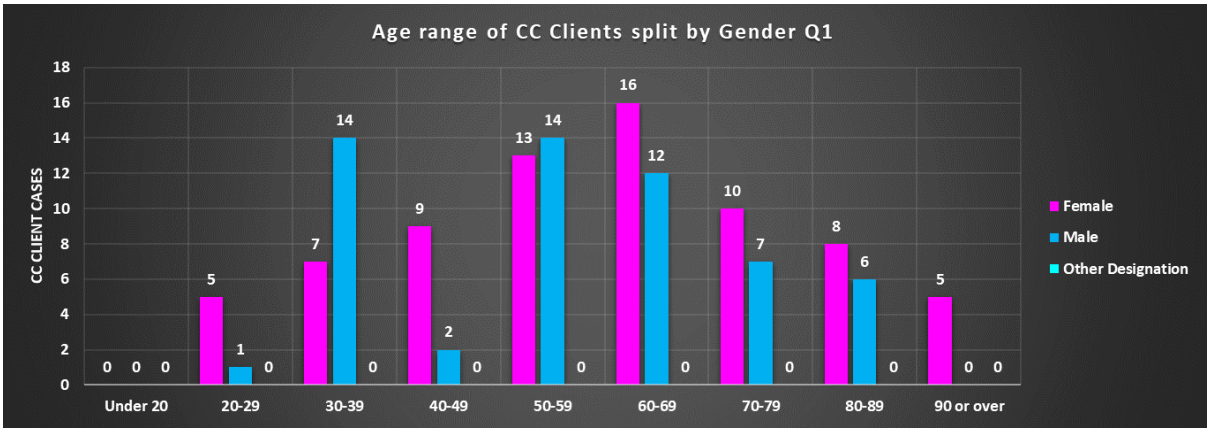


Where a pattern emerges of some inappropriate referrals coming from the same service, agency, a community connector overview is offered to clarify what the service offers and the opportunity for professionals to ask a any questions.

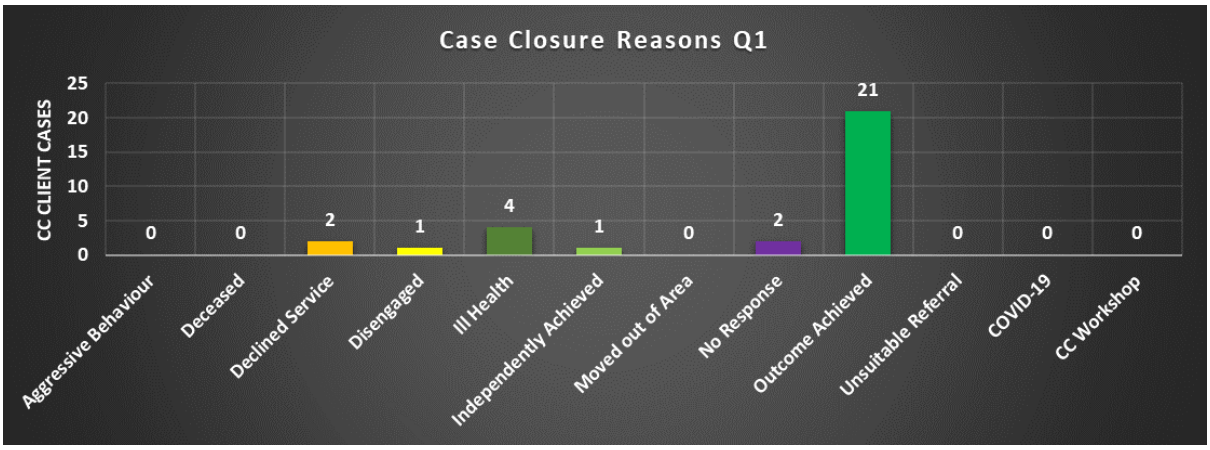
Waiting List

27 - this has increased considerably since the last quarter due to the increase in referrals. Waiting list time has increased from two weeks to 4-5 weeks. Due to the extended wait - people may not be seen whilst they are motivated. This could mean for some that their goals are not achieved as the window of opportunity has been missed.

Age Range of CC Clients by Gender



Case Closure Reasons

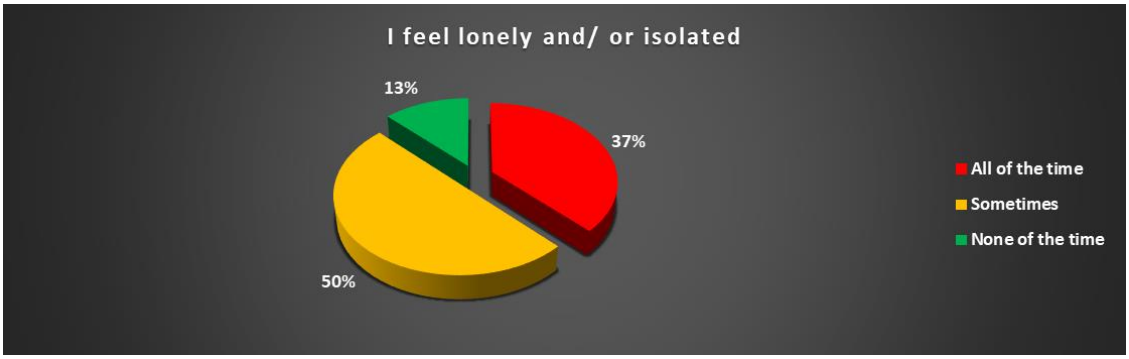


2 clients declined the service at point of assessment -

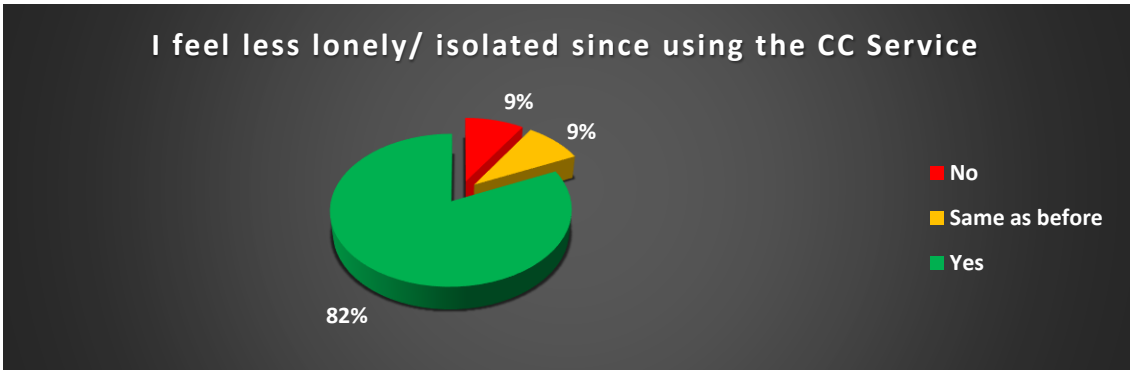
- One client did not have any goals to achieve.
- One client felt the time wasn't right for them

Outcomes Achieved - Loneliness/ Isolation

Before intervention

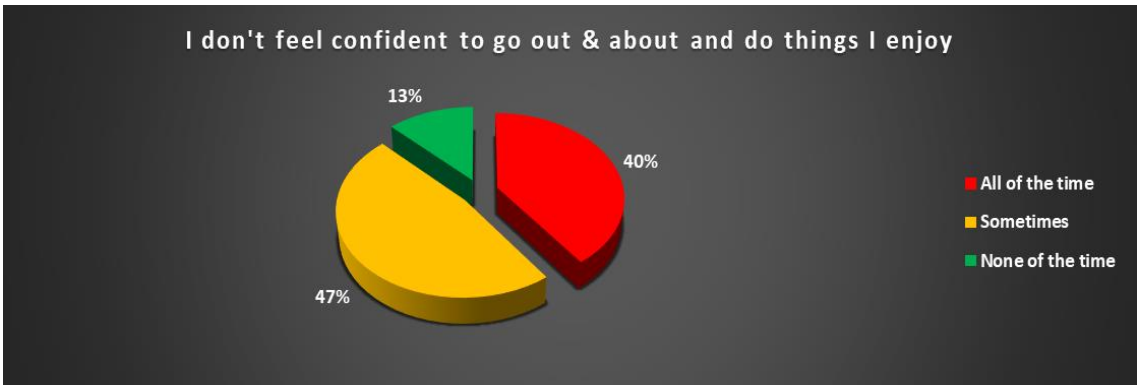


After Intervention

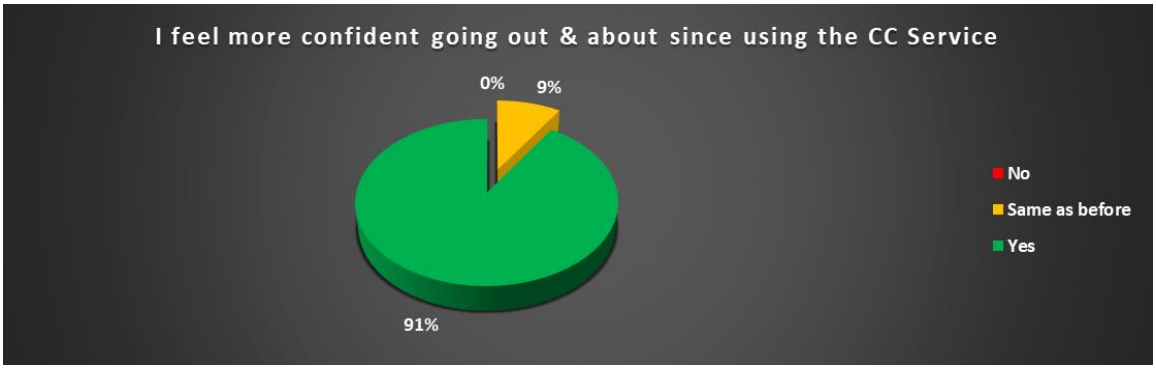


Before Intervention

Appendix 1



After Intervention



It is clear from the above before and after charts the positive impact the Community Connector Service has had on the individuals who have been supported and this is shown clearly in every quarterly report.

It is also important to note that the 'same as before' results will have resulted in some clients not feeling lonely or lacking in confidence, some clients need only to work on one or the other.

Activities Clients Supported With

Chit Chat Club
Nexus Women's Group
Diversi-Tea Lounge
Spark Community Space
Copnor Coffee Club
Nexus Men's Group
Positive Minds Café
Cross Cultural Women's Group
Rock Out
LGBTQ+ 4 Me Group
Personal Choice Lunch Club
Spa 61

Confidence building in the community -
Mobility
Mobility scooter, Electric wheelchair Bus

U3A French Group
Relaxation and Wellbeing Course
Med 3 Music
ESOL classes/assessment Room 1

Volunteering at -
Cosham Larder
The

Yoga in the Park
Wellbeing Walks
Walking Netball
Snooker

Referrals Made to:

- ESOL classes
- Citizens Advice Bureau
- Goodgym
- Digital Champions
- Serendipity Autism Group
- Portsmouth Interaction
- Gig Buddies
- Hampshire Fire Service - Safe and Well Visit
- Safe at Home
- Early Help and Prevention Service's LGBTQ+ Team

Information Given

As well as giving a wide variety of information to clients they requested this quarter 19 members of the public have enquired to the service and been given information on -

- A variety of social groups
- Wellbeing Walks
- Art group
- Singing for Wellbeing
- Community Connector Service overview
- Baby Basics
- Driving Miss Daisy
- Red Cross Wheelchair Service
- Ethnic Growing Group
- Digital Buddies
- NHS 111
- Mental Health Crisis Team
- GP
- Positive Minds
- Talking Change
- Online social groups
- Home Library Service
- Gigg Buddies
- Bowling Group
- Read and Grow
- Gentle Exercise Classes

The service has had enquiries from a variety of professionals -

- Social workers and Independent Support Assistants - ASC
- OT's

- Job Centre
- Community Development Officer
- Early Help and Prevention Services LGBTQ+ Team
- Parkinson Disease Nurse Specialist
- Physios
- Social Prescribers

and the following information has been provided -

- Community Connector Service Overview
- Portsmouth Interaction
- Goodgym
- HIVE Directory
- Personal Choice
- Wellbeing Walks
- Coffee mornings
- Variety of social groups
- Adult Social Care Help Desk
- Med 3 Music
- Pompey Pluckers
- Art workshops

Comments from Clients

Client A
"The service totally made a difference because when I first arrived here (in this country) I was lonely and was afraid of going out on my own and now I can finally go out by myself."

Client B
"I am very grateful for all you did. I am learning new words and improving my English. When I attend the group, I have fun playing games and meeting others. I feel I have heart connections with others which I did not have before I met my community connector. Before I was just staying at home within my four walls. I now have more confidence and a purpose to my days. I have places to go when I feel lonely."

Client C
"You have been a great help. You have changed my life, and I can't thank you enough."

Client D
"I feel better for going out as I get fed up being indoors all day. I feel more confident."

Developments

Information Station

Along with the City of Sanctuary's Refugee Hub and a presence with them at the Royal Beach Hotel, which is currently housing asylum seekers, the Information Station is now also taking place at -

- Portsmouth Job Centre
- Southsea Library

It was also trialled at Room 1's Information and Support Service, but it became clear that this was more a group setting with the same people attending each session. It has been agreed with the facilitator that community connector service overviews can be given to the group on request when several new members have joined the group.

60 people accessed the 16 Information Station sessions in this quarter and have been signposted to community groups/ activities in the community based on their interests.

5 professionals also accessed the Information Stations.

Case Studies

CASE STUDY 1 Background
The client is a 22-year-old male who lives in the south of the city and arrived in the UK in January 2023 seeking asylum. Prior to arriving in this country, the client had been persecuted by his local community due to his sexual orientation and being openly gay. The client showed the Community Connector the implications of this persecution which included significant scaring to his face where he had been physically assaulted. The client had found out about Community Connector Service when visiting the Community Connectors Information Station at the City of Sanctuary Refugee Hub. The client, after talking to one of the community connectors and learning more about the service completed a self-referral looking for support around joining a running group. The client expressed at his initial assessment that alongside finding a running group he would like to engage with an LGBTQ+ social / support group and find support around his mental health due to his experiences in his home country. Prior to our intervention the client shared that he did not leave the home very often due to having no funds as his asylum application had not yet been processed and was receiving no financial support from the UK Government. The client stated that due to his persecution in his home country he often felt anxious when around others and outside his home which

had resulted in him feeling lonely and isolated. The client reported he would spend most days watching TV and sleeping.

Goals

- To find a running group
- To find a LGBTQ+ social / support group
- To find a support service around my mental health

Intervention

- CC supported client by providing information around different community opportunities that pertained to his goals.
- Client supported to complete referral form for the 4ME LGBTQ+ service.
- Client supported to attend the initial meeting with 4ME group facilitator and later attend his first group meeting with the service.
- Client given support to signup online to the GoodGym running group / volunteering service.
- As the client did not have the financial means to purchase appropriate running shoes / clothing, research around community grants completed and local running groups contacted by community connector.

Outcome

- The client now regularly attends the 4ME LGBTQ+ social group independently on a weekly basis.
- As a result of attending the 4ME group the client has been supported to engage with other local community opportunities and services such as Downtown Pompey which 'Brings together a variety of local communities in Portsmouth through queer art practices'
- The client now receives regular 1-1 support sessions from a 4ME worker to talk about his mental health and emotional wellbeing.
- The client has been invited to join the 4ME service and attend Portsmouth Pride this year which he is looking forward to as this will be his first time ever attending a Pride event.
- The client has received a donation of running shoes and clothing from members of the GoodGym service, so he was able to confidently attend the group.
- After initially visiting the Early Help and Prevention Services LGBYQ+ Teams 4 4ME group the client stated he felt more confident being out in the community and engaged independently with the GoodGym service where he has attended running sessions and volunteered at food banks and plans to continue to volunteer in the future. The client stated***, "I really enjoy the opportunity to help others."***
- The client reports he now feels confident to independently leave the home and travel in his local community.

At the end of working together the client expressed

"Working with the Community Connector Service totally made a difference because first when I arrived here, I was lonely, and I was afraid of going out on my own and now I can finally go out by myself."

CASE STUDY 2 Background

The client is a female client aged 70 living alone in the south of the city, she was referred to the Community Connector Service via her Independent Support Assistant.

The client lives with multiple health conditions, including Anorexia and Bulimia from a young age, which has resulted in many hospital admissions and long stays in rehabilitation

clinics in the past. Depression was also triggered by never feeling loved by her mother and her twin, thus impacting her own self-esteem and confidence.

The client's interests are swimming, knitting, and playing scrabble, which she finds calming and enjoys having something to focus on. She would also take pleasure from walking to the beach with her husband and swimming in the sea.

Sadly, after a terminal illness her husband passed away, thus leaving the client feeling alone, grieving for her companion and with no support to help her cope with her own illness and poor mental health. Her husband was her "rock and soul mate" they enjoyed spending every day together and felt no need for friends. At the point of referral, she found herself spending most of her time in bed, tearful, with low mood and unmotivated. Her health conditions had also deteriorated, and she was having little interaction outside of her home.

Since the loss of her husband the client finds herself more reliant on her family, waiting all day for that one important phone call from her twin sister, if the call is late her anxieties and stress levels increase which impacts on their conversation, leaving their relationship strained and blameful.

The client can drive; However, a recent diagnosis of emphysema has caused her to worry about accessing the community by car due to her shortness of breath. This impacts her significantly as she requires close parking options around the community and her home but finds parking very limited to this capacity. The health implications of being short of breath also limits her ability to complete everyday tasks around the home.

Goals

- To join a social group to meet new people and hopefully in time to make new friends.
- To feel less lonely.
- To be less reliant on her family.
- To rebuild her life without her husband.

Intervention

The community connector

- arranged a meeting with client to complete an initial assessment, to build a rapport in working together and help to identify clients' interests and goals around finding community opportunities.
- Explored and provided information on social groups and craft activities from information gathered at the assessment.
- supported the client to attend a meet and greet with the social for seniors' group. (A social group for people aged over 60 who live alone. The group meet up during the week, evenings, and weekends)
- Supported client to attend a Knitting Group.
- Provided information on a Bereavement support Group.
- With the client's consent, CC referred client to Age UK for support with completing an Attendance Allowance application. (Attendance Allowance is financial support if you need help with care or have an illness or disability)

• Supported client to explore and apply for a Blue Badge. (Blue Badges help people with disabilities or health conditions park closer to their destination).
Outcome
The client attends many of the groups run by Social for Seniors, enjoying spending time with new people, where she has now made some close friends. She also has arranged to meet her new friends outside of the group and communicates with them over the phone and via a What's app group. Now having a social circle, the client says she has more to look forward to and has less time to think about the telephone call from her sister and feeling alone. Her sister is important to her, and the relationship has improved, the conversation is less strained and more enjoyable. The client attended the knitting group and has arranged to collect a couple of other people in her car to join her. She is also helping them with their own knitting projects and sharing her skills. Due to her illness, she is unable to swim but enjoys being invited along for the company and spending time at the beach. After much thought she didn't wish to attend the Bereavement group, she felt that during her lifetime she has attended many counselling sessions for her illness and did not wish to go down this path again, hoping that in time she will naturally rebuild her new life. After an assessment, the client did not meet the eligibility criteria for the Blue Badge, but she has been awarded the Attendance Allowance, so is now able to use this financial support towards help around the home and to fund travel expenses, giving her the opportunity to continue to spend time with new friends reducing her anxieties.

Author - Julie Roberts, Community Connector Team Lead

Appendix 1

Portsmouth Community Connector Service

2022-23 - Quarter 2 (July, August, September 2023)

Aims of the Project

To reduce loneliness and social isolation amongst vulnerable adults by connecting individuals to existing community-based resources appropriate to their needs and interests and by identifying and addressing access issues. This in turn will reduce/ delay the need for health and social care services.

Anticipated Outcomes

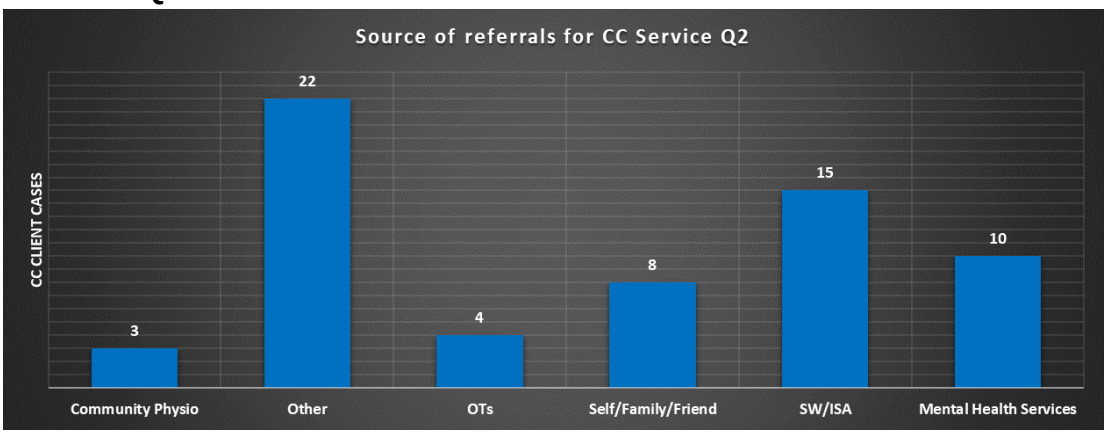
Short Term:

- Successful signposting to appropriate agencies and services within the local community
- An enhanced sense of wellbeing
- Inclusion in the local community and increased socialisation
- Prevent or delay the need to access mainstream health and social care services

Long Term:

- Clients feeling less lonely/socially isolated
- Improving independence and self-resilience
- Established friendships/extended networks of support

Data For Quarter 1



This quarter the chart shows 62 referrals were received.

The average was around 50 referrals per month over recent years but the referrals coming in now are more than that each quarter and this has been the case for some time.

The 22 'other' referrals for this quarter came from the following -

Social Prescriber	6
Society of St James Recovery Hub	3
ASC Community Link Worker	2
Stroke Association	1
You Trust	1
Speech and Language Therapist	1
Children's Services	1
Community Independence Service ASC	3
Frailty Co-ordinator	3
The HIVE	1

Triage

From the 62 referrals that were received and triaged, 15 didn't progress to an assessment, the reasons would have been -

- Service was not needed.
- Referral inappropriate
- Ill health
- Unable to contact

All clients except inappropriate referrals, that didn't progress to assessment are sent a closure letter with the service overview and the invite to refer if they wish in the future.

Where a pattern emerges of some inappropriate referrals coming from the same service, agency, a community connector overview is offered to clarify what the service offers and the opportunity for professionals to ask a any questions.

Waiting List

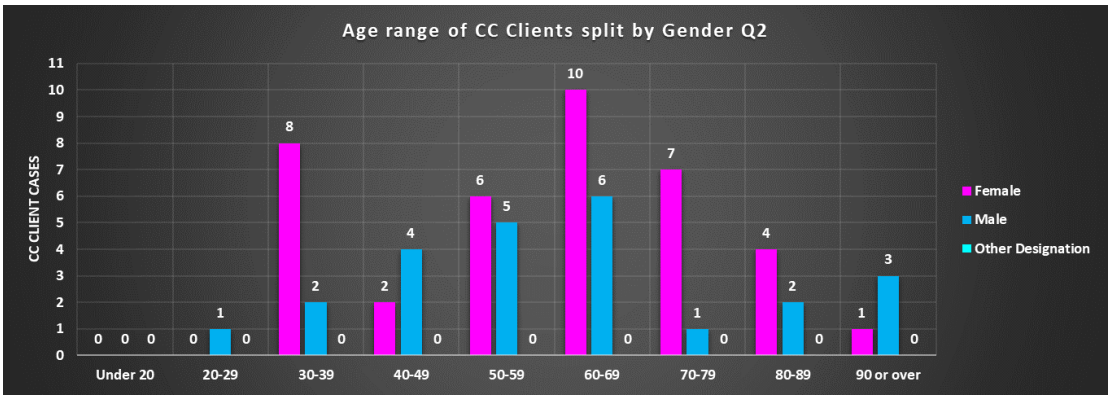
The waiting list at the end of September was 35 - This is due to the number of referrals being received and the only fulltime community connector being on shared parental leave for ten weeks for all of August and September. This means wait time is currently between 8-10 weeks.

Due to the extended wait - people may not be seen whilst they are motivated. This could mean for some that their goals are not achieved as the window of opportunity has been missed.

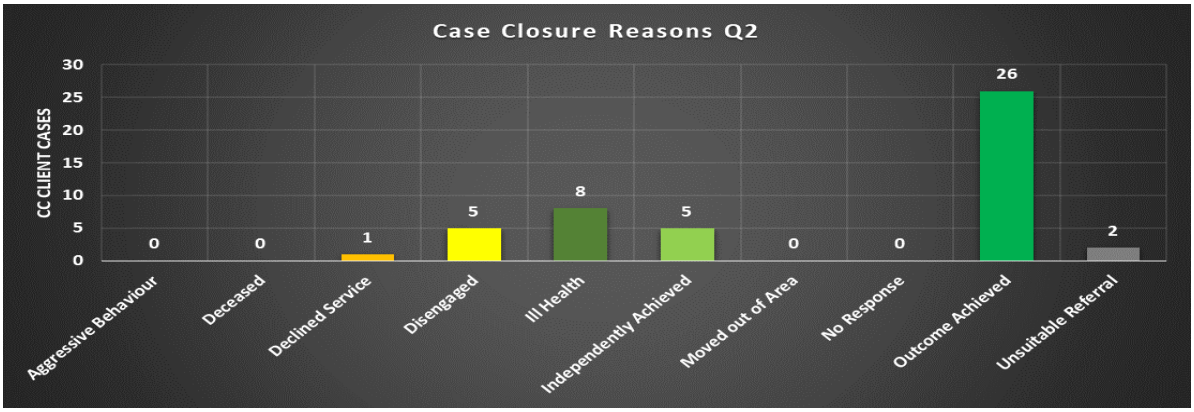
The ongoing challenge of a waiting list is evidence that more cc's are needed to deal with the demand and see people in a timely manner for them to be able to make a positive change.

Appendix 1

Age Range of CC clients by gender



Case Closure Reasons



One client declined the service at point of assessment as the felt they were unable to commit to the service at this time.

Two referrals were unsuitable.

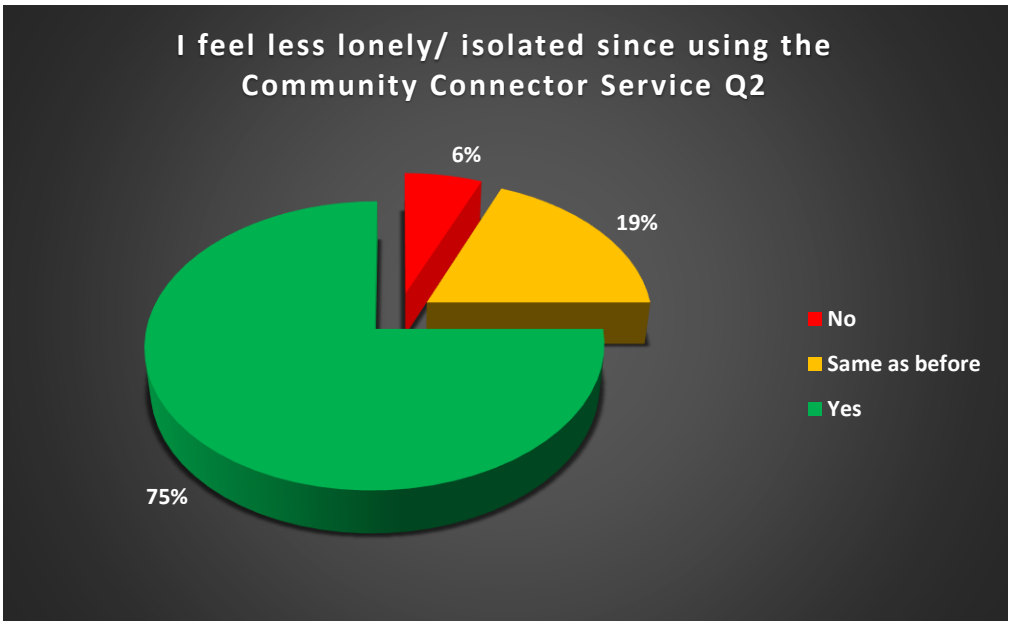
- One client said they needed physio before they were able to go out.
- One client was already on the Community Independence Service and was closed to avoid duplication.

Outcomes Achieved - Loneliness / Isolation

Before Intervention

Appendix 1

After Intervention



The above results are unusually low and have not been seen before in past quarters/years. However, looking at the clients' evaluations that have recorded 'same as before' or 'no difference' after being supported by the service, the comments clients have written include that their ill health had an impact on how they felt post working with the service and others had written positive comments in including -

"Yes, it has, I now have gathered more confidence; it's made a real difference."

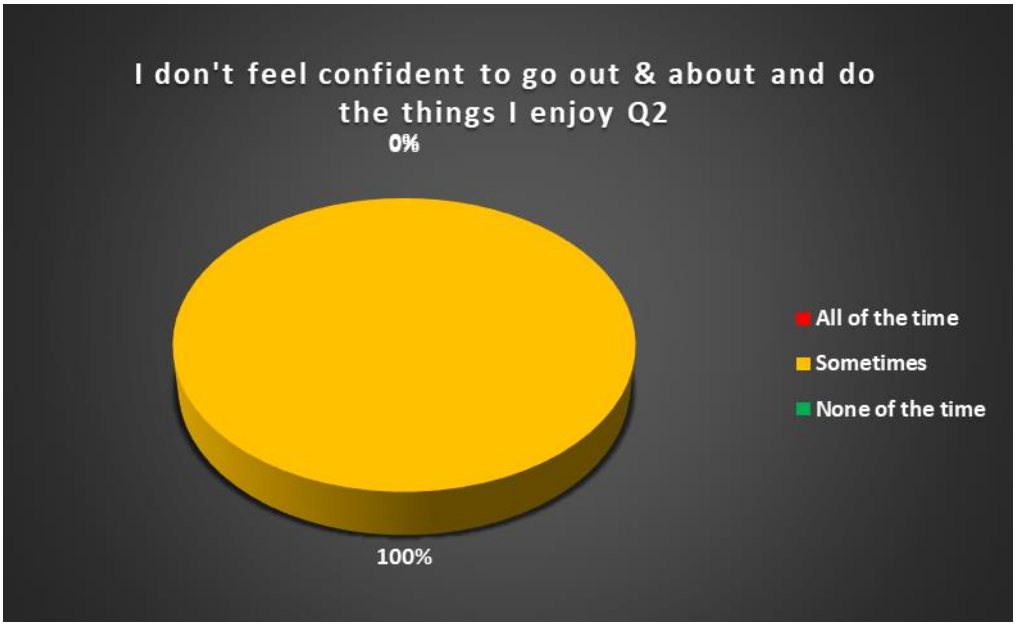
"I was feeling more confident using the bus and getting out, but I have had a set back with my health which has made getting out harder."

"Yes, it totally made a difference because first when I arrived here, I was lonely, and I was afraid of going out on my own and now I can finally go out by myself".

There seems to be inconsistencies of people answering "same" or "no difference" whilst giving positive feedback and scoring better on the WEMWBS survey.

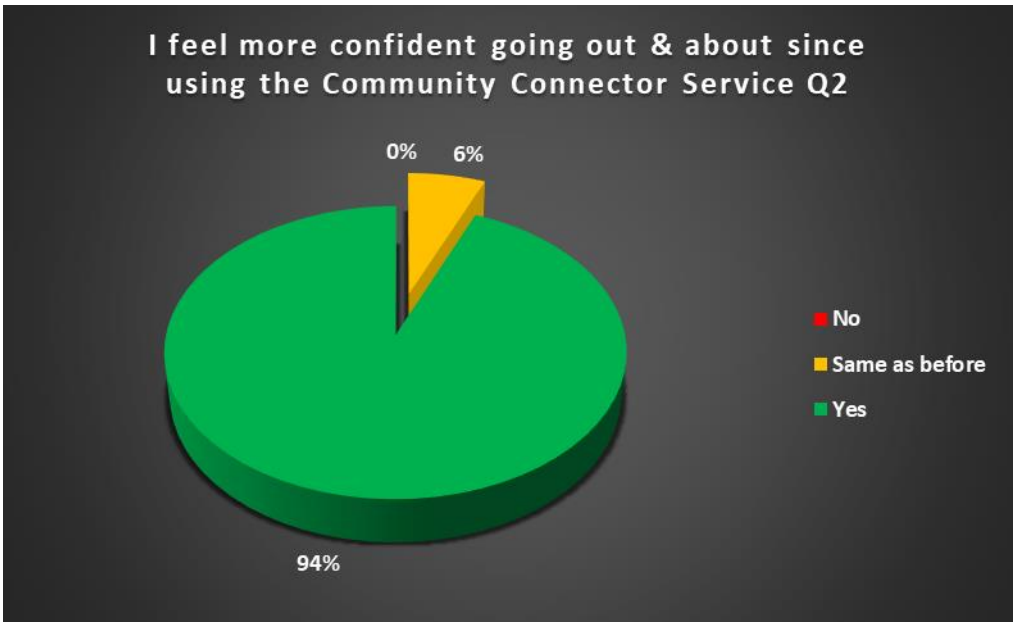
These concepts are also subject to change over time - people can report increased mental wellbeing whilst still feeling sometimes lonely or still lacking some confidence. It is the overall picture for an individual that is most important.

Before Intervention



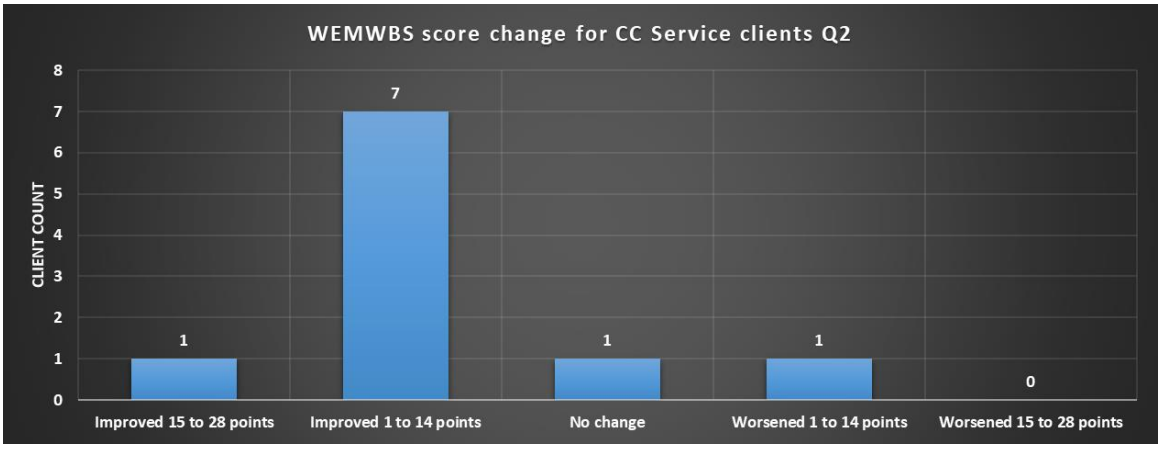
After Intervention

Appendix 1



It is clear from the above before and after charts, comments and the evidence with the following results from the Warwick Edinburgh Mental Wellbeing Scores (WEMWBS) the positive impact the Community Connector Service has had on the individuals who have been supported.

Warwick Edinburgh Mental Wellbeing Scores



Of the clients that completed the evaluations including the WEMWBS scores the majority had a dramatic increase in their wellbeing at the end of working with the community connector service.

Appendix 1

Activities Clients Supported With

Numerous social groups including -
Cross Cultural Women's Group
Spark Community Space
Men's Sheds
Various stroke support groups
Theatre group
Personal Choice - lunch club
Wellbeing Café
Health and Happiness Workshop

Activities including -
Mahjong
Power Sew
Crochet group
Art and craft group
The Learning Place

Confidence building in the community with -
Using a mobility scooter
Travelling on a ferry
Using the bus
Using the train
Using an electric wheelchair
Going to local shops

And -
Bereavement Support Group
The HIVE regarding volunteering
Portsmouth Interaction

Referrals Made to -

- GoodGym
- Age UK - Digital Champions
- Age UK - Close Encounters Befriending Service
- Steps to Health
- Portsmouth Interaction
- OT's
- Advice Portsmouth
- Stroke Association
- WEA - learning opportunities
- A2i

Information Given

As well as giving a wide variety of information to clients they requested this quarter 10 members of the public and 15 professionals have enquired to the service and been given information on -

- The Independence and Wellbeing Teams groups
- Community Connector Service
- Board game groups
- Cross Cultural Women's Group
- Chinese Lunch Club
- Chinese Association
- Art and craft groups
- Goodgym
- Age UK's Close Encounters Befriending Service
- Islamic provision
- Bangla Society

- Writers Group
- Loaves of Love
- IT classes
- Bingo groups
- Spanish lessons
- PCC's Cost of Living Hub
- Community Meals
- Food Pantries
- Food Banks
- Open University
- Changing Places - shower facilities
- Driving Miss Daisy
- Neurodivergent social groups
- Portsea Community Hub
- Local mosques
- Veterans' social groups

Comments from Clients

"Knowing there is Room One and Autism Hampshire around I know there are places around if I need them. I definitely feel confident to now navigate the city."

"Previously to working with the CC service I was being admitted into the Emergency Department weekly, suffering from high anxiety and heart palpitations. I haven't been admitted in the last two months."

"I have been able to go out of my house and join groups, feeling more confident and in control. This service is excellent, and I have been recommending it. My cc was very supportive, friendly, and encouraging. Thank you for everything."

"I feel less lonely when I am attending groups because I am with other people as opposed to being on my own which makes me feel lonely. I have also noticed some positive changes and the progress when it comes to how I interact with others. I am more confident to go out to places I have not been before."

Information Stations

Information stations are held across the city in a variety of venues. This is an opportunity for members of the public and professionals to come along to find out information, bespoke to them, that is available in the community. For this quarter the stations were held at -

- Portsmouth Job Centre
- Southsea Library
- City of Sanctuary's Refugee Hub
- The Royal Beach Hotel which is housing asylum seekers

46 people accessed the Information Stations this quarter, 7 of these were professionals.

Case Studies

CASE STUDY 1 Background
The client is 43-year-old women. She has had two heart attacks which have left her unable to walk long distances or complete physically demanding tasks. She has a care package in place to support her with household tasks. She acknowledges that the housework has got on top of her, and the flat has become cluttered. This is something she would like to work on. The client has depression and anxiety, in the past she says that she struggled to control her emotions. "I used to hit and ask questions later" she says. In recent years she has worked on strategies to control her anger and now feels like it is the right time to meet new people. The client lives with her two cats, who are very important to her. She has some family members nearby, but they cannot offer the level of social support that she needs. She says she feels lonely and bored. The client would like to get out more and access some social activities. The client is interested in learning new things.
Goals
• Leave the house independently. • Find some social activities (ideally with an arts and crafts element). • Find social opportunities that will support mental health. • Access some learning opportunities.
Intervention
• The first goal was to leave the house and take short walks around the local community with the Community Connector (CC) • The client was then able to consider social opportunities and attended Diversi-tea Lounge with the CC. This gave her a chance to meet people and do some crafts. At this point in the process, due to maternity cover ending the Community Connector changed. In the short break between the CCs the client made significant changes to support her independence. She had a stair lift installed and she purchased a mobility scooter. This meant the range of activities that she could access widened. • The client had built confidence to get around in the local community and wanted to explore more social options. CC found options that had craft elements but also supported her mental health. With the CC she visited the Nextus women's craft group, Fratton Friends Craft group and the Chit Chat group. The client felt it would suit her to have options

throughout the week, so she could pick and choose the groups doing the activities that most appeal to her. She found that if the activity did not interest her, she was not motivated to attend the group.

- The client and CC worked out a step-by-step plan for her to attend each group independently. Eventually she was able to go completely alone to each group with confidence.
- The CC introduced the client to the Learning place, which she felt confident enough to sign up to courses straight away. After a discussion with the CC, she also independently got in touch with the Recovery College.
- CC provided information on other groups based on conversations with the client. These are things she could try in the future with her newfound confidence. They included Positive Minds, Interaction, Helping Hooves and Nature Watch.

Outcome

The client reports feeling more confident and is leaving her house often. She is attending at least one social group a week and has started a maths course at the Learning Place. She also has signed up to a wellbeing course starting soon. She says the process has had a knock-on effect to the rest of her life as she now has more motivation to set herself realistic goals to start sorting the clutter in her home. The client mentioned the positive impact of the Nextus Women's group ran by the Good Mental Health Coop. As through attending she has really been able to recognise what affects her anxiety and what activities improve it.

Through reflecting on what she had achieved by using the Community Connectors service the client was able to see the skills she already possesses and the motivation that she is able to accomplish. Which means she feels more positive about her future.

"I've got a lot to do but the things I really enjoy, I would like to say a really BIG THANK YOU to you for all your major support in my whole life, It was turned upside down till The Community Connector Service came into my life, and now look at my life, It's now up the right way & I'm going up those steps slowly but am up higher now than I was years ago".

CASE STUDY 2 Background

The client is a 65-year-old male living in the PO4 area of the city.
When the referral was received from the stroke association, the client was experiencing severe depression since his wife had passed away and the relationship with his daughter had broken down.

The client shared with the Community Connector (CC), -

"I am now just existing and waiting to die, I have no confidence in life anymore."

The client had experienced a stroke which had left him unable to walk independently, he now relied on a walking frame but was only able to walk short distances. The stroke had also left him with long term speech problems and a limited ability to swallow without the use of a thickener, he also experienced extreme fatigue.

The client shared that he did not see anyone accept his carer once a day and spent his days sitting in the same chair watching T.V, opposite the sofa where his wife had died. He expressed that he felt people often attached a stigma to him because of his health

conditions and this affected his confidence, preventing him from attending social opportunities and accessing the community.

Goals

- To have the confidence to attend a social group once a week.

Intervention

The CC

- provided information tailored to the client's personal interests and needs.
-Spark community cafe, Rock Café, Socials for seniors, over 50's social groups, Stroke support groups. DISC, Stroke Squad.

- attended the Spark community cafe, Chit Chat club and DISC with the client, supporting him to build his confidence to walk in and sit down with new people, to speak to the volunteers and to support his confidence to use his thickener for his tea in public.

- provided confidence building by phone to support the client when he returned to Spark community cafe independently.

- provided confidence building by phone to support the client to attend the Stroke Squad for the first time. Asking scaling questions to help the client to identify how his confidence had improved in just one session.

Outcome

The client now attends the Spark Community Café every week and the Stroke Squad for their monthly meet up's. He is also confident to visit the DISC and Chit chat groups when he wishes.

His wellbeing score via the Warwick Edinburgh Mental Wellbeing Scale has improved and he now no longer feels socially isolated. The client shared that the CC had -

"Built my confidence to go out and try new things. You have taught me to ignore the stigma."

Author - Julie Roberts, Community Connector Team Lead

Appendix 2

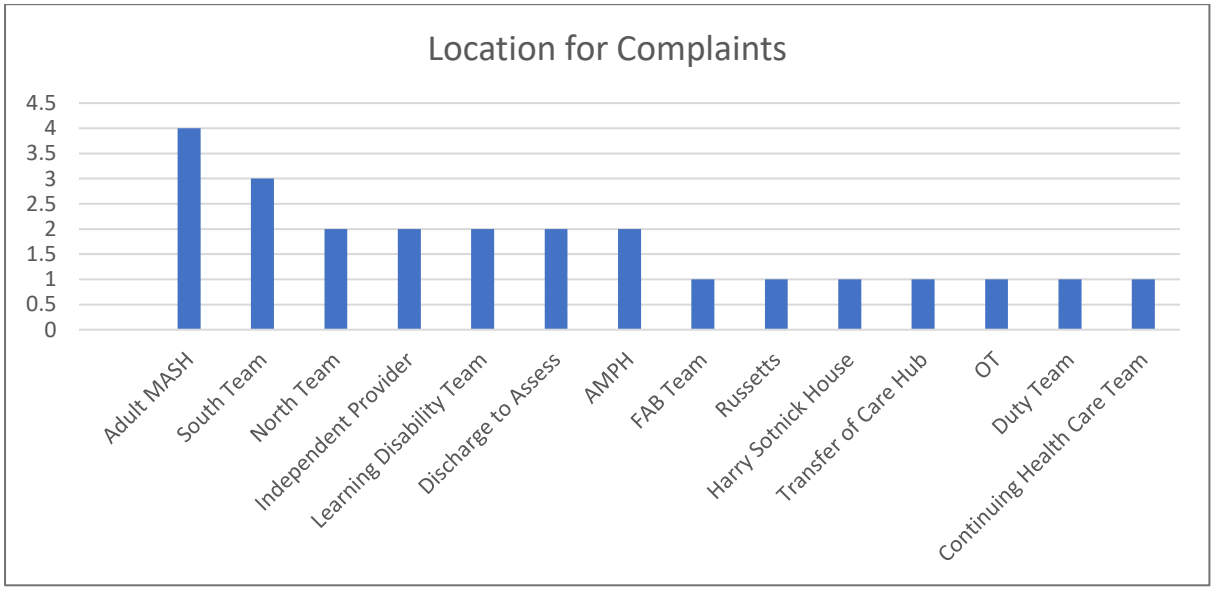
Complaints Report

For the period 11 May 2023 to 13 October 2023, there were 24 new statutory complaints made about Adult Social Care, compared to 38 in the same period in 2022.

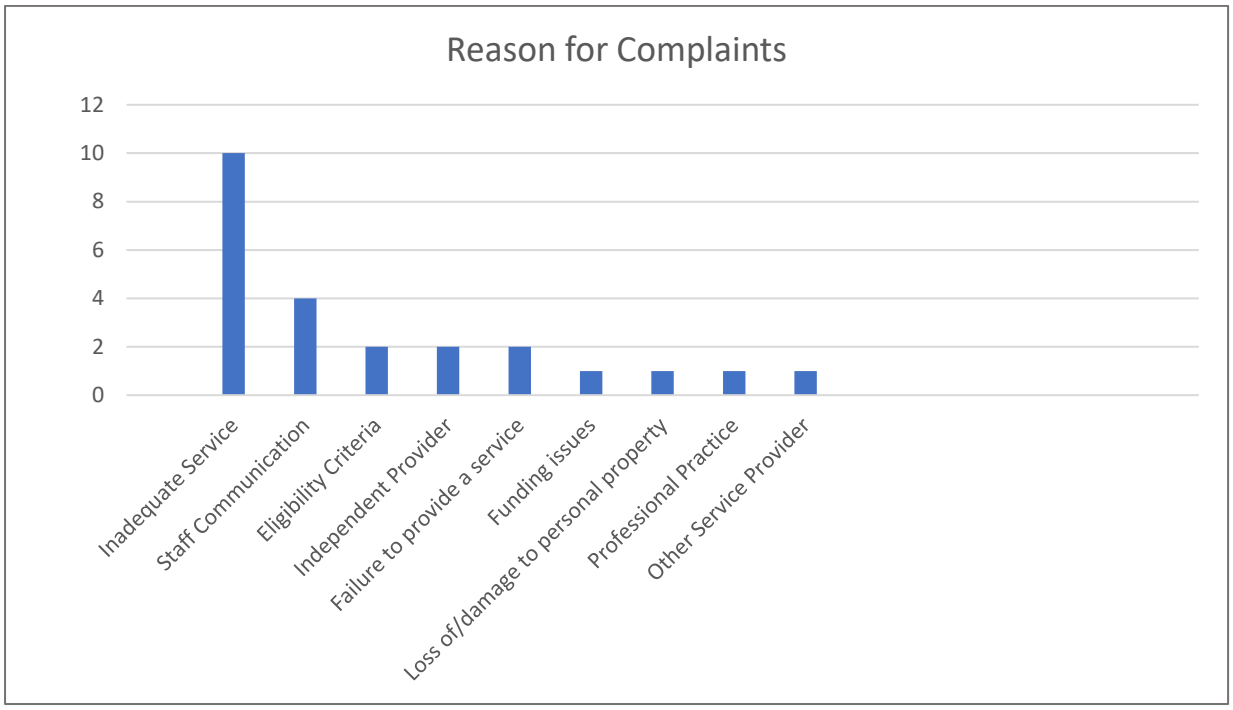
In addition to statutory complaints, there were 20 customer contacts, 10 possible complaints and 3 contacts that were responded to under different procedures.

Based on number of service users open to adult social care on 5 December 2022 (8,362), the 24 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.



New timescales were introduced (15 working days) during this period, with 85% of complaints responded to within this timeframe (with 15% in the ≥20 days); performance has increased from 59% (56% within 10 days) to 85%.

There is a continued focus on reviewing processes to support the improvement of response times, including the follow up with those leading the complaint response, their managers and also the submission of highlight reports for scrutiny at ASC monthly Governance Board.

Local Government & Social Care Ombudsman

Two complaints were investigated by the Local Government and Social Care Ombudsman (LGSCO).

We have received and accepted the draft decision for the first complaint and are waiting for the final decision. The draft summary is as follows:

'Mr X complained the Council placed his mother in a nursing home without giving her, or her family, opportunity to object. Mr X complained the Council is now asking for payment of care home fees for this placement. Mr X also complained the Council sent his mother for rehabilitation and respite care when it knew she would not be able to walk or live independently again.

On the evidence seen, we found fault with the Council delaying in referring Mr X's mother to a physiotherapist. We do not consider this fault caused a significant personal injustice to either Mr X or his mother. Mr X's mother spent

nearly two months in a care home. Mr X and his mother both knew the time spent in this care home would come at a cost.

The Council has completed a suitable financial assessment, at a suitable time given Mr X's wishes, and presented a bill detailing the assessed cost. The Council has acted in line with the guidance and legislation in billing for Mr X's mother's stay in the care home and I do not find fault. Subject to further comments by Mr X and the Council, I intend to complete my investigation as there is no evidence of fault by the Council causing a significant personal injustice to Mr X or his mother.'

The second complaint is still in the information gathering stage.

Upheld complaints

34% of complaints were upheld to some degree.

Councillor/MP Enquiries

In total for this period, we recorded 15 Councillor/MP Enquiries for Adult Social Care.

Learning

A complaint was made following a visit to conduct a financial assessment. The complainant was unhappy with how the member of staff behaved; the team manager therefore met with the complainant to resolve. As a result, there was a meeting with the staff member and management will temporarily shadow officers to support learning and ensure a consistent approach moving forward.

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, with an aim to continue to increase learning from complaints, to disseminate good practice, learn from mistakes and to achieve service improvement as a result.

Portsmouth HOSP November 2023

Solent NHS Trust update

Jubilee House and Thomas Parr House reopening

Jubilee House: In October, Solent NHS Trust opened the doors on a modern outpatient facility in heart of a Portsmouth neighbourhood.

Since Spring this year, significant restoration and remodelling work has been underway at the former Jubilee House site on Medina Road in Cosham to make the building and overall site ready to receive rehabilitation outpatients relocated from the Queen Alexandra Hospital (QAH) permanently.

The move to Jubilee House has involved the whole Musculoskeletal (MSK) area on D Level at the QAH relocating together in one move, whilst the Neuro Gym and Hydrotherapy pool remains on-site in the rehab building at the QAH.

Consultation and therapy services are provided within fresh and light, modern consulting rooms and a gym, with spaces for outdoor activities and group room facilities too, yet remaining sympathetic to the building's history and architecture. We are proud to have carefully blended the old with the new.

We ensured that staff were supported in the move, and we worked with PHU comms partners so that visitors to the QA were aware and well informed about the move. Initial feedback from service users attending appointments has been positive.

Within the first few weeks of opening, we hosted visits from Portsmouth North MP, Penny Mordaunt, and Portsmouth City Councillor, Matthew Winnington, who were both very complimentary about the service provision and the major benefits of setting of care delivery in a non-acute setting and in the heart of the local community.

- Please see Appendix 1 for some illustrative photos of Jubilee House.

Thomas Parr House: In mid-September, Solent NHS Trust podiatry patients who previously attended Cosham Health Centre, were relocated to Thomas Parr House within the grounds of Jubilee House on Medina Road.

The move was at the request of the Hampshire and Isle of Wight Integrated Care Board (ICB) and NHS Property Services, after the health centre being deemed not able to fulfil a suitably modern care environment. The building will be repurposed in support of a wider strategic plan.

Renaming of Jubilee Unit

We are working closely with Portsmouth City Council's Cultural Leads and Cllr Matthew Winnington to confirm a new name for the Jubilee Unit at Harry Sotnick House. The reasons are two-fold. The first reason is to recognise and celebrate the city's historic and literary links to Sir Arthur Conan Doyle and the second reason is to help distinguish the identity of the Unit alongside the newly reopened Jubilee House on Medina Road, now occupied by MSK rehab services.

Communications to announce the new name will be shared shortly across Solent's and all associated Portsmouth partner channels once it has been approved and registered by the Care Quality Commission.

Lake Road/Eastney

Solent NHS Trust's Podiatry Service has access to clinical space in two health centres in Portsmouth area - Eastney Health Centre and Lake Road Health Centre. Pre-COVID-19, the service was delivering four clinics from Lake Road each week, and three clinics from Eastney each week (covering assessments, routine foot care and the ulcer clinic).

During the pandemic, we were required to vacate both sites. Since then, we have been offering podiatry appointments in Portsmouth at St Mary's Community Health Campus (SMCHC). Podiatry has not returned to either Eastney or Lake Road as maintaining the provision at SMCHC ensures a more resilient service in a modern, purpose-built setting. This stems from the growing complexities of the patient group which necessitates a heightened level of clinical support/supervision.

Current situation: We have now been asked to vacate the clinical space used by Podiatry by both practices long term. We have surveyed the local area for alternative locations, and although both practices have been supportive in proposing solutions, nothing suitable has been found.

The Lake Road and Eastney clinics have been moved permanently to SMCHC with no reduction in capacity.

Portsmouth Mental Health Hub

Throughout 2023, we have been proudly working with Health and Care Portsmouth colleagues to successfully create and launch the Portsmouth Mental Health Hub, a phoneline available for anyone aged 16+ to get support for their mental health before they reach crisis point. Since the launch in April, the hub has seen a steady increase in calls and data is being drawn to fully understand the city's mental health needs. It is hoped to launch a dedicated website for the hub by the end of this year.

>>Please do refer to the full data set and summary on the hub found within Health and Care Portsmouth's report.

Project Fusion

Project Fusion is the name for the programme taking place to create a new, combined NHS Foundation Trust to deliver community, mental health and learning disability services across Hampshire and the Isle of Wight.

Bringing services into a single organisation will result in more consistent care with reduced unwarranted variation, more equitable access to services irrespective of postcode, and a more sustainable workforce and services.

The new organisation will be large but will operate locally to ensure services can best meet the needs of different communities. The new Trust will be comprised of all the services currently provided by Solent NHS Trust and Southern Health NHS Foundation Trust, the community, mental health and learning disability services provided by Isle of Wight NHS Trust and child and adolescent mental health services delivered in parts of Hampshire by Sussex Partnership NHS Foundation Trust. The aim is for the new Trust to be formed by April 2024.

A considerable amount of progress has been made since the last Project Fusion update was shared, including:

- Approval by NHS England of the strategic outline case for change
- The appointments of Ron Shields as Chief Executive and Lynne Hunt as Chair for the new organisation, following comprehensive processes overseen by the Integrated Care Board.
- The appointment of designate Non-Executive Directors from the current organisations to take up roles on the Board of the new Trust.
- Ongoing collaborative working across all clinical teams to identify best practice and opportunities to develop and improve services in the new organisation.
- Detailed and ongoing integration planning to prepare for the organisations to come together.
- Engagement with communities, users, staff and partners to seek views about key elements of the new Trust (including vision, values, strategic objectives, clinical strategy, operating model and naming options).

A detailed full business case has now been approved by Boards of each provider Trust involved at a joint meeting, and subsequently will be shared with NHS England for review.

The Full Business Case describes in detail the case for change, benefits, and the work required to bring the Trusts together. The executive director structure for the new Trust is also being developed and the aim is to have appointed designate executive directors for the new organisation during the weeks ahead. A clinical strategy setting out the key principles that will underpin the way services operate in the new Trust is also in development, following engagement with a wide range of clinicians and stakeholders.

Communications and engagement with patients, carers, staff, communities and partners is ongoing and will continue to April 2024 and beyond.

A standalone website and animation have been developed to help communicate the rationale and benefits of this work. For further information about Project Fusion please visit

Winter planning

Operational, clinical and communications colleagues are involved in winter planning to best support local preparations for this winter as well as for the wider Hampshire and Isle of Wight Integrated Care System, particularly in light of continued, sustained pressure already being reported. Solent will work in an agile way to continue supporting service users and staff.

Appendix 1.

Visitor entrance

A consulting room

A view of the gym

Outdoor space at rear available for staff wellbeing and service user activities

Hampshire and Isle of Wight

Portsmouth Health Overview Scrutiny Panel

NHS Hampshire and Isle of Wight Integrated Care Board report November 2023

Accessing primary care

This NHS Hampshire and Isle of Wight Integrated Care Board report provides an overview of the work being undertaken in Portsmouth - through the Health and Care Portsmouth partnership - to improve access to primary care, incorporating general practice, community pharmacy, and dentistry.

1. GP practices

1.1. Introduction

1.1.1. General Practice Appointment Data (GPAD) is published nationally on a monthly basis and provides detailed data on appointment levels in General Practice, by mode, clinician category and timeframe. There are a number of caveats with GPAD which need to be considered.

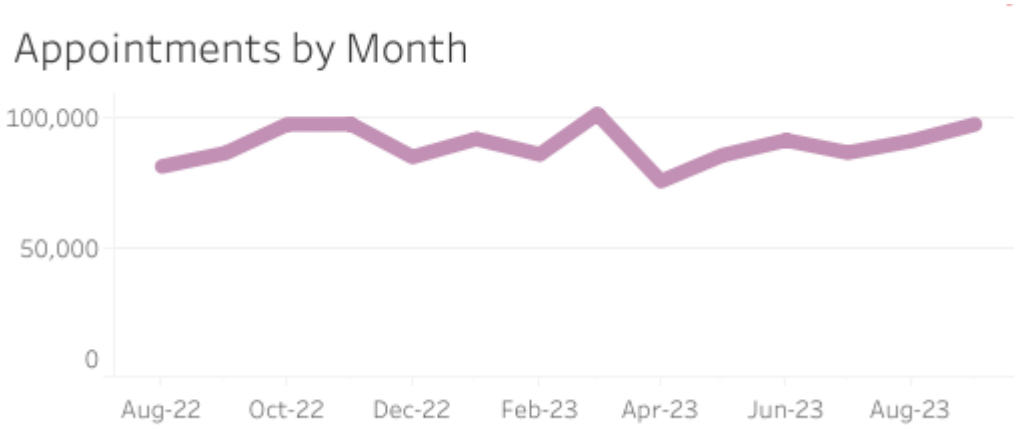
1.1.2. Appointments with patients are one part of the workload of a GP, which will typically also include many other tasks such as paperwork, meetings and liaising with other health care professionals.

1.1.3. The number of appointments required can vary based on the needs of patients driven by a number of uncaptured factors. For example, the age distribution in an area or the prevalence of long-term illnesses.

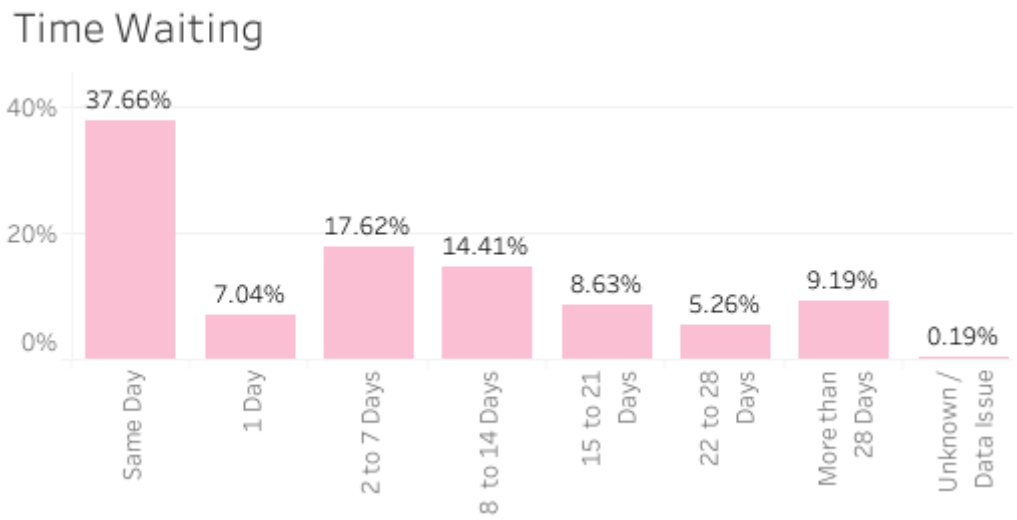
1.1.4. Variations in working methods and recording between practices must be considered alongside the data quality issues below when interpreting practice level data.

1.1.5. The latest data (from September 2023), shows 97,672 appointments took place across Portsmouth practices, up from 91,261 in August 2023. This is also over

10,000 more appointments compared to the same month in 2022 (86,588):



1.1.6. Of the 97,672 appointments, 37.66% were same day appointments, with a total of 76.73% taking place within two weeks of booking. Nationally 39.7% of appointments were same day and 78.5% took place within two weeks of booking.



1.1.7. The rate of appointments per 1,000 population ranged from 542 to 251 across the 10 practices. The National and ICB average rates per 1,000 population for July 2023 were 497 and 504 respectively. However, across the ICB, there was significant variation with rates ranging from 171 to 965.

1.2. First annual GP Summit

1.2.1. On 8 November, Portsmouth City Council hosted the first annual GP summit - bringing together GPs and GP practice representatives across the city to discuss the challenges and opportunities in primary care. The event builds on two summits held in November 2022 and January 2023. At the meeting, the council and ICB reported on several actions from previous meetings, including:

1. Portsmouth Primary Care Alliance update on GP recruitment through Preceptorship programme and Take Five.

2. Communications campaigns and support including information leaflets and videos for practices, the 'It takes a team to care for a community' campaign, digital drop-in sessions to support people using online NHS services, monthly data posts, and no excuse for abuse campaign.

3. The link between GP practices and community pharmacy, ahead of the Portsmouth Community Pharmacy Summit on 15 November.

1.2.2. The next GP summit will take place in November 2024.

1.3. Hampshire and Isle of Wight Enhanced Services Review

1.3.1. Hampshire and Isle of Wight ICB commissions General Practice services that are in addition to national contracted services, through a range of different contracts with a number of providers.

1.3.2. Many of these contracts are historic from predecessor CCGs meaning we had differences in the services available across Hampshire and Isle of Wight. Whilst some of these differences will be to meet the needs of specific areas or patient

groups, some of them will be unwarranted and mean our communities have access to different services depending on where they live.

1.3.3. To address this the ICB has carried out a clinically led review of all primary care general practice enhanced services.

1.3.4. The review aimed to:

- Continue to support general practice in acknowledging services that are being provided that are not met through national contracts.
- Offer specifications that align to practice priorities ensuring that they are commissioned in a way that practices wish to sign up to deliver them.
- Address unwarranted variation in the services the ICB commissions to meet the needs of patients.
- Ensure there is a standardisation of specifications offered to all practices across HIOW to ensure equity both for practices and patients.
- Ensuring locally commissioned services are driving good outcomes for patients and align to ICB priorities.
- Ensuring locally commissioned services are effectively costed to reflect the work and overhead costs incurred by general practice.

1.3.5. From 1 January 2024 the ICB is offering all practices to provide the following services until March 2027:

- Phlebotomy
- Ring Pessaries
- Post Operative Wound Care
- ECGs
- Shared Care
- Vitamin K Antagonist
- Diabetes Initiation of injectable therapies (insulin and GLP-1 analogues)
- PSA Monitoring
- Spirometry
- CVD Improvement Programme
- Leg Ulcers

1.3.6. From April 2024, there will be two new schemes replacing legacy local schemes:

- Healthcare Inequalities
- Medicines Optimisation Scheme

1.3.7. For Portsmouth, the following services will be ceasing from 1 January 2024:

- Healthy Leg Support Group
- Ear Irrigation

1.3.8. In addition, two local incentive schemes will also end due to financial constraints which prevent their continuation:

- Flu Incentive Scheme (incentivising vaccination of patients in care homes or who are housebound)
- Diabetes LIS (incentivising improvements in diabetes care)

1.3.9. The Portsmouth HIOW ICB Primary Care Team are currently working with practices to confirm sign up to new service specifications. Where a practice does not sign up to a service, the ICB will work with neighbouring practices to establish arrangements to ensure equity of access across the city.

1.4. Acute Infection Hub for Winter 23/24

1.4.1. Initially in response to the Strep A outbreak in December 2022, additional same day capacity was provided last winter by Portsmouth Primary Care Alliance from Lake Road Health Centre, for all Portsmouth residents to be referred in to by their practice. The service model was adapted over the winter to respond to the same day demand being seen in practices and was evaluated at the end of the winter.

1.4.2. Building on the learning from last year, Hampshire and Isle of Wight ICB has approved funding for an *Acute Infection Hub* for this winter. The service will go live from 1 December 2023 and run for a period of 12 weeks (subject to an 8-week review point). Providing around 250 additional appointments per week, the service will be prioritising additional capacity for acute respiratory infection but will also see a range of conditions with the aim of reducing pressure across the health system, both in general practice and at the Emergency Department. Patients will not be able to access the service directly but may be booked into a face to face appointment at Lake Road Health Centre following contact with their General Practice or NHS 111.

1.5. Primary Care Medical Estates Updates

1.5.1. **Handleys Corner – Trafalgar Medical Group Practice relocation from Osbourne Road**

1.5.1.1. The Handleys Corner scheme was approved in May 2020 and after a pause commenced development in September 2023. Development is ongoing and expected completion is summer 2024.

1.5.2. **Highclere scheme – The Drayton Surgery**

1.5.2.1. This scheme has NHS England funding and was supported by Portsmouth CCG. Following the closure of North Harbour Medical Practice, The Drayton Surgery required a branch surgery with additional space and have agreed to occupy the new practice on completion.

1.5.2.2. Solent NHS Trust are developing the scheme and project managing with the purpose of becoming the landlord for the new premise. Work has started onsite and it is expected that the build will take 12 months with expected completion of September 2024 with two months commissioning of the building and occupation of the building during December 2024.

1.4.3 **Bransbury Park**

1.4.3.1 This project supports the relocation of The Lighthouse Group Practice branch surgery from Devonshire Avenue to the new Bransbury Park Leisure development, with associated increase in space. This unique opportunity was supported by Hampshire and Isle of Wight Primary Care Committee and approved by ICB Executive Management Group on 11 July 2023.

1.4.3.2 The scheme is expected to be completed in January 2026.

2. Dentistry

2.1. Hampshire and Isle of Wight Integrated Care Board Dental Strategy

2.1.1. The draft dental strategy is currently with Dentistry: The Big Conversation stakeholders for comment and will be shared when ratified.

2.2. Access

2.2.1. HIOW ICB have agreed to fund additional temporary units of activity across Hampshire and Isle of Wight with two practices in Portsmouth who expressed an interest for 5,000 UDAs each being offered.

2.2.2. The immediate dental access addressing health inequalities via mobile and static clinics (Mobile Dental bus) has been agreed. The number of location of clinics within Portsmouth is currently being determined.

2.3. Big Dental Discussion event - Tuesday 8 June

2.3.1. Advisory task and finish groups have been established and will meet during November 2023.

3. Community pharmacy

3.1. Introduction

3.1.1. The climate of Community Pharmacy remains challenging with the cost of living crisis persisting, impacting both workforce and premises costs.

3.2. Place based Locally Commissioned Services (LCSs)

3.2.1. A review of these services is continuing with the Palliative Care LCS completed and approved by the ICB Executive ICB non pay panel on 12 October 2023. It is expected that all other LCSs will be reviewed in the coming months.

3.3. Pathfinder sites for prescribing in community pharmacy

3.3.1. An expression of interest has been approved by NHS England and will be an extension to the current Community Pharmacy contraception pilot in Portsmouth which will replace the current PGD model with prescriber intervention.

3.4. Community Pharmacy Strategy

3.4.1. A strategy for community pharmacy remains under development. It is expected that a plan on a page will be available for review in the New Year. Insight into the community pharmacy contract and what it means for HIOW will be highlighted within the strategy. The community pharmacy landscape is changing with national commissioning of advanced services, bigger role of pharmacy with additional funding provided via the primary care access plan. The strategy will reflect on implementation and support of existing clinical services including Community Pharmacy Consultation Service, hypertension case finding, Pharmacy Contraception Service, New Medicines Service and Discharge Medicines Service.

3.5. Community Pharmacy Summit

3.5.1. A Community Pharmacy Summit will take place on 15 November 2023, 6-8.30pm, at Portsmouth Guildhall. 50 partners and stakeholders including pharmacists, GP practice representatives and partners are expected to attend. The output of the summit will be used to create a vision for community pharmacy in Portsmouth.

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Portsmouth Health Overview Scrutiny Panel

Health and Care Portsmouth report
November 2023

1. Hampshire and Isle of Wight Integrated Care Board update

1.1. Our local NHS is busier than ever

1.1.1. Across Hampshire and Isle of Wight our Emergency Departments are seeing demand that is up a fifth compared to pre-pandemic levels (191,115 patients in 2019-2020 v 229,710 patients in 2022-2023).

1.1.2. Between April and August 2023 our local NHS has treated or seen 200,240 patients meaning they are no longer waiting for treatment. In the same period, 215,000 people have joined the waiting list.

1.1.3. Meanwhile in primary care, GP and practice health staff are offering more and more consultations - 896,000 in August 2023 up from 735,000 for the same month two years earlier. Of these 62% were face to face.

1.1.4. Practices are delivering more consultations than they did before the pandemic. Year on year appointment numbers are rising and year-to-date in 2023 there have been 16% more appointments offered than during pre-Covid 2019.

1.1.5. With face-to-face, video and phone consultations available patients have greater choice in how and when they are seen in primary care by nurses, doctors, allied health professionals and others.

1.1.6. Eighty per cent of mental health patients receive a timely follow-up after they've been discharged, while 3,000 people access Talking Therapies every month.

1.1.7. The NHS is busier than it has ever been. Yet nearly 190,000 people are waiting for routine elective treatment. On any given day more than 600 patients who are ready to leave remain in their hospital beds because they cannot go home or into another care setting. Delayed discharges (or no criteria to reside) mean beds are not free to treat patients on our waiting lists, they fill hospitals all the way to the front doors of

our emergency departments, so it becomes difficult to transfer patients from waiting ambulances, with the urgency they require.

1.2 Managing the risk for patients

1.2.1 Clinicians are managing risk in every decision that they take. An overly cautious approach to moving on a patient as they recover may be fine for the person concerned. Yet outside that hospital ward another patient in urgent need may not see the paramedics they require, because a crew is delayed caring for another patient in the back of their ambulance outside an Emergency Department. It is essential that we consider the risk that unseen patients in our communities face every day elsewhere in Hampshire and the Isle of Wight as they wait for an ambulance, an appointment to see a consultant, a date for the operation they must have. Our clinical leaders and managers across the system are responding to this challenge and how best we balance these risks.

1.3 Preparing for winter

1.3.1 Winter is always a busy period for the NHS. The first line of defence for individuals and the NHS, is for all those eligible to have a Covid-19 and/or flu vaccination which is being encouraged through the 'Get Winter Strong' campaign. In recent weeks Hampshire and Isle of Wight has had among the best Covid vaccination rates in the country, which may in part explain why local Covid-19 infection rates have been falling recently after a late summer and early autumn rise.

1.3.2 This year we have fresh winter plans in place. Our aim is to reduce the numbers of patients in hospital who have no criteria to reside from the current daily figure of 21% to 13% by March 2024. We are focussing on same day emergency care and virtual wards and vaccinating those who are eligible in our population. At every turn we are doing all we can to ensure patients receive the best quality, timely care the NHS can provide.

1.4 Good quality care – great for patients and great for the NHS pound

1.4.1 It is important to stress this point. Good quality care is good for patients and it's good for the NHS pound. For example, care that means a patient doesn't need to be readmitted after they've been discharged is effective and efficient care for the money we spend. Good quality care saves money, and we should never lose sight of that as we seek to control and reduce the financial deficit the NHS is running across the Hampshire and Isle of Wight Integrated Care System (ICS).

1.4.2 The ICS currently has a deficit of £137m on an annual budget of £3.8 billion for everything the NHS provides in Hampshire and Isle of Wight. Of that the Integrated Care Board, which amongst other things funds primary care (our GP, dentistry, and optometry services) and community care; is directly responsible for £31.6m of the shortfall. The ICB has already improved its position and we are committed to

continuing this improvement.

1.5 Investing in NHS dentistry

1.5.1 We know access to dental services is not where it needs to be. These local services are really important to our residents, and we are pleased that they have recently been delegated to us. We are making decisions to invest more money in the frontline services we know that patients need. We are planning to spend more than £6 million extra on dentistry over the next two years. This will pay for a new mobile clinic bringing dental services to sections of our population and areas we know to be under served. This extra funding will also mean dentists that provide NHS care will have the opportunity, if they choose to take it up, to offer more NHS paid for treatments to patients.

1.6 Strategic change programmes

1.6.1 We are making good progress with some of the major strategic changes that are needed to reset the health system in Hampshire and Isle of Wight, enabling us to right-size organisations, implement consistent models of care, tackle health inequalities and respond to the population's needs. Two are highlighted below.

1.6.2 The Fusion programme will bring together responsibility for the delivery of community, mental health and learning disability services and create a new Trust that will operate across Hampshire and Isle of Wight from 2024. The existing Trusts – Southern Health, Solent, and Isle of Wight - are currently preparing the Full Business Case for the new Trust, which will have a pivotal role as a system partner in responding to our population's needs, tackling health inequalities, and achieving our vision for people in Hampshire and the Isle of Wight to be happier, safer, healthier. Together.

1.6.3 The Hampshire Together programme is part of the national New Hospital Programme. As well as proposing a new hospital building, the programme is also about modernising our hospitals and health services in Hampshire. The programme team has prepared a Pre-Consultation Business Case, and we look forward to considering it at our next Board meeting.

2. Health and Care Portsmouth update

2.1. Urgent Care system pressures in Portsmouth and South East Hampshire

2.1.1. Urgent and emergency services continue to be challenged with pressures impacting the whole health and care system but causing the most visible problems at the front door of the Emergency Department (ED) at Queen Alexandra (QA) Hospital.

2.1.2. The ambulance handover delay position at QA Hospital has deteriorated significantly in the last year. It remains an outlier across Hampshire for its high number of 30- and 60-minute handover delays.

2.1.3. ED attendances remain at the highest seen with 16 October seeing 423 attendances and regularly over 350 per day. Portsmouth Hospital University NHS Trust (PHU) is regularly in a negative position with admissions outnumbering discharges for the day. This has led to the opening of extra surge capacity beds and has meant the same day emergency clinic beds have been bedded which slows the flow in the hospital. Some elective activity has had to be cancelled to manage the non-elective patient demand.

2.1.4. PHU is in Tier 2 monitoring with NHS England and is having 2 weekly meetings with NHS England Regional team to provide an update on the improvement plan that will reduce ambulance holds. The week of the 16 October a 'Breaking the Cycle' event was held at PHU with system partners working together to reduce occupancy and improve flow. There was excellent partner engagement, and that allowed PHU to manage a very demanding week.

2.1.5. On 1 November PHU announced it was in a critical incident due to the Ambulance holds and occupancy levels. The actions being taken to improve the position are:

2.1.6. PHU

- Increased the discharge lounge size from 12 to 20
- Discharge coordinators going around wards each day multiple times to pull discharges into the discharge lounge to maximise use and ensure all YNP spaces filled across the site
- MDT ward round with a focus on Thursday and Friday on Saturday and Sunday discharges
- Extra clinical cover and senior matron cover at weekends to maximise discharge decisions
- Increasing the number of early discharges each day to 40 by midday
- PHU continuing to protect the medical same-day emergency care (SDEC) space
- Specialty (Gastro, respiratory, Cardio Geriatrician) teams in ED each morning to pull patients to their area
- Multiple site meetings throughout the day to keep momentum going with senior clinical attendance required

2.1.7. System Partners

- Focus on 72 hours ahead visibility of discharges coming up
- Urgent Community Response (UCR) teams accessing Oceaco to pull and turnaround their known patients back to the community (Southern Health Foundation Trust only at this point)

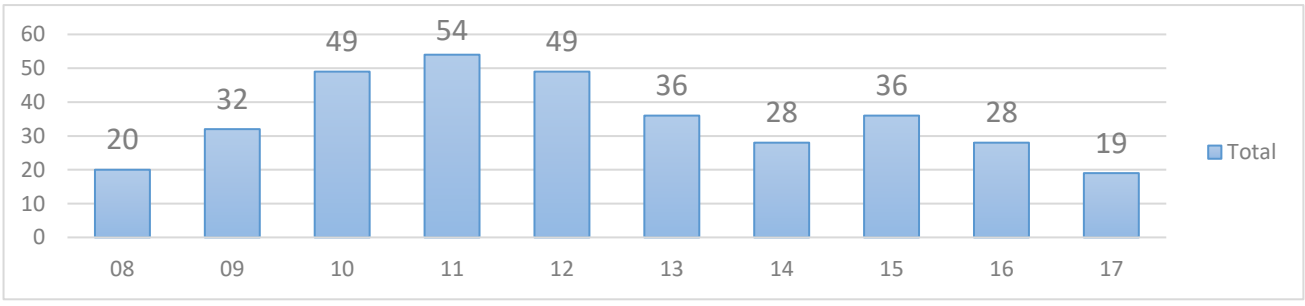
- Continued focus on discharges in the community to enable flow
- ICB arranging review of the top five stuck patients each week to help unlock the patients with nCtR
- SCAS promoting the use of UCR to reduce ED attendance
- Plan to trial a GP in ED for 15-17 November to maximise redirection opportunities
- System partners using the YNP spaces in the community to facilitate early discharges
- Extra PTS vehicle provision to support late discharges.
- Winter Access Fund enabling primary care in South East Hampshire of to offer 1,200 extra appointments per week from November 2023.
- ARI hub in Portsmouth to enable same day appointments from 1 December 2023

2.2. Portsmouth Mental Health Hub

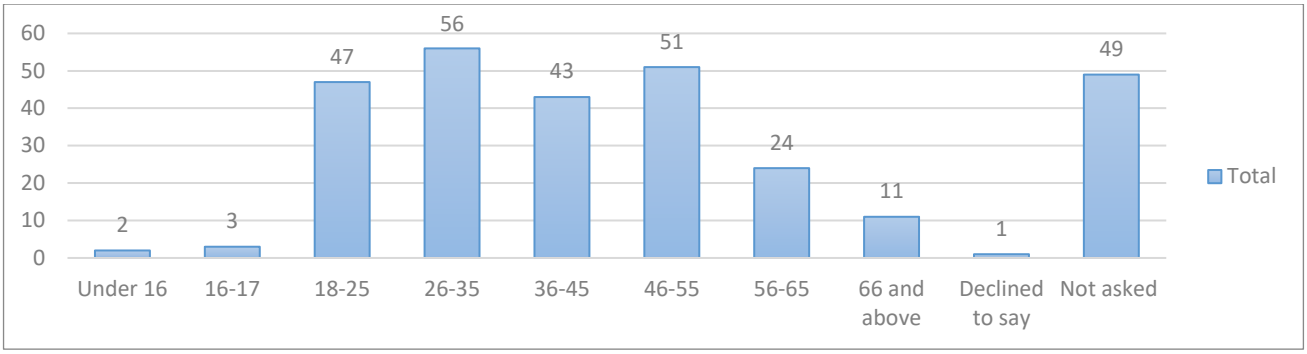
2.2.1. The Portsmouth Mental Health Hub is a free phoneline that anyone aged 16+ in Portsmouth can call to get support for their mental health. It is operated by a team of advisors, employed by Solent NHS Trust and based at St. Mary's Health Campus. The phoneline is open Monday to Friday, 8am-6pm, and aims to connect callers to the right support for them. This could be to community mental health services, such as NHS Talking Therapies or Positive Minds, or signposting to other relevant services such as the council's Cost of Living Hub, housing offices, Citizens Advice etc. The phoneline is not a crisis line.

2.2.2. Since launching on 1 April 2023 there have been 1,692 calls to the Hub.

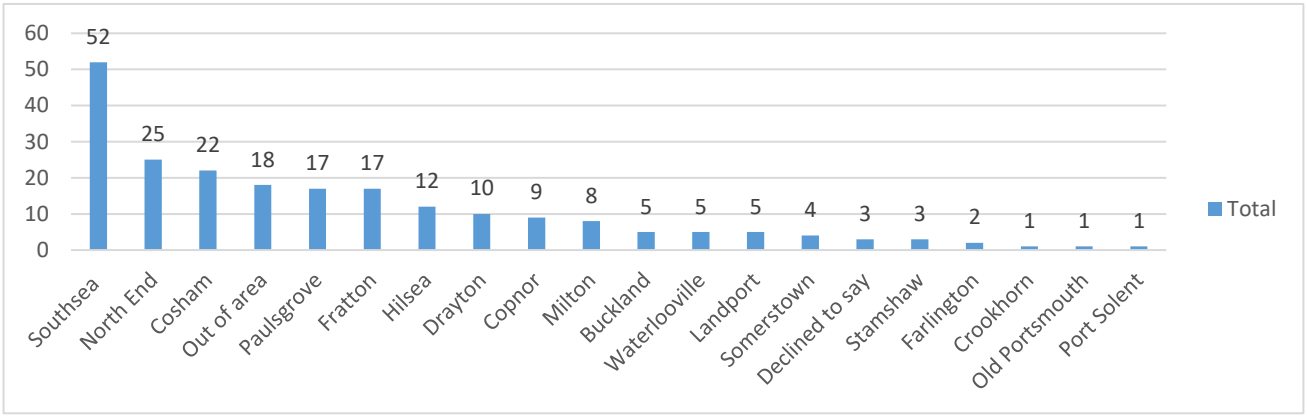
2.2.3. In October, there were 352 calls with an average of 16.1 per day. The busiest time of the day is 11am-12pm:



2.2.4. In October, most callers are aged 26-35 years (closely followed by those aged 46-55 years):

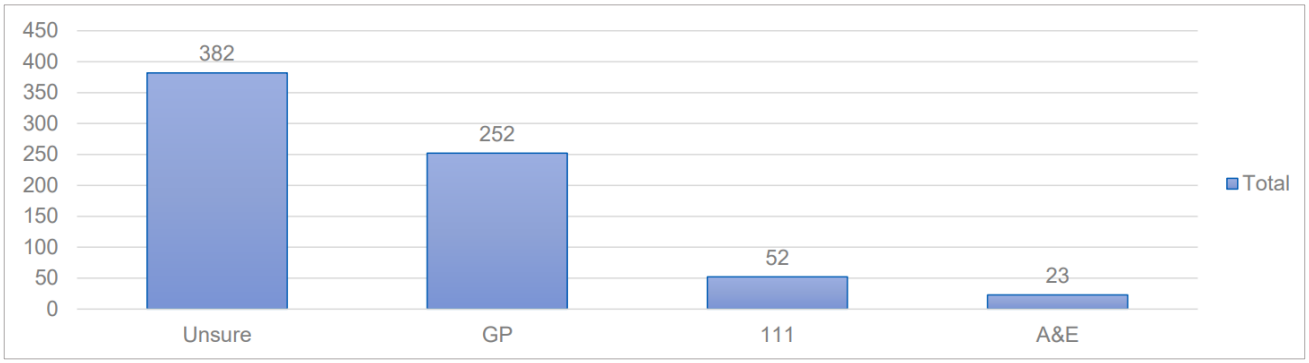


2.2.5. In October (and similar to other months), most callers to the Hub are from Southsea:

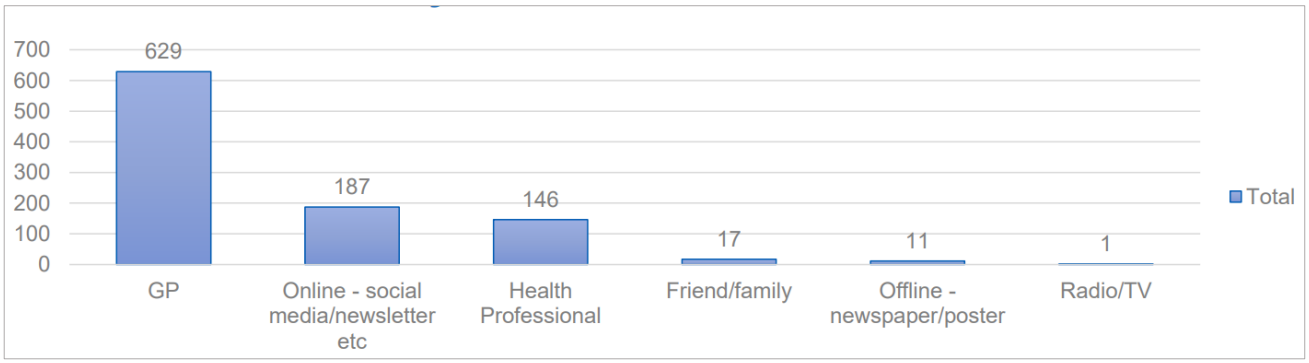


2.2.6. When residents speak to the Hub, most are encouraged to complete self care at home, or are referred to NHS Talking Therapies. Some are referred to their GP practice, Positive Minds, A2i or other services. Only 6% of calls require a call back from a practitioner.

2.2.7. Since the launch of the Hub, at least 252 calls have been diverted from GP practices, with people saying they would have gone to their GP if they didn't know about the Hub:



2.2.8. Most people are hearing about the Hub through their GP practice, with others finding out about it online, through other health professionals and word of mouth:



2.2.9. Promotion of the Portsmouth Mental Health Hub is through Portsmouth's mental health campaign, You Are Not Alone. The campaign, which has become synonymous with mental health in the city and has recently been shortlisted for a healthcare marketing award, is currently being targeted to 16-25yos through a partnership with University of Portsmouth. Currently, the Hub is being promoted through Spotify, Snapchat, the Guildhall Square Big Screen, digital screens on the University campus, emails to students, events in the University library, and posters in bars around Guildhall Walk.

2.3. Best Start for Life - Family Hub expansion

2.3.1. Portsmouth is one of 75 areas benefitting from £300 million investment from the government up to 2025, for Family Hubs to improve access, advice and services for local family.

2.3.2. Portsmouth's Family hubs are delivered through a formal partnership between Portsmouth City Council and Solent NHS Trust.

2.3.3. There are Family Hubs in Buckland, Somerstown, Milton, Hilsea and Paulsgrove.

2.3.4. They offer support to families with children aged 0-19.

2.3.5. The funding sees an expansion of the support available in these existing hubs with additional services also provided in community venues and online. The Hubs will become a 'one stop shop' for all families to access a range of help to give babies a great start for life. The Hubs will provide parenting classes, midwifery, health visiting, infant feeding advice and perinatal mental health support as well as support for physical health, housing and debt advice, youth services, domestic abuse support and more.

2.3.6. Home-Start Portsmouth has won a two-year contract to deliver the Best Start for Life programme, to provide extra support for parents, carers and children, through the Family Hubs. Activities include:

- More stay and play sessions for under 5s
- Wider health services such as midwifery, health visiting and mental health support

- Help for new and expectant parents to develop their practical parenting skills
- A family hub champion in each hub, offering advice and signposting to further support
- A new Virtual Family Hub, delivered through the existing Family Assist website, where parents can get support online

The charity will lead the programme which will be jointly delivered as a group consisting of The Parenting Network, The Breast-Feeding Network, Portsmouth Parent Board and Portsmouth Parent Voice.

2.4. Healthy Living in Paulsgrove

2.4.1. As reported to HOSP in June, a new project to promote healthier lifestyles in Paulsgrove is currently underway - with the first community meeting now having taken place, and the second planned for the end of November.

2.4.2. The project is using an Asset Based Community Development approach - working with residents in Paulsgrove to explore what they like about living in Paulsgrove, what would make it an even better place to live, and what skills and attributes those residents have to deliver events, activities and groups for people in Paulsgrove.

2.4.3. This is supported by a working group, made up of officers and councillors from across the council, NHS, voluntary sector and other partners. This group has met twice, with another meeting planned for December, to share the ongoing work in the area and listen to feedback from residents.

2.4.4. There are currently nine themes coming out of discussions so far. These are:

- Activities, events and support for children and families
- Transport - to/from the supermarket, North Harbour, Mountbatten, further into Paulsgrove
- A community space - a place to meet and talk, a hive of activity, potential for a charity shop etc.
- Shopping and food - making healthy choices, budget restraints, cooking classes, cooking on a budget, food bank
- Using online services - shopping, banking, healthcare etc.
- Mental health - men's mental health, loneliness, link to environment
- Community activities and services - for all ages
- Awareness - knowing what's available/accessing services
- Raising aspirations and upskilling - motivating young people, developing skills, volunteer workforce

2.4.5. To understand these areas more, at the next community meeting on Thursday 30 November at Beacon View Primary Academy, group will look to make a physical map of activities and events already happening across Paulsgrove.

2.4.6. In January, we are looking to run a workshop with residents and the working group to explore options for working together and implement ideas.

2.5. Portsea Working Group

2.5.1. In Portsea, we are also undertaking a piece of work to better understand the health and wellbeing needs of people living in the area.

2.5.2. The Portsea Working Group - made up of officers from across the council, NHS and voluntary sector, councillors and residents - have developed a survey for people living in Portsea.

2.5.3. More than 200 people have completed the survey - available online and in paper format - which asks how people would describe their health, what they do to stay fit and well, what things would help them to improve their health, where they go to find healthcare information, their understanding of primary care, and what already works well.

2.5.4. The survey will be presented to the Working Group in December with recommendations for the council, NHS and partners, to work with residents on ideas, services and projects to support the health and wellbeing of Portsea residents.

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Portsmouth Hospitals University NHS Trust

Health Overview and Scrutiny

Briefing paper

Title: Portsmouth Hospitals University NHS Trust update		
Presenter: Mark Orchard, Deputy Chief Executive Dr John Knighton, Medical Director	**Contact details:** communications@porthosp.nhs.uk	**Date:** November 2023

Purpose of the paper :
To update the committee on the work being carried out by Portsmouth Hospitals University NHS Trust (PHU). It covers progress on our Group partnership with the Isle of Wight NHS Trust (IWT), our winter plans, the critical incident, general updates and our engagement.

Winter plan

In July, NHS England published it's guidance for winter planning and we have been working across the Portsmouth and South East Hampshire system to respond to this and plan for a safe winter. We have five key priorities:

- Ensure the safety of all patients
- 76% of A&E patient to be admitted, transferred, or discharged within four hours
- 85% of ambulance handovers are completed within 15 minutes.
- Maintain the delivery of our elective activity
- Eliminate patients waiting over 104 weeks for elective treatment and reduce the number of patients waiting over 65 weeks.

Over the summer we have worked to reduce the level of bed occupancy across the Trust and improve the flow of patients throughout the hospital. However, the level of demand for our services continues to be high which puts further pressure on our ability to provide timely care, with occupancy of acute beds significantly higher than we had planned for this time of the year. This creates a more challenging starting position for the winter period with escalation beds still in use.

The winter plan pulls together a whole hospital approach and focuses on areas such as:

- Increasing Same Day Emergency Care (SDEC) for specialty patients
- increasing the support our Older Person's SDEC can provide to frail patients
- Ensuring Your Next Patient spaces are used effectively to improve the flow of patients through the hospital.
- Relaunching our Theatres Admission Unit (TAU)
- Reducing the length of time patients spend at the hospital
- Encouraging families and carers to help plan for discharge and provide transport to the next place of care.
- Validating our patient treatment lists to ensure people sit want/need the care.
- Ensuring our staff are vaccinated and supported to be healthy.

During October we ran a 'Breaking the cycle' event with our system partners to help us reset the QA hospital and allow us to get patients to the right place, first time improving their experience and outcomes. We had a core focus on getting patients to the right place of care first time, reducing the length of stay and progressing patient's care once they are ready to leave acute services. Despite exceptionally high demand for services we were able to improve in all these areas and reduce the number of minutes lost at ambulance handovers.

Winter campaign and support from communities
We are running a number of campaigns over the winter months to support our winter plan. These will encourage people to stay healthy and well, know where to go to get health care and explain the discharge process from hospital to improve the length of stay. These will be multi-media campaigns that will be undertaken in partnership with HIOW ICS and health and care providers.

Critical incident
In early November the Queen Alexandra hospital ran a critical incident for 10 days. The internal incident was called due to sustained high demand for our service leading to significantly full hospital and emergency department. This led to increased risks to patient safety and delays in patients being able to access care.

Gold command was established to co-ordinate the actions needed to ensure patient safety and patient flow. Using the learning from the 'Breaking the cycle' week we focused on three main areas:

- Right Patient, Right Team, Right Place – ensuring patients in need of admission are able to access the right ward first time.
- Reducing length of stay – Reducing the length of stay across the organisation by only 10% would generate the equivalent of 114 extra beds.
- Progressing patients' care: ensuring investigations are prioritised and patients are reviewed early to identify if they can be discharged, therefore reducing their length of stay.

We also worked to increase the number of complex patient discharges by working closely with our system partners.
We would like to thank our staff for their continued efforts to provide safe and timely care during this difficult period.

Group progress
Over the last year IWT and PHU have strengthened their partnership and formed a Group. The Group gives us an opportunity to be innovative in enhancing patient care and outcomes as well as improving the experience and opportunities for our people across the two organisations.

We have already agreed a new leadership model that sees a single team who are the executives of both Trusts supported by a Trust Leadership Team at each of IWT and PHU.

In the new year we will also bring together the governance arrangements with Boards and committees in common. This will provide a closer alignment between the two organisations to maximise the clinical and operational benefits of partnership working, whilst maintaining two very clearly separate and distinct statutory bodies.

There are two exceptions to this, with the Quality and Performance Committee running separately until April 2024, and the Audit Committee which will be retained as independent. The deferred April 2024 date for Quality and Performance recognises that the IWT remains the statutory delivery vehicle for community, mental health and learning disability services (CMHLD) until the planned statutory transfer to a new Hampshire and Isle of Wight CMHLD organisation from April 2024.
These will support our five key areas of work:

- Clinical transformation: a service-by-service approach, looking at how we deliver one service for the benefit of both populations.
- Developing corporate services to operate as one service, standardising our approach to release the benefit of doing things once for two organisations.

- Supporting the creation of a single community, mental health and learning disabilities provider for Hampshire and the Isle of Wight and transferring those services from the IWT to the new provider on 1 April 2024.
- Developing a new strategy for IWT that sets the direction for the Trust as a provider of acute and ambulance services, operating in a Group with PHU and in partnership on the Island.
- Shaping our local systems in Portsmouth and South East Hampshire and on the IoW to ensure we meet the needs of the communities we serve.

Patients, carers, staff and the community will form part of shaping our future service models and any significant changes to clinical services will follow engagement and consultation processes.

General updates:

New five year Trust strategy - Our new strategy 'Working Together, Improving Together', sets out our vision, values, strategic aims and most importantly, how we will deliver against these ambitions for our patients, communities, and people in the future. It sets the framework for the work we do every day and shows how, with everyone in the PHU team working together, improving together, we will achieve our ambitions. Our ambition is high, both in terms of what we set out to achieve for our populations, but also how we will behave to deliver the best possible outcomes for the communities we serve. Our Strategy - Working Together Improving Together (porthosp.nhs.uk)

Fareham Dialysis Unit opening - A new multi-million-pound dialysis centre, which will treat up to 150 patients a week, has been officially opened. The 25-bed Fareham Renal Dialysis Centre, based at the Fareham Community Hospital site, will save local patients more than 380,000 miles in travel distance.

Lotus rehabilitation garden opening - Designed with the support of patients and staff who recognise the value of accessing fresh air close to where they are being treated, the new Lotus garden will offer a place to rest, recover and rehabilitate.

Targeted Lung Health Checks (TLHC) – have been launched in the Fareham and Gosport to support the early detection and treatment of lung cancer. More than 31,000 people, between the ages of 55 and 74 who are current or former smokers and are registered with a GP surgery in Fareham and Gosport, will be invited for a free lung health check over the next two years. Targeted Lung Health Check (porthosp.nhs.uk)

Engagement:

MPs – MPs from across the area attended a briefing with the Executive team in October 2023. This covered key topics such as our new five year strategy, the winter plan, transformation programmes across HIOW ICS, the Group progress, and building work to our main entrance.

Proud to be PHU Awards – Our local community has been asked to vote for Patient Choice Award in this year's Proud to be PHU Awards. The award shortlist is made of up individuals and teams who were nominated by patients and their relatives. We received more than 100 nominations, and these were scored by a panel of judges to create a top 10 shortlist. The winner will be announced at a ceremony in mid-November.

Remembrance - Our annual service of Remembrance took place on Friday 10 November in the Garden of Life. The RSM unit marched to the ceremony before we took the opportunity to

remember those who have given their lives for their country and especially those who have served and currently serve in the Medical Services.

Realtime patient feedback reports - 91.7% of patients who completed the survey rated their overall experience as “very good” or “good” (which is comparable to July), 97,2% reported being treated with kindness and compassion “always” or “most of the time” (98.5% in July). 75% of complaints were resolved on time in August which shows a good improvement from our average of 33%.

CQC annual inpatient survey - The results highlighted improvements made ultimately enhancing the patient experience. Particularly encouraging was that the areas identified for improvement from the survey closely align with our organisational priorities for this year. One notable example being the effect on patients of overnight moves, where our evidence based approach has clearly directed us towards the right areas of focus.

NHS 75 colouring competition - Capturing what the NHS means to them, dozens of youngsters entered a drawing competition to celebrate 75 years of the National Health Service.
The Portsmouth community voted in their hundreds on Instagram to choose the winners of our two categories and these will be displayed at Queen Alexandra Hospital, alongside four runner up entries.

Neonatal support groups - Neonatal support groups for parents have been relaunched at the Queen Alexandra Hospital. The groups, which were paused due to the Covid-19 lockdowns and social restrictions, are aimed at supporting parents with babies currently in NICU as well as those who have been discharged.