NOTICE OF MEETING

HEALTH OVERVIEW & SCRUTINY PANEL

THURSDAY, 14 MARCH 2024 AT 1.30 PM

VIRTUAL REMOTE MEETING

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

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

Membership

Councillor Mark Jeffery (Chair)
Councillor 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 - 10)

4   **Adult Social Care Self Assessment - Preparing for inspection** (Pages 11 - 72)

Andy Biddle, Director of Adult Social Care and Debbie Young, Head of Quality and Performance, will answer questions on the attached report.

5 Integrated Care Board: Recovery Support Programme and update on the Stroke Recovery Service (Pages 73 - 76)

Dan Gibbs, Chief Delivery Officer alongside Martin Sheldon, Deputy Chief Executive, will answer questions on the attached report.

6 Health and Care Portsmouth update (Pages 77 - 84)

Bernie Allen, Deputy Place Director, will answer questions on the attached report.

7 Access to Primary Care update (Pages 85 - 90)

Bernie Allen, Deputy Place Director, will answer questions on the attached report.

8 Solent NHS Trust update (Pages 91 - 92)

Andrew Strevens, Chief Executive, will answer questions on the attached report.

9 Southern Health update (Pages 93 - 96)

Nicky Creighton-Young, Director of Operations for South East Hampshire, will answer questions on the attached report.

10 Portsmouth Hospital's University NHS Trust update (Pages 97 - 112)

Mark Roland, Deputy Medical Director and Lee McPhail, Interim Group Chief Delivery Officer will answer questions on the attached report.

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 25 January 2024 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 Ann Briggs, Hampshire County Council
Councillor Martin Pepper, Gosport Borough Council
Councillor Julie Richardson, Havant Borough Council
Councillor Vivian Achwal, Winchester City Council

1. **Welcome and Apologies for Absence (AI 1)**

   Apologies for absence were received from Councillor Oliver.

   Councillors Atkins and Richardson apologised as they had to leave the meeting early.

2. **Declarations of Members' Interests (AI 2)**

   There were no declarations of members' interests.

3. **Minutes of the Previous Meeting (AI 3)**

   RESOLVED that the minutes of the meeting held on 23 November 2023 be agreed as a correct record.

4. **South Central Ambulance Service update (AI 4)**

   Tracy Redman, Assistant Director of Operations presented the report. She explained that SCAS are still working with partners to ensure that patients receive the right care, in the right place and at the right time. In terms of demand, this was relatively stable for the 12 weeks before Christmas although there was an increase over the Christmas period as expected. SCAS are seeing around 1,900 incidents per week in the Portsmouth and SE area which is exceptionally busy. In the SE area there are a higher percentage of more poorly patients compared to the rest of the SCAS area. Performance is a challenge and there are action plans in place, particularly around the category 2 performance (emergency patients who need an urgent response) which is in line with national direction.

   On Tuesday 22 January 2024 a critical incident was declared meaning they were finding it difficult to maintain their critical services. This allowed them to

focus resource to the most critical patients but that some of the less poorly patients do not receive a timely response but they are being directed elsewhere. The critical incident is still in place and this is being reviewed twice a day within the organisation.

There is a new transformation programme called 'fit for the future' which will have significant change for how SCAS operates, how they deliver the service, what staff mix they use, a review of their estates and the SCAS strategy has been refreshed in line with this.

In response to questions Ms Redman clarified the following:

There are robust systems for reporting adverse incidents where there may be patient harm or death and this is reviewed with colleagues in the ICB to ensure that lessons are learned and measures are put in place to mitigate that in the future. The Panel felt that is would be useful to see this data and Ms Redman said that she could include it in the next report from SCAS.

Part of the transformation review is around how SCAS organises services so that patients get the right treatment, in the right place at the right time. The right workforce and estate will then be assessed to make sure they are able to deliver that.

With regard to ambulance handover delays and hours lost, it does tend to be worse in the winter months than the summer. There are around 500 operational hours a day on the road over 7 days a week so as a percentage this would be around 20%. Ms Redman said that she could provide some more accurate figures for the panel - ACTION

There is no evidence to suggest that the increase in demand is linked to patients not being able to get a GP appointment.

In response to a question on why serious health cases are becoming an increased percentage of SCAS's work, she said she was unsure but she felt that there are some fantastic community teams within the system who are dealing with very poorly patients, so the point where they dial 999 may be later as they are being well looked after by the community teams.

The Panel thanked Ms Redman and noted the report.

(Cllr Atkins left the meeting at the end of this item).

5.   **Portsmouth Hospitals University Trust update (AI 5)**

Penny Emerit, Chief Executive and Ann Thomas, Deputy Chief Nurse presented the report. Ms Emerit advised that PHU is in a critical incident which was called three weeks ago. This is when demand significantly outweighs the capacity that is available. When this happens there can be

even greater delays in the system and a significant number of patients awaiting handover from ambulances. Where there are any delays along the system there is a greater risk of harm to the patients. At the moment the hospital is not always treating patients in the best place for their needs and therefore using capacity for things that could be better done elsewhere. The increasing occupancy is shown on the attached graphs. Despite increasing the number of beds available, they have also had to increase the number of escalation beds that they use. The current critical incident is because they have not only exceeded their bed base but also exceeded the escalation capacity. This is due to increasing demand at the front door but also not being able to discharge patients when they no longer require hospital care. Once treatment has been completed it is better for the patient to be discharged to their next place of care.

With regard to the new Emergency Department they are on track for this opening in Winter 2024. Whilst this will be a fantastic facility for patients and staff, they are aware that the need to address some of the causes around the occupancy of the hospital to ensure that the levels of delays do not reach the levels currently.

In response to questions, Ms Emerit clarified the following:

The hospital is not seeing concerning levels of patients presenting as emergencies with covid of flu currently. The testing regimes for covid have significantly changed and they are only testing patients who are presenting with symptoms of covid so the numbers would not be comparable over the three-year period. Respiratory infections are at normal levels for this time of year.

From an emergency planning perspective, they do an after-event reviews to make sure that they are embedding learning. This is done internally but PHU will also work with system partners. This is because some of the criteria set for being able to step out of a critical incident are linked to things, they are able to achieve with their partners. The Breaking the Cycle piece ran from mid-December to mid-January, and they tried to take some pre-emptive actions to significantly reduce the occupancy of the organisation. The Breaking the Cycle piece are internal hospital actions but also as a Portsmouth SE system trying to take all those things that are routine practice and checking that they are still happening and are they embedded. Unfortunately, the period the Breaking the Cycle piece took place during a critical incident, but this meant that they refocussed resource towards the highest risk things.

The occupancy levels data on page 23 of the pack and the percentage of patients arriving by ambulance being handed over in 15 minutes being much lower in December 2023 compared to January 2023 was linked to the capacity of the health and care system. PHUT have seen changes in demand for services, not only volume increases but increase in more frail or complex patients who stay in hospital longer, so the demand curve goes up over those periods. If they don't have the capacity to respond, whether it be PHUT, community, local authority capacity that is when the increase in occupancy is

seen as they are having to use the escalation and surge areas in the hospital for those patients whose needs could be better met elsewhere. The occupancy is increasing and increasing on a higher number of beds and they have done a forward look to next winter already and something fundamentally different must be done in terms of deploying resources across health and social care. The providers and commissioners look at plans for the next 12 months.

PHU have already increased the acute bed capacity and reconfigured internal capacity to create same day emergency care. The challenge at this time of the year is that those same day emergency care facilities become bedded with patients overnight. Unfortunately, the spaces become inefficient as working out of spaces that staff are not used to working out of. Some of the modelling has been done as part of the new business case for the new emergency department. The annual process is the opportunity to refresh this to ensure that they are making choices based on the current demand.

With regard to the junior doctor strikes, Ms Emerit said that they are not in a position to influence national pay conditions and she hoped that a resolution would be found for this quickly. In the meantime PHU are looking at things they can influence that impact on employee wellbeing and satisfaction. It was hoped that having a local medical school would help staff want to come to work in Portsmouth.

Members thanked Ms Emerit for the report and for the extra data that the panel had requested showing data over a longer period.

The Panel noted the report with concerns.

6.   **Access to Primary Care (AI 6)**

An email was received after the start of the meeting to explain that Bernie Allen, Deputy Place Director, had to attend an emergency so was unable to attend the meeting today. Members were invited to ask questions and a written response would be requested from Ms Allen.

Members were disappointed that the update did not include anything on the ICB Support Recovery Programme and requested a written update as a matter of urgency and asked that this comes to their next meeting in March.

Clarification was sought on paragraph 1.1.7 'The National and ICB average rates per 1,000 population for July 2023 were 500 and 515 respectively…'

Members were encouraged by the report with regard to access to GP appointments and time waiting for an appointment and felt that the public should be made aware that the situation with accessing GPs is improving.

What consequences have there been on the prescribing gluten free products decision?

It was felt that the number of dispensaries issuing more than 25 items from a Portsmouth clinician prescription in October 2023 was very high so some comments on this would be welcomed.

Members requested a written update on these points be requested as soon as possible.

(Cllr Richardson left the meeting at this point)

7. **Adult Social Care Update (AI 7)**

Andy Biddle, Director of Adult Social Care, introduced the report.

In response to questions, Mr Biddle clarified the following:

The Independence and Wellbeing Team works for Adult Social Care within the local authority and is partly funded by Public Health. One of the driving factors is that if people can be helped early with maintaining their independence, help with community connections etc it will reduce further draw on the health service.   The impact of Independence and Wellbeing is to be preventative to reduce the impact of their health and care needs in the future.

Members asked for a more detailed break-down of attendance for the activities run through the Portsmouth Independence and Wellbeing Team. Mr Biddle said he would provide this for the minutes.

Post meeting note this information is included below:

It is worth noting a small number of points in relation to the data:
- The Team are undertaking retrospective data cleansing, with support from a data analyst
- We are awaiting updated data from Ramblers Walking for Health as they had some missing registers so not all the walkers were included, (meaning the January report will be updated when ASC reports again to HOSP).
- Some group numbers are deliberately low due to venue capacity, equipment capacity or due to higher level of needs of attendees.

Name of Group Activity	No. of registered attendees	No. Sessions	Attendance
Chop Cook Chat	38	80	304
Yoga in the Park	47	24	170
Rock Out	15	37	69

Refugee Badminton	14	12	39
Reading Friends	20	37	338
Diversi-Tea Lounge	38	38	517
Cross Cultural Women's Group	77	36	469
Paulsgrove Men's Group	11	31	115
Learning Disability Allotment Group	5	37	140
General Allotment Group	23	39	169
Autism & Neurodivergence Group	10	27	134
Ethnic Growing Project	9	32	128
Treadgolds	8	39	205
Naturewatch (Wednesday) Group	18	35	161
Naturewatch (Thursday) Group	18	34	207
Extra Care - Caroline Square Knitting Group	7	9	46
Extra Care - Brent Court Seated Exercise	22	33	343

Extra Care - Caroline Square Seated Exercise	13	30	128
Extra Care - Brunel Court Seated Exercise	14	24	153
Extra Care - Maritime House Seated Exercise	21	38	386
Extra Care - Osprey Court Seated Activity Group	6	38	213
Extra Care - Crane Court Seated Exercise	8	39	161
Extra Care - Naturewatch Group	8	7	57
Walks	274	613	2760
Brunel Court Games Group	35	24	99
Carers' Breaks	65	70	649
Total	**824**	**1463**	**8160**

The panel thanked Mr Biddle and noted the report.

8. **Public Health update (AI 8)**

Matt Gummerson, Head of Strategic Intelligence and Research introduced the report.

In response to questions he clarified the following:

With regard to the graph on drug related deaths, the trend nationally is continuing to worsen. There is a long delay in reporting of this data due to the deaths being complicated and there are a range of factors in play so assessing a death as drug related can be complex. Significant investment has gone in drug and alcohol services in the city that Public Health are confident will lead to continued improvements. Mr Gummerson said he would advise the panel when updated data was available.

The drop in drug related deaths in Portsmouth from 2003 to 2004 was noted, Mr Gummerson said he was unaware of the reason for this, but he would find out and come back to the panel.

The Panel thanked Mr Gummerson and noted the report.

9.   **Dates of future meetings (AI 9)**

The Panel noted the provisional HOSP dates for the 2023/24 municipal year as follows:
Thursday 20 June
Thursday 19 September
Thursday 21 November
Thursday 23 January
Thursday 13 March

With the caveat that there may be a new Chair of the panel after the local elections in May.

The Chair invited members views on potentially changing the meetings to a 10am start on these dates, two members said that if they were still on the panel they would be unable to make this time. There was a mix of views on whether to move meetings to in person and it was agreed that when the new panel was known in May/June the clerk would discuss this with the Chair and confirm meeting dates and times.

The formal meeting ended at 3.10 pm.

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Councillor Mark Jeffery
Chair

Portsmouth
CITY COUNCIL

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Title of meeting:	Health Overview and Scrutiny Panel
Subject:	Adult Social Care – Self-assessment preparing for inspection
Date of meeting:	14th March 2024
Report by:	Andy Biddle, Director of Adult Social Services

1. Requested by

Cabinet

2. Purpose

The purpose of the report is for information, with the aim of being open and transparent in the approach taken by adult social care in developing its self-assessment[1], and transparent and accountable for the areas of development and subsequently the delivery of improvements.

This report also provides an opportunity to outline the new regulatory process for Adult Social Care, (ASC) share the self-assessment as part of this process, set out what has informed the assessment and highlight key elements.

The self-assessment has been prepared to support a single understanding of how well the Council is meeting its statutory duties and responsibilities under Part 1 of the Care Act 2014[2], aligned to the regulatory assessment framework for local authority assurance.

3. Information Requested

Background

The Health and Care Act 2022[3] gave the Care Quality Commission (CQC), the independent regulator of health and social care in England, a new responsibility to

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[1] Appendix 1
[2] https://www.legislation.gov.uk/ukpga/2014/23/part/1
[3] https://www.legislation.gov.uk/ukpga/2022/31/contents/enacted

![Portsmouth City Council logo]

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independently assess care in a local area; this responsibility applies to assessments of Integrated Care Systems (ICSs) and Local Authorities, (LA).

On 8 December 2023, government approval was given to publish the Local Authority assessment guidance, this included the framework CQC will use to assess how well Local Authorities are performing against their duties under Part 1 of the Care Act 2014 and signalled the start of formal assessment. Local Authorities' adult social care responsibilities have not been subject to formal assessment for over 14 years.

All 153 Councils with Adult Social Services Responsibilities (CASSRs) will be inspected over the 24 months starting December 2023, to date 10 councils have been contacted by CQC signalling the start of their assessment. Following contact, councils will have a week to provide details of key local contacts, then a further three weeks to provide information under 40 headings set out in the Information Return (IR) and will also have the opportunity to submit their self-assessment. There is no prescribed format for the self-assessment, and it is not a mandated requirement, however if one is not submitted CQC may need to request more information and spend more time undertaking the assessment to understand the council's performance in adult social care.

The structure of the Portsmouth ASC self-assessment is set out to respond to the nine quality statements detailed under the four themes of the regulatory framework:

- Working with People
- Providing Support
- How the local authority ensures safety in the system.
- Leadership

Each of these will be assessed against four categories of evidence:

- People's Experience
- Feedback from staff and leaders
- Processes; and
- Feedback from Partners

Ahead of formal assessment CQC will write to the Council and request the Information Return and self-assessment, which will signal the commencement of assessment. The assessment will take place within a nine week to six months window of the request for information, with CQC contacting the council to confirm the dates for site visit allowing 6 to 8 weeks' notice. CQC will review the information, six customer journeys and spend two days meeting with key council roles (including the DASS and Chief Executive), frontline workers, partners, carers and customers. CQC will review the evidence against the evidence categories for each quality statement, score each of these evidence categories and combine the evidence category scores to give a score to the

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related quality statement. The resulting nine quality statements scores will then be combined to arrive at an overall score and a rating.

Overall ratings will be Inadequate, Requires Improvement, Good or Outstanding. Following a factual accuracy check by the council, CQC will publish a report and rating on their public facing website (similar to the familiar Ofsted process that regulates Children's Services).

The purpose of the self-assessment is to demonstrate that Portsmouth ASC knows the areas of practice where the service is strong and understands the areas of practice where the service needs to develop.

Approach to the self-assessment

The drafting of the self-assessment during 2023, has involved different groups of people and different elements.

<u>Staff</u>

Over the last year we have engaged with staff across the Directorate by keeping all informed of the evolving CQC framework through monthly ASC newsletters and ASC All Staff Live Webinars. In addition, a monthly (workshop style) All Managers Meeting has taken place to co-produce our approach to self-assessment and collectively take responsibility for gathering evidence and developing case studies in recognition that this will be an inspection of what 'we' do.

The information, case studies, observations, processes, and evidence provided by staff have been collated and used to support a review of our performance against the framework.

<u>Formal Stakeholders</u>

How we work with care providers, the voluntary sector and statutory partners is important, as is their view of ASC in Portsmouth. In October 2023 ASC hosted an event[4] with formal stakeholders and partners to hear how well they understood the service, our strategies, and priorities; and how well aligned the respective organisations are to one another. The learning from this has been included in the self-assessment, for example considering how we can support partners 'having a place at the strategic table' and celebrating that we are 'talking the same language'.

<u>People with lived experience</u>

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[4] Appendix 2 for copy of ASC Assurance Stakeholder Feedback Report 2023

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Feedback from people with lived experience was a critical part of knowing ourselves and is a core category of evidence for CQC. With support from the Community Engagement Team feedback was gathered from over 200 people living in Portsmouth

in November 2023[5] and through a postal survey led by ASC. We have included that people know where to go for information advice and who they need to contact about their care, and as an area for improvement we are developing our approach to strength-based practice which includes a review of how we record and present detail relating to an individual's support and their personal budget.

The feedback summary includes a response from one person who shared their experience of finding it hard to know who to talk to when accessing social care, with commissioned care providers having little accountability for problems, and they felt that communications between care providers, customers and social services could be improved. Although this is feedback from one individual, with ASC supporting over 2000 people, this feedback is important. We plan to undertake a 'mystery shopper' exercise to better understand the experience of people contacting ASC and share the feedback on communication with staff and care providers. Care providers are held to account through contract management and safeguarding and supported to improve quality when this is needed; where issues, or complaints are raised these are investigated under the appropriate framework.

Peer review

In addition to work with stakeholders, the Local Government Association (Partners in Care and Health) facilitated a review of the leadership of ASC in October 2023. This exercise reviewed senior management capacity in key areas aligned to our Care Act duties including commissioning and hospital discharge. Consequently, the Directorate has formed an action plan and secured temporary resource to lead areas reflected in the self-assessment.

Performance

The number of people waiting for assessments, services or reviews has been an area of focus for the Directorate, and is relevant to the assessment framework, reviewed monthly as part of our governance arrangements. Over the last year due to dedicated efforts of teams these have been reduced and are managed taking account of risk and priority.

Successes

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[5] Appendix 3 for Adult Social Care Self-Assessment Feedback Report

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There is much to be celebrated in ASC including the positive quality of life indictor reported through the Adults Social Care Survey, the work being taken forward by the transition lead to support a seamless move form Children's Services to Adults, Carers Service and Room One.

We have developed trusted relationships with care providers, which recently included working together to support to inform the Department of Health and Social Care on the shape of future data collections from providers.

Challenges

Known challenges that are highlighted in the self-assessment and are being further highlighted in pulling together the Information Return are gaps in written policy and process. Over a number of years, as the council and the Directorate has focussed available funds to protect front line services and meet growing demand, resource crucial to business infrastructure such as policy and practice development posts have not been funded. Consequently, there are gaps in written policy and process, some of which are detailed under the information return.

During 2023 funding was agreed by the Council to secure analyst resource, this has given ASC capacity and the capability to extract and analyse data to support the Directorate to understand its business, manage and drive performance and see the impact of change. We are also leading a project to create a 'data warehouse', supported by corporate IT, with the aim of simplifying data reporting, however we are not as advanced as we would want to be at a time of new regulation.

Preparing for inspection

The LGA's Partners in Care and Health have an offer to support staff to prepare for assurance. Portsmouth have requested this support and have been invited to scope the work in late March 2024 with 2 days on site work in April 2024.

Next steps

Subject to approval from 5 March Cabinet meeting and feedback from Health Oversight and Scrutiny Panel the Directorate will develop its improvement plan and deliver based on priority and available resource.

………………………………………………
Signed by (Director)

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Appendices:

1. ASC Self-Assessment 2024
2. ASC Assurance Stakeholder Feedback Report 2023
3. Adult Social Care Self-Assessment Feedback Report

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

www.portsmouth.gov.uk

Adult Social Care
CQC Assessments / Inspection
Self Assessment

Updated March 2024

Debbie Young - Head of Quality & Performance

John Hayter – Deputy Head of Quality and Performance

	QUALITY STATEMENTS	SOURCES OF EVIDENCE

Assessing Needs	**We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.**
	I have care and support that is coordinated, and everyone works well together and with me.
	I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.
	People with care and support needs, including unpaid carers, those who fund or arrange their own care and communities have the best possible wellbeing outcomes. This is because:
	• their care and support needs are assessed in a timely and consistent way
	• assessments and care and support plans are co-produced, up-to-date and regularly reviewed
	• support is co-ordinated across different agencies and services
	• decisions and outcomes are transparent.
	People's care and support reflects their right to choice, builds on their strengths and assets, and reflects what they want to achieve and how they wish to live their lives.
		➢ ASC Policies, Protocols and Guidelines
		➢ ASC Governance Data Insights Pack
		   ➢ Waiting list reductions
		   ➢ Response Times
		➢ Portsmouth Plan for Carers
		➢ Portsmouth Carers Website
		➢ Adult Social Care Outcomes Framework
		➢ Health and Wellbeing Strategy
		➢ SystmOne in Social Care
		➢ Transition Protocol (SharePoint)
		➢ Healthwatch Portsmouth (Advocacy)

What is working well?

✓ We have a proactive, person centred approach to customers; people can talk directly with a member of the relevant adults' social care team.

✓ Waiting lists numbers and length of wait are managed and reasonable. An assessment of risk and priority of needs are considered, with a significant reduction in waiting list over the last 12 months.

✓ Review process improved with increased oversight by senior and operational managers, resulting in an improvement on timely planned reviews.

✓ Person centred approach to meeting needs.

✓ Case management system with an integrated health spine enables a holistic view of the person wherever they are in their health and care journey.

✓ Integrated joint funded teams including Continuing Healthcare (CHC), Mental Health, Learning Disability and Integrated Care team with processes to inform the right decision on lead agency to support the individuals based on needs.

✓ Co-produced Portsmouth Plan for Carers, supported by a carers centre and a web site; with social workers and carers centre working together to support carers assessment with a managed waiting list

✓ Transition pathway clarified in updated protocol, single referral route into ASC with Transition lead, who promotes and facilitates with Children and Education; dedicated team for autistic and neurodivergent young people (based on need as opposed to diagnosis).

Areas for Development

✓ Refreshing our carers strategy

✓ Embedding our transition 'offer' across children's and adults.

✓ Improving approach, confidence and tools to support strength-based practice and assessment

✓ Strengthen our approach to Direct Payments to ensure those who want a Direct Payment are offered and supported appropriately

✓ Developing a strong framework around eligibility linked to strength based

Theme 1 - How the local authority works with people

	QUALITY STATEMENTS	SOURCES OF EVIDENCE
Supporting people to live healthier lives	**We support people to manage their health and wellbeing so they can maximise their independence, choice and control. We support them to live healthier lives and where possible, reduce future needs for care and support.** I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally. I am supported to plan ahead for important changes in my life that I can anticipate. • The local authority works with people, partners and the local community to promote independence and support people to prevent, reduce or delay the need for care and support. It does this by providing or arranging provision of services, facilities, resources and other measures. • The local authority takes steps to identify people with needs for care and support that are not being met. • People in the area have access to the information and advice they need to make informed decisions about how to meet their care and or support needs.	➤ ASC Policies, Protocols and Guidelines ➤ ASC Governance Data Insights Pack ➤ Response Team Stats ➤ The HIVE Portsmouth ➤ Health and Care Portsmouth ➤ IWT Team SharePoint ➤ ASC PCC Website Pages ➤ Portsmouth Carers Website ➤ Health and Wellbeing Strategy ➤ Adult Social Care Survey and Survey of Carers in England

What is working well?

✓ Range of grant funded services and well-established Independence and wellbeing team, reducing isolation via community connectors, focus on mental wellbeing and opportunities within the communities of Portsmouth; proactive approach to 'reaching' and including Seldom Heard.

✓ Shared vision and working arrangements with the ICB partnership across Public Health, NHS and ASC.

✓ Health and Care Portsmouth Plan, provides an integrated approach to supporting people in Portsmouth.

✓ The HIVE Portsmouth, a strategic partnership at place consisting of the voluntary and community sector, ICB and Portsmouth CC; works with local people, groups and organisations recognising strengths of individuals, families and communities to build independence and self-reliance as an alternative to a reliance on traditional services.

✓ Good Information, Advice and Guidance (IAG) demonstrated by carers response to Survey of Adult Carers in England (SACE) and responses from people being supported to the Adult Social Care Survey (ASCS), robust offer via Council's internet and HIVE Directory

✓ Well established help desk fielding approx. 1400 calls per month

✓ Good relationship with Housing, supporting join up and influence over decisions related to people with care and support needs, including setting out future opportunities for commissioning services.

✓ ASCS Quality of Life Score for those in receipt of support 19.3 out of 24; above England Score and top quartile of statistical neighbours

Areas for Development

✓ Investment in Policy, Engagement, and Communications resource

✓ Strengthening operational links on prevention with Public Health

✓ Developing an overarching accommodation strategy

✓ Shaping a strategic focus on early intervention.

✓ Adopting 'diverse by design'

	QUALITY STATEMENTS	SOURCES OF EVIDENCE

Equity in experience and outcomes	**We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.**
	I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals
	This quality statement covers:
	• Understanding and addressing barriers to care and support
	• Understanding and addressing inequalities in experience and outcomes
	• Ensuring care and support meets the diverse needs of communities
	• Ensuring people are encouraged to give feedback, which is acted on and used to drive improvements
	• Meeting legal requirements relating to equality and human rights. This includes:
	    • avoiding discrimination
	    • having regard to the needs of people with different protected equality characteristics
	    • making reasonable adjustments to support equity in experience and outcomes.
		➢ The HIVE Portsmouth
		➢ Health and Care Portsmouth
		➢ IWT Team SharePoint
		➢ Portsmouth LD Partnership Board
		➢ ASC PCC Website Pages
		➢ Autism Ambassadors
		
		➢ Autism CF
		➢ ASC Strategy
		➢ JSNA

What is working well?
- ✓ Independence and Wellbeing Team working across all communities and faith groups; targeted outreach work in marginalised communities
- ✓ Developing good relationships with faith groups across the city
- ✓ Providing strategic leadership to the PREVENT Board and Chair Channel Panel
- ✓ Partner with HIOW ICSs on 'No wrong door' model for transforming adult community mental health services
- ✓ Room One, information and support service for autistic people managed by autistic people
- ✓ Making Every Contact Count training deployed across Council to support inclusion in a person centred way
- ✓ Information available in different languages.
- ✓ Learning Disability Partnership Board, an established model of coproduction to support good outcomes by supporting their voice to be heard alongside providers, commissioners etc
- ✓ Carers Groups
- ✓ Council Autism Ambassadors appointed to raise awareness and help staff and residents living with autism.
- ✓ Strategic values, of the Council, create culture to deliver equity in experience: Respect, Integrity, Person-Centred, Inclusive and Collaborative

Areas for Development
- ➢ Support good understanding of 'seldom heard' across ASC to support inclusion
- ➢ Corporate EDI strategy to be released.
- ➢ Review and updated focus on staff EDI group
- ➢ Adopting LGA Diverse by Design
- ➢ Improve use of the JSNA to support single understanding of demography and population.
- ➢ Strengthen coproduction across activities and customer groups
- ➢ Consider impact of digital exclusion

	QUALITY STATEMENTS	SOURCES OF EVIDENCE
Care provision, integration and Continuity (Pt1)	**We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.** I have care and support that is co-ordinated, and everyone works well together and with me. • The local authority understands the care and support needs of people and communities. There is a good variety of care providers, provision is resilient and there is sufficient capacity to meet demand now and in future. • Local people have access to a diverse range of safe, effective, high-quality support options to meet their care and support needs. This includes unpaid carers and those who fund or arrange their own care. Services are sustainable, affordable and provide continuity for people.	➢ Market Position Statement (SharePoint) ➢ Market Sustainability (PCC Website) ➢ ASC Governance Data Insights Pack ➢ Service Demand Figures ➢ Business Continuity Plans ➢ Social Care Sector Ops Group ➢ Health and Wellbeing Strategy ➢ S75 Agreements and Data ➢ Housing / HEDNA report on demand ➢ ILDS Service Specification (pdf doc) ➢ ILDS DSR Standard Operating Procedure ➢ Provider Forums (PCC Website)

What is working well?
- ✓ Sufficient supply of domiciliary care provision, meaning no or short waiting time supported by established domiciliary care brokerage
- ✓ Good relationships with SE ADASS councils developing a joint Memorandum of Understanding on provider failure.
- ✓ Care Home closure plan, developed and tested with place-based partners in 2022/3 followed by learning
- ✓ Market Position Statement published in 2015, new version to be published April 2024
- ✓ JSNA and HEDNA report on Older Peoples accommodation in the city provides common understanding of demand and capacity across Housing and Social Care to support informed commissioning
- ✓ Regular operational review of capacity in city using local intelligence and NECS tracker
- ✓ S75 for joint commissioning including Continuing Healthcare (CHC), Learning Disability, Mental Health, reablement and quality; and funding schemes through Better Care Fund
- ✓ Aligned health and care resource for safeguarding
- ✓ Established provider forums for domiciliary care, care homes and registered managers networks
- ✓ Monthly quality led governance sessions for providers, to support education; and fortnightly newsletter
- ✓ ILDS Dynamic Support Register (DSR)

Continued in part 2

Areas for Development
- ✓ Review the information that we share with providers to improve matching needs to service
- ✓ Commissioning intentions for day services
- ✓ Expand brokerage to include care homes to promote consistency, best use of capacity at the right price.
- ✓ Develop Choice of Accommodation guidance aligned to Annex A
- ✓ Review extra care and S2.5 accommodation, with housing colleagues, to ensure optimal outcomes for people receiving support.
- ✓ Review specification for care homes with a focus on outcomes.
- ✓ Work scheduled to review processes and increase opportunities for Direct Payments (linked to Strength Based)

	QUALITY STATEMENTS	SOURCES OF EVIDENCE
Care provision, integration and Continuity (Pt2)	**We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.** I have care and support that is co-ordinated, and everyone works well together and with me. • The local authority understands the care and support needs of people and communities. There is a good variety of care providers, provision is resilient and there is sufficient capacity to meet demand now and in future. • Local people have access to a diverse range of safe, effective, high-quality support options to meet their care and support needs. This includes unpaid carers and those who fund or arrange their own care. Services are sustainable, affordable and provide continuity for people.	➢ Market Position Statement (SharePoint) ➢ Market Sustainability (PCC Website) ➢ ASC Governance Data Insights Pack 　➢ Service Demand Figures ➢ Business Continuity Plans ➢ Social Care Sector Ops Group ➢ Health and Wellbeing Strategy ➢ S75 Agreements and Data ➢ Housing / HEDNA report on demand ➢ ILDS Service Specification (pdf doc) ➢ ILDS DSR Standard Operating Procedure ➢ Provider Forums (PCC Website)

What is working well?
✓ Social Care Sector Operational Group provides a framework to triangulate intelligence on quality, prioritises support and agrees lead agency
✓ Shared approach to working with care providers to enhance quality related CQC rating (integrated approach with ICB partners)
✓ All registered care provision reviewed at least annually through contract and/or quality teams
✓ Monthly Strategic Commissioning meeting to promote responsible commissioning with a focus on quality, capacity, sustainability and accountability to public purse.
✓ Introduction of Transition Team with a particular expertise around neurodiversity, developing links across Adults Social Care & Children Services to support seamless transition, including understanding of costs.
✓ Locally agreed adjusted home care rate based on UK Home Care Association rate
✓ Health and care education, training and development offer for the sector
✓ Strong community links and work with local voluntary services
✓ Reviewed webpages for accessibility

Areas for Development
✓ Future work on micro commissioning
✓ Working with Housing colleagues to better understand opportunities to develop accommodation for people with care needs, to support sufficiency of supply in our area.
✓ Introducing Training Partnership Board to bring together stakeholders to review provider education offer aligned to quality, safeguarding and skills gaps
✓ Review of published information to ensure right info in accessible format in the right place.
✓ Dedicated resource to develop an engagement strategy to support consistent engagement with customer, community and partners, aligned to developing a Directorate framework for co-production
✓ Improving use of data and market intelligence.
✓ Develop approach to recording of autistic people to enable easier identification and tracking.
✓ Developing a profile of reg'd providers who hold sponsor licences, and no. of workers relative to total workforce.
✓ Develop Workforce Strategy Phase 1-PCC; Phase 2 of Strategy –external Portsmouth care workforce

	QUALITY STATEMENTS	SOURCES OF EVIDENCE
Partnerships and Communities (Pt1)	**We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.** I have care and support that is coordinated, and everyone works well together and with me. • The local authority works actively towards integrating care and support services with services provided by partner agencies. This achieves better outcomes for people who need care and support and unpaid carers and helps to reduce inequalities. • Partnership working helps to ensure that care and support meets the diverse needs of individual people and communities. People experience a seamless care and support journey, and their support is co-ordinated across different agencies and services.	➤ ASC Strategy (SharePoint) ➤ Market Position Statement (SharePoint) ➤ Market Sustainability (PCC Website) ➤ ASC Governance Data Insights Pack ➤ Service Demand Figures ➤ Business Continuity Plans ➤ Health and Wellbeing Strategy ➤ Shared Lives (PCC Website) ➤ YouTrust (Website) ➤ Minstead Trust (Website) ➤ Portsmouth Autism Forum / Room One

What is working well?
- ✓ City Vision informs Health and Care Portsmouth Plan and ASC Strategy and creates a shared vision and working arrangements with the ICB at place level
- ✓ Strong links with providers – email communications through integrated Quality Improvement Team (QIT), Provider Meetings (Governance, Registered Managers, Domiciliary Care Forum, Care Home Meeting)
- ✓ Better Care Fund (BCF) to support pooled arrangements e.g. Community Equipment Service
- ✓ Integrated joint funded teams via a Section 75 agreement for Learning Disability, Mental Health, Continuing Healthcare, Portsmouth Rehabilitation and Reablement Team (PRRT) and Section 113 (Occupational Therapy) which includes operational and commissioning functions, and funds to commission services
- ✓ Joint funded SMT post - Assistant Director, Health and Care Services Portsmouth City Council / Solent NHS Trust
- ✓ Transfer of Care Hub Portsmouth, has supported discharge to assess, supports timely discharge of medically optimised.
- ✓ Joint working to promote 'home first' in community settings to avoid admissions and reduce hospital stays.

Continued in Part 2

Areas for Development
- ✓ Strengthen our approach to engagement to seek views from people with lived experience, supported by an engagement strategy
- ✓ Clarity on who leads on relationships with the voluntary sector.
- ✓ Undertake a review of Portsmouth's care tech offer in relation to people with care and support needs, linked to strength-based practice and personal budgets

	QUALITY STATEMENTS	SOURCES OF EVIDENCE
Partnerships and Communities (Part 2)	**We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.** I have care and support that is coordinated, and everyone works well together and with me. • The local authority works actively towards integrating care and support services with services provided by partner agencies. This achieves better outcomes for people who need care and support and unpaid carers and helps to reduce inequalities. • Partnership working helps to ensure that care and support meets the diverse needs of individual people and communities. People experience a seamless care and support journey, and their support is co-ordinated across different agencies and services.	➤ ASC Strategy (SharePoint) ➤ Market Position Statement (SharePoint) ➤ Market Sustainability (PCC Website) ➤ ASC Governance Data Insights Pack ➤ Service Demand Figures ➤ Business Continuity Plans ➤ Health and Wellbeing Strategy ➤ Shared Lives (PCC Website) ➤ YouTrust (Website) ➤ Minstead Trust (Website) ➤ Portsmouth Autism Forum / Room One

What is working well?
- ✓ Partnership working with providers
- ✓ Portsmouth Autism Community Forum with focus on co-production- Room One - IAG and support for 18+ and their families, led by neurodivergent people.
- ✓ Established arrangements to support people with learning disability, autistic people and people who are neuro divergent into work; example of supported employment opportunities via Minstead Trust providing catering at Civic Offices and Central Library public cafe
- ✓ Case management system with an integrated health spine, enabling direct communication with GPs and access to key information related to a new of current customer.
- ✓ Work collaboratively across SE ADASS councils, including commissioning and performance networks and chairing safeguarding network
- ✓ Shared Lives and established service offer drawing on carers living in the local community.
- ✓ Shared understanding of quality across the city of providers (PVI Care and primary, Secondary) at operational and strategic level (Social Care Operational Group and HCP Quality Group).

Areas for Development
- ✓ Impact transformation of HIOW ICB will have on established placed based working and integration
- ✓ Challenged position with ICB due to financial constraints
- ✓ Review of Provider Meeting framework, with providers
- ✓ Developing autism strategy
- ✓ Expanding Shared Lives capacity, short breaks and day opportunities using Accelerated Reform Fund (ARF)

	QUALITY STATEMENTS	SOURCES OF EVIDENCE
Safe systems, pathways and transitions	**We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.** When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. I feel safe and am supported to understand and manage any risks. I feel safe and am supported to understand and manage any risks. • Safety is a priority for everyone. There is a strong awareness of the risks to people across their care journeys. The approach to identifying and managing these risks is proactive and effective. The effectiveness of these processes is monitored and managed to keep people safe. • Care and support is planned and organised with people, together with partners, and communities in ways that improve their safety across their care journeys and ensures continuity in care. This includes referrals, admissions and discharge, and where people are moving between services. • The views of people who use services, partners and staff are listened to and taken into account. • Policies and processes about safety are aligned with other key partners who are involved in people's care journey to enable shared learning and drive improvement.	➢ Portsmouth Safeguarding Adults Board (Website) ➢ Transitions Pathway ➢ ASC Strategy (SharePoint) ➢ ECR ➢ CHC

What is working well?
- ✓ Safe systems pathways and transitions.
- ✓ Contract reviews of registered care providers across the city, approach jointly with Quality Team and others e.g. Community Nursing teams to support expertise and proactive support with focus on improvement
- ✓ Process for improvement and remediation
- ✓ CQC ratings reviewed and discussed at monthly multi agency quality group, with a risk manged approach to support.
- ✓ Risks affecting the market or likely to affect the system escalated to Health and Care Portsmouth Quality Board.
- ✓ New transition team, developing joint working with Childrens to support early identification and tracking of Children who will transition to Adults Services.
- ✓ Integrated and single management via Portsmouth ASC of mental health social work and clinical teams supporting a collaborative approach.
- ✓ Extra Contractual Referral (ECR) process to support discussion/agreement of funding on complex & joint funded cases.
- ✓ Joint funded posts supporting reablement, hospital discharge and workflows
- ✓ CHC funding policy and framework.
- ✓ Enhanced Health in Care Homes (EHCH) framework reviewed and offer clarified
- ✓ Transitional Safeguarding Panel

Areas for Development
- ✓ Review of PRRT and CIS teams to bring together health and social care reablement offer.
- ✓ SOP to be developed to support operationalising EHCH work
- ✓ Reviewing Intermediate Care Social Work capacity directing to greatest needs

	QUALITY STATEMENTS	SOURCES OF EVIDENCE

Safeguarding
 	
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	We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.
	I feel safe and am supported to understand and manage any risks.
	• There are effective systems, processes and practices to make sure people are protected from abuse and neglect.
	• Section 42 safeguarding enquiries are carried out sensitively and without delay, keeping the wishes and best interests of the person concerned at the centre. People can participate in the safeguarding process as much as they want to.
	• There is a clear understanding of the key safeguarding risks and issues in the area and a clear, resourced strategic plan to address them.
	• Lessons are learned when people have experienced serious abuse or neglect, and action is taken to remove future risks and drive best practice
	• People are supported to understand safeguarding, what being safe means to them, and how to raise concerns when they don't feel safe, or they have concerns about the safety of other people.
	• People are supported to make choices that balance risks with positive choice and control in their lives.
	• People are supported to understand their rights, including their human rights, rights under the Mental Capacity Act 2005 and their rights under the Equality Act 2010.
		➢ Portsmouth Safeguarding Adults Board (Website)
		    ➢ Process
		    ➢ Learning and Development
		    ➢ SARs
		    ➢ One Minute Guides
		    ➢ Business Plans and Ptys.
		➢ ASC Strategy (SharePoint)
		➢ ASC Audits Outcome Tracker
		➢ ASC Governance Insights Pack

What is working well?
✓ What's working well is captured in the annual safeguarding report, published on Portsmouth Safeguarding Adults Board (PSAB) website
✓ Learning from SARs and reviews is fed back into the system and PCC capture within its Governance arrangements. Learning also shared with providers.
✓ PSAB has business plan and agreed priorities in development
✓ Monthly insights to governance on safeguarding , triage and risk assessment
✓ PSAB website hosts learning, focus and annual report; website including closure reports accessible to the public
✓ PSAB one-minute guides to support learning
✓ Regular involvement of families in SARs
✓ Safeguarding dashboard to support understanding of risk and safeguarding
✓ PSAB annual safeguarding conference that explores managing risk for adults who have care and support needs.

Areas for Development
✓ Development of quality safeguarding pathway
✓ Level of demand on safeguarding resource
✓ Review of PCC website to ensure clear link to raising a concern
✓ Actions for Adult Social Care from the PSAB Peer review to be overseen by monthly ASC Governance Board

Theme 4: Leadership

	QUALITY STATEMENTS	SOURCES OF EVIDENCE
Governance, management and sustainability (Pt 1)	**We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.** There are clear and effective governance, management and accountability arrangements at all levels within the local authority. These provide visibility and assurance on: • delivery of Care Act duties • quality and sustainability and risks to delivery • people's care and support experiences and outcomes The local authority uses information about risks, performance, inequalities and outcomes to: • inform its adult social strategy and plans • allocate resources • deliver the actions needed to improve care and support outcomes for people and local communities. There are robust arrangements for the availability, integrity and confidentiality of data, records and data management systems.	Governance framework for ASC: ➢ Quality Assurance Framework ➢ ASC Strategy, plan and values ➢ ASC Risk Register ➢ Insights Pack ➢ OFFLOG ASC metrics ➢ Corporate Performance Metrics (GAS) ➢ HCPP Quality Board ➢ Social Care Sector Operational Group ➢ ASC Stakeholder Feedback 2023 ➢ ASC SA feedback report ➢ ASCC/ACS ➢ Staff Survey ➢ Processes – IAG, data sharing, retention, mandatory training

What is working well?
- ✓ Vision and Strategy, clear links from City Vision through Health & Care Portsmouth Plan to Adult Social Care vision clearly linked, with partners agreement that we are 'speaking the same language'
- ✓ Business plan derived from strategy, linked through to team plans and PDRs
- ✓ Leadership – Director of Adult Social Care reports to Chief Executive. Regular meetings with Chief Executive, monthly Directors' Meeting, Cabinet Member Briefing to brief on successes, priorities and risk.
- ✓ Corporate Leadership and Management Framework
- ✓ Regular papers to Health and Overview Scrutiny Panel, including two papers per annum on whole Directorate.
- ✓ Governance and accountability **–** robust structures with weekly SMT meetings reviewing risk, performance and improvement aligned to delivery of corporate, strategic and operational objectives.
- ✓ Partnerships – Health and Care Portsmouth est. 2015, Portsmouth City Council is one of six partners acting as the placed based delivery for HIOW Integrated Care System (ICS). Under a S75 there are integrated, managed and funded teams and services with a focus on Portsmouth residents through collaboration.
- ✓ Resources – weekly core SMT meeting with finance, underpinned by monthly SMT budget leads meeting to assess and review budget position, aligned to performance and Medium-Term Financial Strategy (MTFS)

Areas for Development
- ✓ Place for partners to contribute to setting strategy
- ✓ Clear communication plan for strategy across stakeholders
- ✓ Share organisational structure with partners
- ✓ Embed case audit process and quality assurance
- ✓ Improve analytic capacity/capability
- ✓ Build performance management and data across Adults

	QUALITY STATEMENTS	SOURCES OF EVIDENCE
Governance, management and sustainability (Pt 2) Page 28	**We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.** There are clear and effective governance, management and accountability arrangements at all levels within the local authority. These provide visibility and assurance on: • delivery of Care Act duties • quality and sustainability and risks to delivery • people's care and support experiences and outcomes The local authority uses information about risks, performance, inequalities and outcomes to: • inform its adult social strategy and plans • allocate resources • deliver the actions needed to improve care and support outcomes for people and local communities. There are robust arrangements for the availability, integrity and confidentiality of data, records and data management systems.	Governance framework for ASC: ➢ Quality Assurance Framework ➢ ASC Strategy, plan and values ➢ ASC Risk Register ➢ Insights Pack ➢ OFFLOG ASC metrics ➢ Corporate Performance Metrics (GAS) ➢ HCPP Quality Board ➢ Social Care Sector Ops Group ➢ ASC Stakeholder Feedback 2023 ➢ ASC SA feedback report ➢ Staff Survey ➢ Processes – IAG, data sharing, retention, mandatory training ➢ Action tracker sector operational group ➢ 4LSAB Safeguarding

What is working well?
- ✓ Performance – targets are linked to strategy and drive operational performance to promote good outcomes for individuals while promoting good use of public money.
- ✓ Oversight of internal audit recommendations, improvement plan, Safeguarding Adult Review (SAR) outcomes and complaints by SMT as part of monthly governance.
- ✓ ASC risk register reviewed at least monthly with SMT risk owners and clarity on action to treat, mitigate or remove; and escalation to corporate governance as necessary
- ✓ Provider Quality – monthly multi-agency operational group to triage intelligence, prioritise support at service/sector level based on intelligence and risk, escalated to Health and Care Portsmouth Quality Group where system risk.
- ✓ Partnership working to address and support turnaround of quality issues working with providers, e.g. extra care
- ✓ Safeguarding - Safeguarding Adults Policies and Procedures developed across 4 LAs in HIOW (leadership provided by Portsmouth ASC) supporting clarity and cross border partnership working; guidance on safeguarding for commissioners sets clear framework for purchasing decisions to minimise risk and create capacity for service improvement.

Areas for Development
- ✓ Develop a clear quality(& safeguarding) pathway
- ✓ Strengthen framework to support market oversight, provider quality and education.
- ✓ Strengthening governance processes across the directorate, through Annual Service Reports to Governance Board

Theme 4: Leadership

	QUALITY STATEMENTS	SOURCES OF EVIDENCE
Learning, improvement and innovation (Part 1)	**We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.** •Learning from people's feedback about their experiences of care and support, and feedback from staff and partners is embedded throughout the local authority's work and it informs strategy, improvement activity and decision making at all levels. Coproduction is embedded throughout the local authority's work. •There is an inclusive and positive culture of continuous learning and improvement. The local authority has strong external relationships that support improvement and innovation. Staff and leaders engage with external work, including research, and embed evidence-based practice in the organisation. •There are processes to ensure that learning happens when things go wrong, and from examples of good practice. Leaders encourage reflection and collective problem-solving.	➢ Workforce – ASC WDS submission by PCC ASC, eligible for workforce development fund ➢ Monthly PSW/POT Practice Newsletter ➢ MDT and partner learning from events e.g. Care Homes Event ➢ Learning from Complaints, Critical Incidents and SARs – SMT reviewed action trackers ➢ Annual complaints report ➢ 'Sense Something, Say Something' ➢ Staff Survey ➢ LGA Leadership review ➢ 2023 Assurance –Stakeholder Feedback ➢ 2023 ASC Customer Feedback on ASC

What is working well?

✓ Directorate commitment to engagement, investment in resource to embed and support consistent engagement with a range of stakeholders including seldom heard
✓ SMT commitment to strengthening understanding of, and opportunity for coproduction across the Directorate
✓ Learning from people who use services – Learning Disability Partnership Board, informing work plans and commissioning, ASC Customer feedback survey 2023, Learning Disability Champion in post.
✓ Safeguarding Team online feedback system launched
✓ External 2023 review by Partners in Care (LGA & ADASS) of ASC Leadership to understand areas for change or learning
✓ Monthly live webinars to support understanding and learning on key topics e.g. Client level data, co-production
✓ Monthly communications via ASC All staff newsletter, monthly Practice Bulletin including CPD guidance.
✓ Weekly Managers Update, visits to teams (by Directors, Deputy Directors and Heads of Service)
✓ Governance – 6-month report to Health & Oversight Scrutiny Panel and corporate Governance and Scrutiny; monthly review of performance at ASC SMT governance to drive improvement and learning.
✓ Monthly Cabinet Member Decision meeting (held in public)

Areas for Development

✓ Review and build on pockets of good practice to introduce a clear framework for co-production and engagement.
✓ Improve customer experience intelligence, outside of stat. surveys (ASCS & ACS)
✓ Consistently compare regional and statistical neighbour performance on key measures.
✓ Performance Management training for 24/5 to support understanding of importance of data comparison and measuring outcomes
✓ Digital roadmap for Directorate to support improvement in internal and customer facing processes

Theme 4: Leadership

	QUALITY STATEMENTS	SOURCES OF EVIDENCE
Learning, improvement and innovation (Part 2)	**We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.** •Learning from people's feedback about their experiences of care and support, and feedback from staff and partners is embedded throughout the local authority's work and it informs strategy, improvement activity and decision making at all levels. Coproduction is embedded throughout the local authority's work. •There is an inclusive and positive culture of continuous learning and improvement. The local authority has strong external relationships that support improvement and innovation. Staff and leaders engage with external work, including research, and embed evidence-based practice in the organisation. •There are processes to ensure that learning happens when things go wrong, and from examples of good practice. Leaders encourage reflection and collective problem-solving.	➢ Workforce – ASC WDS submission by PCC ASC, eligible for workforce development fund ➢ Monthly PSW/POT Practice Newsletter ➢ MDT and partner learning from events e.g. Care Homes Event ➢ Learning from Complaints, Critical Incidents and SARs – SMT reviewed action trackers ➢ Annual complaints report ➢ 'Sense Something, Say Something' ➢ Staff Survey ➢ LGA Leadership review ➢ 2023 Assurance –Stakeholder Feedback ➢ 2023 ASC Customer Feedback on ASC

What is working well?

➢ Tailored training delivered with Institute of Public Care, Oxford Brookes University for Contracts, Commissioning and Operational staff on commissioning, to understand joint and singular contributions.
➢ Regular engagement with CQC, and place-based partners to shape support offer for care services and the market, including working with ICB to review effectiveness of local delivery against Enhanced Care in Care Homes framework
➢ Staff contribute to SE ADASS networks to support sector led improvement and learning including Chairing 2 networks and have reps on all networks.
➢ Close relationship with ADASS 'Buddy' LA's (Medway and Reading).
➢ 1 of 3 councils (out if 153) who contributed to research undertaken by Nottingham Rights Lab on Modern Slavery in the ASC Supply Chain, leading to LGA published guidance and an action plan for Portsmouth.
➢ Monthly Team Managers and All Managers meeting used to share learning and innovation and opportunity to network and learn, chaired by SMT to share messages vertically and horizontally in the Directorate.
➢ SMT lead assigned to each statutory data returns, shared at SMT Governance for scrutiny ahead of submission to understand anomalies and change and opportunity for improvement.
➢ Public Housing Health Development research

Areas for Development

✓ Review of Education offer for the care sector through new Training Partnership Board.
✓ Review of approach to training across the directorate including framework for apprentices
✓ Further develop Personal Development Planning in Teams
✓ Continue to monitor management of training in lieu of corporate LMS

Adult Social Care
CQC Assessments / Inspection
Self Assessment

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ASC Assurance Stakeholder Feedback Report 2023

Research and Engagement Team

PORTSMOUTH CITY COUNCIL

Contents

1.0   Purpose

The purpose of this report is to provide a comprehensive summary of the feedback received from stakeholders on Portsmouth City Council's Adult Services.

2.0 Background

From April 2023, a new duty has been introduced for the Care Quality Commission (CQC) to independently review and assess the performance of local authorities in delivering their adult social care functions, as set out under part 1 of the Care Act 2014. Following pilot assessments with five local authorities starting in May 2023, a report was produced with indicative scores for all quality statements and an indicative overall rating. CQC will begin their full assessments of local authorities from the end of 2023. As part of their self-assessment, Portsmouth City Council has held engagement sessions with key stakeholders to gather their feedback and sense check whether their self-assessment is an accurate reflection of 'how we are doing'.

3.0 Research

3.1 Objectives

- Sense check Portsmouth City Council Adult Service's self-assessment
- Gather feedback from stakeholders on how effectively Portsmouth City Council's Adult Services are working within the vision of their strategy
- Gather feedback from stakeholders on their organisation's experience of Adult Social Care in Portsmouth

3.2 Methodology and response rates

In order to meet the research objectives, a focus group was proposed to all of the council's Adult Services stakeholders. The group took place on Tuesday 17th October 2023, with 12 stakeholders attending the event. In an attempt to capture the feedback of stakeholders unable to attend the original event, another virtual event was proposed on Tuesday 5th December. One additional stakeholder attended this session making the total number of stakeholders engaged with 13 out of 33 invited to take part.

Attendees included representatives of Hampshire Police (MASH), Age UK Portsmouth, HIVE Portsmouth, the ICB, the Society of St James, health-related directorates within Portsmouth City Council, South Central Ambulance Service (SCAS), and Healthwatch.

4.0 Summary of findings

Overall, stakeholders feel positively about Portsmouth City Council Adult Social Care, feeling that they strive to provide an effective service and productive working relationships with their partners. There is also a general consensus that partners are working within the same priorities as Portsmouth. However, participants identify areas where there are gaps in the service and where Adult Services could be improved. Whilst these gaps are often understood as external issues relating to funding and resources, or persistent problems existing in the system (outside of Portsmouth's remit), there are areas where Portsmouth could improve their provisions in the way they work.

Communication is a really key area in which Portsmouth Adult Services could improve, providing a greater depth of understanding amongst stakeholders and Adult Services alike about what everyone's roles and expectations are and opening up a multi-way dialogue with partners to ensure everyone is working on the same path to provide services. Although engagement and co-production is something that stakeholders

identify as Portsmouth working well towards, they also feel that more could be done to ensure providers are given a voice at the top level of strategy, opening up discussions to ensure all levels of service provision are reflected.

5.0 Analysis of findings

This report presents the findings from the engagement events, ordered chronologically by theme, as discussed in the events. Those themes were:

- Vision and strategy
- Engagement
- Governance
- Sector leadership
- Communication
- Presence in systems around the city
- Strengths-based approach
- Moving forwards

5.1 Vision and strategy

To begin the session, attendees were shown Portsmouth Adult Social Care's 'Strategy on a Page' which lays out their vision, the outcomes they work towards, the associated activities for 2023/2024, and the values they feel will get them there. The strategy can be found in appendix 1. Participants were asked:

In your/ your organisation's opinion are PCC Adult Services working within the spirit of the vision and strategy?

Alongside feedback about how effectively Portsmouth Adult Services works within the set-out strategy, participants also discussed the strategy in general, as well as how they feel about how Portsmouth are delivering their services. Overall, stakeholders feedback that they feel that Portsmouth is doing well in working towards this strategy, although they also acknowledge areas in which Portsmouth could improve and where it is limited by systemic issues. Generally, they particularly focus on the specific strategy outcome - 'We work across the city with partners providing support where needed in a safe, supportive community and home' - the outcome most relevant to and experienced by this group.

5.1.1. The strategy itself

Several stakeholders express that they like the layout of the strategy as presented, feeling that it is familiar to them, and the format is easy to read in the way it is set out. Participants describe this initial reaction as comforting to know that "we're all speaking the same language". They also appreciate being able to see how each element of the strategy feeds into other elements and to understand how Portsmouth envisions the strategy to flow.

However, acknowledging their positionality as staff working in the realm of care, participants proceeded to discuss the extent to which this strategy is accessible to all, particularly focusing on the language used. They feel that terminology and language is a vital part of the strategy and should be articulated in such a way that anyone should be able to pick it up and correctly interpret its meanings and intentions. They acknowledge that, even within the realm of health, there are some discrepancies in what organisations and individuals will understand by certain words.

An example given was the use of the word 'prevention', which carries different meanings across various organisations within healthcare. For example, in public health they would likely understand this to relate to the promotion of general 'healthy living', however, in the realm of Adult Social Care this is often more related to the concept of a 'strengths-based approach'. They argue that this is clearly present in the strategy but may risk not being recognised or understood by certain partners or users due to difference in language used. They suggest using more stripped back language to ensure meaning is correctly conveyed, such as using a different term for 'strengths-based'.

Several stakeholders also feel that the strategy has failed to weave in 'safeguarding' as a key term throughout the strategy, as they largely feel that this is the 'golden thread' at the heart of the work that partners and Portsmouth Adult Services do. They note that the notion of 'feeling safe' is included in the over-arching vision but feel that this is not clear enough throughout the strategy, and should be explicitly signposted in the flow of outcomes, actions, and values. Participants acknowledge that finding a common language is often an issue in partnership work, but that finding common and accessible terminology is empowering.

5.1.2 Successes of 'working across the city with partners'

Overall, stakeholders generally feel that they have a positive working relationship with Portsmouth Adult Social Care. They express an appreciation and recognition of Portsmouth's engagement with its partners, establishing strong, collaborative, and effective relationships with Portsmouth, particularly noting that Portsmouth clearly excels over other local authorities in this area. For example, Hampshire Police (MASH), in particular, express that they have none of the same issues with Portsmouth that they have in other local authorities. In some cases, participants attribute this success to individual relationships, where staff are enthusiastic and reliable in attending meetings. They describe a particular willingness in Portsmouth to pursue a strong level of engagement and co-production with its partners and find this crucial and effective in feeling cohesive. They also note that, as a result of these integrated relationships, Portsmouth Adult Social Care is reliable and efficient at responding and feeding back to stakeholders.

"So we can say 'as a sector, this is what we think is best'."

Several stakeholders express that Portsmouth should not take this collaborative working for granted and ensure that they make it clear that this is how they work, and that it works effectively.

"I'm not sure we always sell it well enough, it's so obvious to us that it's taken for granted as we've been here so long, but if we don't spell it out, people won't see it. CQC will also be coming to the ICB…so we've got to be careful that if someone in the central team is doing it, will it showcase what's happening in Portsmouth."

As also expressed in their assessment of the overall strategy, stakeholders generally feel that there is a consistent alignment of priorities between partners and Portsmouth Adult Social Care, reflecting those of the NHS and, more locally, Health and Care Portsmouth. They feel that this alignment of values enables more practical and considered decision-making, approaching issues from the same starting point.

5.1.3 Suggested areas of improvement to 'working across the city with partners'

Although stakeholders generally express the sentiment that Portsmouth fosters effective working relationships with its partners, participants also identify areas for improvement to aid Portsmouth in fulfilling the goals of their strategy. Stakeholders note, particularly, that although engagement is reliably strong from Portsmouth Adult Services, partners are often missing a seat at the 'strategic table', limiting the effectiveness of these co-productive and collaborative relationships.

Acknowledging that this is not Portsmouth-specific, several stakeholders feel that they do not have the power to put things on the agenda, as they are not part of the initial conversations taking place. This means that by the time they are receiving this information, it is often too late to have any kind of co-productive conversation and make any suggestions or amendments. They feel that the trickle-down by having partners effectively represented from the very beginning or including representatives from providers on boards like Health and Care Portsmouth, for example, would be invaluable, building a stronger level of trust and engagement amongst partners. They would strongly value the opportunity to be an equal partner at a higher level.

"Where are the providers? And that's not something that's Portsmouth's fault, I think it's a structural issue in the system."

"What it can mean, as a social care provider… there's a lack of trust from the different services… you have to climb over a lot of mountains to get there."

Stakeholders also raise the point of effective communication with and within partnerships as something that could be improved by Portsmouth Adult Services to achieve more effective co-production. This was especially raised by several stakeholders in terms of effective case-management, both in terms of preventative actions and follow-up or feedback between agencies. They express that being more proactive and ensuring better sharing of information between organisations would be very beneficial to improving case-management. They also feel that this would improve safeguarding in the system as they find that important information can often be found out too late, for example, when individuals are in the hospital and seemingly ready to be discharged. Another improvement would be providers being able to ensure that assessments have been carried out at hospitals by a trusted assessor, as they raise that a proportion of assessments being undertaken at hospitals are inaccurate. They would also like the process smoothed by providers being in contact with NHS staff. Having that contact and guarantee of correct assessment at the start of the process could be greatly beneficial for providing appropriate care.

Better communication would also be appreciated during or after cases have been completed, both from the perspective of evidencing where there are strengths in the strategy and partnerships, and from enabling partners to use examples for training purposes to improve future services. They say that it is usually apparent where something has not gone well in a case, but where they do not hear anything about a case this is usually a suggestion that things are being handled effectively, although they do not have evidence to support this. From a personal perspective, also, they suggest that providing examples of where staff have made a positive difference to someone's life can help boost morale and ensure providers are on the right track. A two-way communication between organisations and Portsmouth Adult Social Care is expressed as being beneficial, and an area for improvement.

In some cases, stakeholders also feel that there is a disconnect between Portsmouth Adult Services and their partners, particularly in terms of providing specialist support and care. An example given was from providing housing in cases where people need more complex or specialist support with their mental health or with issues like chronic heavy drinking, and providers do not have the appropriate places to support and treat people. This disconnect raises further issues with safeguarding for partners, where relevant and appropriate care is unable to be provided to specialist cases.

Throughout their suggested improvements, participants acknowledge the constrained position of Portsmouth Adult Services in relation to budgets and systemic barriers. Where budgets are consistently being cut and Portsmouth Adult Social Care does not have the resources to provide certain support to partners

"Portsmouth City Council itself, I would say, is doing the best they can with a bad situation."

Although stakeholders generally express that their priorities are aligned with Portsmouth Adult Services, instances are raised where partners work to different frameworks, creating a barrier when trying to deal with particular situations effectively. An example given is the requirement of consent, a particular issue for adult services, as this topic is not as present in children's services. Friction can be created for organisations like the police, where they feel they are more likely to just go and help people, but the consideration of consent can create a restriction to providing support, particularly where people have capacity and decisions cannot be made in their best interest for them.

5.1.4 Other areas of the strategy and vision

Approaching this strategy from a user's point of view, several participants feel that access can be an issue for Portsmouth Adult Services, as it can often be difficult to find the right person to talk to, both from the perspective of users and providers. Several participants comment that the system feels disjointed and unclear, relating it to being bounced around between areas, creating issues for accessing relevant information and support, and also making it unclear where providers would be best placed to have the best influence. One participant suggested the idea of a mystery shopper, approaching the system as a user to understand the process that they go through in order to improve services.

"Because you hear what people say - 'I get bounced around, people aren't listening'."

Participants also suggest improving how users access support by making this process as clear and transparent as possible, empowering individuals by ensuring they understand how the assessment works and how that impacts the choice of what support they are entitled to. It should be clear to the individual how they have control over what they can choose to access, what is out there and available to them, and what is free and commissioned to ensure that they receive the most appropriate and relevant support.

Participants also express concern for ensuring that Portsmouth is meeting the outcome of 'carers feel recognised and valued for the contribution they make to our city'. They ask whether, as a collaborative partnership, enough is being done for carers to ensure they feel supported and know where to go or who to speak to. They also recognise the need for the strategy and its actions to be flexible and responsive, understanding where their audiences may change, particularly in the instance of carers where people may suddenly fall into this category, having not been part of the audience beforehand.

5.2 Engagement

Participants were asked to what extent they agree that Portsmouth City Council Adult Services behave in the following way:

'We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support, and treatment in response to this.'

Overall, participants did not feel that Portsmouth was effectively working to this statement in all areas, although they acknowledged that the barriers were external, systemic or financial. For example, they highlight that pursuing this goal can become very wearing for providers to go through when they are aware that the answer will be that there are not enough funds or resources to support schemes and outreach.

Some stakeholders raise the point that certain services are can do this, but that it is not entirely the norm across the system. Several participants do feel that Portsmouth employs a strong focus on supporting the most vulnerable.

"We do, but it's fleeting, and for a specific purpose."

Stakeholders highlight the Learning Disabilities team within Portsmouth Adult Services as an example of where this engagement is successful. Acknowledging that this is one small part of the service, they feel that it is easier to achieve this goal, feeling that they are able to make promises to users about the kind of dedicated support they can receive and know that it will be fulfilled; something that does not spread to other services. Participants question what we can learn from services like Learning Disabilities who have got it right, or in what ways they differ from other services that make this achievable.

5.2.1 Identifying people in need

Several stakeholders feel that a barrier to achieving this is the inability to identify individuals who are in the most vulnerable positions to experience inequality in experience or outcomes. They express that there are many pockets of groups who are difficult to engage with, which is made harder by not knowing who the people are. They acknowledge that the system is flawed here, in that those who need to be identified for this purpose are often less likely to have engaged with or sought out services, for example, they won't have visited the GP.

Cultural observations were raised as a possible reason for not being able to identify and engage with particular groups who are most likely to experience inequalities in experiences, with several stakeholders agreeing that they primarily see White individuals coming through the system, which does not accurately reflect the community of Portsmouth. They question what barriers exist in the system that prevent this engagement, unsure of where Portsmouth's involvement fits into this. Several stakeholders feel that these barriers could be effectively broken down through sufficient and dedicated engagement and communication.

Identifying those in need may also be restricted through engagement with the system for groups such as the LGBTQ+ community. A few stakeholders noted that they rarely get a referral through for someone identified in this group, acknowledging that there must be something in the system discouraging individuals from disclosing this information. They speculate that this could come from particular experiences with carers, or from pre-existing perceptions of the tolerance of those in the systems, making individuals afraid to share this information. One systemic solution suggested to attempt to combat this is by implementing simple and subtle signals, such as asking if they have a 'partner' instead of a 'wife' or 'husband' and using pronouns. Ensuring that an environment is fostered where individuals can feel comfortable and secure to disclose personal information such as their gender identity or sexuality can enable services to ensure relevant support is given to individuals who need it.

Overcoming these barriers, several stakeholders discussed how well Portsmouth prioritises inclusivity in its approach. For example, they question whether Adult Social Care would benefit from having a specific

Equality Diversity and Inclusion (EDI) policy which could effectively target their users. Language was also discussed as a step towards inclusivity, such as improving translation services, although they acknowledge that this is a particularly complex issue for Portsmouth, being a densely populated area with a wide range of languages spoken.

An area in which one stakeholder felt Portsmouth is well-suited to identify particular instances of people most likely to experience inequality in experience or outcomes is in identifying people on the streets. This is due to Portsmouth being a small city, making this outreach easier for different services and teams to target relevant individuals.

5.2.2 Transitions between children's and adult social care

Stakeholders find that there is a gap in the service in provisions for younger people (under 25), who may not fit into a service but are still vulnerable and at risk of inequality in experience and require more specialist support. They particularly highlight a challenge in the partnership between children's and adult social care, in the space of children becoming adults and switching to this service. Participants express that there are some holes in the system for specific situations, such as where care leavers may be well sign-posted to support at age 18 but may not be interested in accessing that support until they are in their early twenties and do not know where to go.

This area of transition was described as a 'forgotten' service, without sufficient links between services, both within Portsmouth City Council and with organisations outside of the council. Improvements are suggested in this area with capturing relevant individuals, managing expectations as they transition out of children's services (such as with parents), and potentially engaging with services like GPs to track individuals and signpost back to Adult Social Care where vulnerable individuals need support.

5.2.3 Accessibility- physical disabilities

Several stakeholders feel that providers are not effectively supporting individuals with physical disabilities, feeling that the lack of dedicated support and care creates a barrier to these individuals accessing services and treatment. They highlight that, rather than a systemic or cultural barrier, physical access issues may prevent certain individuals from accessing services. They particularly discuss transportation as an area for improvement in Portsmouth, although acknowledging that the cost and responsibility of this does not fall to Adult Social Care. However, they find difficulties with referrals for individuals who need more accessible patient transport for example, noting that it feels impossible to meet these needs.

5.3 Governance
Participants were asked the following question about Portsmouth Adult Social Care's governance:

Based on your/your organisation's experience do you consider that we have good governance; and do you find us accountable for the service we provide?

Overall, stakeholders generally feel that Portsmouth City Council is committed to trying to build accountability and good governance, but some feel that still has a long way to go in this regard. Portsmouth's working relationship with its partners was commonly viewed as intertwined when considering governance and accountability amongst stakeholders.

Several stakeholders express that they see good governance and accountability in action by Portsmouth and feel that this is particularly important to achieve as a local authority, and the same for its partners, due to the spending of public money. They believe that Adult Services and its partners are largely already being

transparent in their spending and being explicit in where the money goes, however, there is still room for improvement.

> *"From a strategic perspective, I think as a partnership yes because ultimately, I think through the way we work in the council, and the way we work in Health and Care Portsmouth, it's very clear what the statutory functions are and how you manage those from both within the partnership as well as in the council. It's clear and I think it works well and I've never heard anything to suggest otherwise."*

However, some participants feel that Portsmouth still has information gaps, suggesting that the council could be more transparent with certain information, such as partnership roles and involvement.

Some stakeholders discuss engagement (with partners) as part of the governance process, in which there is general agreement that Portsmouth is doing fairly well in this regard, enabling providers to be more involved in processes. However, participants feel there was room for improvement, such as through the inclusion of providers at the strategic tables at the top, to implement accountability to providers at every stage of the process. For example, Hampshire Police (MASH) express that they would like to see more investment and better service from Adult Social Care for Multi-Agency Risk Assessment Conferences (MARAC), which employs the assumption that no one agency or person can see the complete picture, but may all have insights that are crucial to a victim's safety.

Considering Portsmouth's relations with its partners, as well, several participants feel that governance and accountability could be viewed differently from the position of the council's Adult Social Care, fostering a more shared environment. For example, a few participants feel that although Portsmouth does express an understanding and sympathy with the difficultly and pressure of the situation providers are in, their expectations of accountability from providers are not always reflective of this.

> *"There's those unrealistic expectations baked into the system."*

They also feel that the fact that they are all held accountable by common organisations and institutions, such as the CQC, is not fully appreciated or acknowledged by Portsmouth, potentially restricting their success in this area.

> *"We need to smash down a few barriers there and feel like we are on the same team."*

5.4 Sector leadership

Participants were then presented with the following declaration and asked to what extent did they feel that this is how Adult Services operate, and whether they achieve this:

'We inspire positive change by empowering those around us to work toward common objectives, with a focus on effective communication to gain trust and align efforts in the pursuit of goal'.

Overall, stakeholders agree that they have common goals with Adult Services that are clear and feel that Portsmouth is really trying to achieve this. However, some participants feel that Portsmouth Adult Services still have a way to go in achieving this goal, repeating earlier expressions that there is still a need to break down some barriers between partners and feel as though they are on the same team to achieve common

goals. Several participants also recognise, again, that a lack of resources present a barrier to achieving this, an issue that falls outside of the council's control.

Some participants mention instances where empowerment for partners could be improved, such as strategic meetings where staff feel that they either did not understand the content and objectives laid out, or they did understand it but did not feel they had the position to raise their hand and contribute within the meeting. Others discuss the terminology of 'empowerment' and feel this could be changed to working jointly 'with' partners, rather than using the word 'empower' here.

Some participants also feel that, although we are currently 'trying' to achieve this, we should be striving to 'lead' this effort. One participant suggests that Portsmouth, as an island, could be leading innovative goals, for example, linking their strategy and goals to the green agenda and net zero. They suggest that Portsmouth Adult Services could set themselves apart by pursuing small and achievable goals within their service, such as how they light residential homes, reducing their travel, or expanding the food waste scheme, as an example. Participants feel that it is achievable for Portsmouth Adult Services operate within the above declaration in certain areas.

5.5 Communication

Considering how Portsmouth communicates with their organisations in more detail, participants were asked:

'Do you see and/or hear communications from Adult Services?'

Overall, stakeholders are not certain that they receive distinctive and relevant communications from Portsmouth Adult Services, with the general consensus being that there is room for improvement. Generally, participants suggest communications need to be distributing dedicated and effective information for particular groups, minimising the need for partners to sift through or translate information to pass on and avoid duplication. A few participants feel that communications from Adult Services were best during the pandemic, when there were clear, new developments that required effective distribution. They understand the uniqueness of this type of information, however, feel that this is a model Adult Services could look to and understand what works well for services.

> *"Certainly, over Covid I thought the information was very forthcoming, and it was timely, it was relevant."*

5.5.1 Communications between partners and information sharing

Participants feel that communication with and between partners could be improved in Portsmouth Adult Services. For some partners, this relates to the way in which Adult Social Care communicates what their role and responsibilities are, to improve effective and smooth collaborative working, particularly in distinguishing their role from Children's Services. This point was reiterated by participants from Hampshire Police (MASH), relaying the example of mental health referrals. Once questioned, Adult Services were efficient in explaining that they were not the appropriate organisation for police to send referrals, and also helped inform them of where these referrals should go instead. By opening up this dialogue, Hampshire Police were then able to implement training for front-line teams to manage this, as well as managing expectations about other organisations' roles too. Adult Services' quick communication in resolving the issue was praised, but the consensus amongst the group is that information like this should be clearly disseminated from the outset, to avoid either service creating more work to solve these issues.

"The level of expectation is something that could be managed earlier."

Several stakeholders feel that setting up expansive and inclusive dialogues with partners will be most effective in improving communications. They suggest, particularly, setting up all-encompassing meetings with partners, in which communications could be agreed upon and information shared more effectively. Participants give the example of a monthly Health and Care meeting, questioning whether this could be expanded to be more inclusive of other partners and make it more about a wider-sector development. They suggest that the breadth of these meetings could be widened to discuss changes relevant to services, as well as early intervention, or sharing experiences in order to improve and adapt processes to work more efficiently in partnership.

They also feel that expanding the scope of meetings, ensuring that they are not always attended by the same small selection of voices, could help avoid duplication of communications for partners. A longer meeting which allows networking time for conversations could enable partners to sit together and map out upcoming information dissemination and communication. They did, however, talk about barriers to ensuring that a variety of organisations are adequately represented at these meetings, given that the same people are likely to attend each one.

5.5.2 Communications with staff

Participants also comment on the issue of disseminating information from Portsmouth Adult Services to their staff. Several stakeholders feel that a gap exists around communications to staff, such as providing specific staff support. For example, they discuss difficulties with lower pay in social care, and suggest that staff would benefit from being signposted through communications to where they can access services and support to help them with this, such as the cost-of-living hub. Participants express that it would be useful to their organisation if Adult Services provided them with clear and informative communications that could easily be cascaded to staff.

This wish is reiterated by other participants who feel that general information on the work they are doing and information that organisations and their staff need to know is often not effectively transmitted to staff. They believe that this is largely due to the time-consuming nature of sifting through information that is distributed at too high a level to be relevant to staff. For example, they feel that general health messages are unlikely to be read by staff unless it is particular to the area they work in. Partners would appreciate receiving information that is concise and targeted to their staff and organisation to ensure the right information is going to the right people. However, they do acknowledge that this is difficult to achieve in the realm of social care.

"That's the difficulty of things, particularly for the breadth of social care, you couldn't do it just as a wide newsletter because it wouldn't be relevant to the vast majority."

5.5.3 Disseminating information publicly

Stakeholders feel that they would also benefit from ready-to-disseminate information that they could cascade to the public/ users of their services. They express that having messages and communications that are targeted and easy to put 'straight out there' onto their social media pages, for example, like a PDF would be most useful in sharing information. They acknowledge that this would have its limitations, needing to consider their audiences and what specific organisations would want to communicate. However, they also recognise a concern with this method of communication, the potential for services and teams to

become overwhelmed with requests with advertisement on social media, feeling that targeted information may be best to counter this possibility.

5.6 Presence in systems around the city

Participants were asked to describe their experience of Adult Services in 'the system' or area they work within in the context of the following statement:

'Adult Services, and their representatives are visible, accessible and present within my sphere of work, adding value through the quality and effectiveness of our working relationships?'

Considering how visible and accessible Adult Services is in their sphere of work, participants generally express that they feel more could be done to improve the presence of Portsmouth in this area. Tying this back into communications, they feel that Portsmouth could be more effective in clearly communicating who they are, what they do, and what their expectations are of their working relationships with partners, even on an individual level.

For those who did feel that representatives were visible and accessible, participants largely acknowledge that this is more effectively based on personal professional relationships, rather than having a clear understanding of an organisation. Although they feel that this does enable them to feel comfortable to approach people and know that if they have the resources or ability they can get their issues resolved, participants recognise that 'who you know' is not a good approach and would rather not feel this way. They also highlight that this can create a very different view and method of involvement between organisations, entirely depending on pre-established and built relationships.

"I think a lot of it is <u>who</u> you know."

Establishing presence and accessibility, participants suggest simple and practical solutions that could be implemented by Adult Services, such as ensuring that email signatures are always used (even on reply emails) which signpost the individual's name, department, role, and contact information. They express that it can be 'disconcerting' to be brought into an email chain, for example, without knowing who it is you are talking to. Other participants also express that they would appreciate an organisational chart with a clear structure to enable quick and effective communication with the correct contact to resolve issues, although they acknowledge the barriers to producing this with frequently changing job roles. They recognise that this may already exist, but highlight that, if so, more effective communication is required to share this with partners.

Beyond this, other participants also suggest that communications could be improved to help partners understand what roles they have and what they all do. Siloed ways of thinking (i.e. 'this is what I do') was raised as an issue within the system, creating barriers between services and limiting the quality of their provisions. Even within Portsmouth City Council as an organisation, some participants mention the lack of joined up working between Adult and Children's Services (as mentioned in section 2.2 'Engagement'), feeling that the transition between these services could be improved through a more integrated and involved approach.

For external partners, participants acknowledge that the focus group taking place was a great way for organisations to come together and understand the other's position but highlight that there are still those representatives who are missing from the session. They feel that these events are beneficial in producing effective collaborative working, where organisations can efficiently tie in with others, where they have the knowledge and communication channels to bring partnerships together.

> *"There are other organisations so focused on their world that they don't often look outside their own pressures."*

Considering how best to ensure visibility and effectively manage working relationships, participants would also like to see a breakdown of barriers between organisations and Portsmouth Adult Services, with a two-way dialogue enabling Adult Services to understand the role that partners play and improve their service provision. They feel that this would also help manage expectations from Adult Services about what services organisations are able to provide. An example given by HIVE Portsmouth would be having a member of staff from Adult Social Care come and spend time at their helpdesk in order to understand the issues they receive day-to-day and help staff understand where to signpost people who require particular services. They express how important a visible presence is in the city to build effective working relationships with partners, but also to build trust with users. Both from the perspective of being able to efficiently connect users with the correct services, but also by engaging with the community on the front-line, they feel that that this would be instrumental in ensuring quality service and improving Adult Services presence within the system.

> *"Being in the spaces where people are going to, rather than trying to find their way through the civic offices, it would make such a big difference."*

Participants also feel that this engagement with partners and presence in their systems would be beneficial in establishing expectations both ways and aligning priorities further to create more productive working relationships. An example given by Hampshire Police was the gap left in their knowledge as a result of the lack of Adult Services presence at their meetings (e.g. MARAC). They express that the expertise and professional opinion of Adult Services is invaluable to them when approaching cases, as well as more general advice, and feel that there needs to be a clearer expectation of attendance and presence in these working relationships in order to optimise them.

5.6 Strengths-based approach

Participants were provided with the following definition of a strengths-based approach and asked to consider how well they thought that Portsmouth Adult Services mirrors this definition:

A strengths-based approach explores, in a collaborative way the entire individual's abilities and their circumstances rather than making the deficit the focus of the intervention. We should gather a holistic picture of the individual's life; therefore, it is important to engage and work with others (i.e. health professionals, providers, the individual's own network, etc. with appropriate consent). Strengths-based practice is applicable to any client group, to any intervention and can be applied by any profession.

Although some participants find this difficult to comment on, given that they do not really see this scope of more operational, 'on the ground' work in their area, participants largely feel that Portsmouth is working towards a strengths-based approach. However, stakeholders acknowledge where Portsmouth Adult Services is restricted in its success in this area by the resources available to them. Where the priority is providing care, they find that a lack of funding resources can restrict a more holistic approach to general wellbeing advocated for by a strengths-based approach.

"I feel like Portsmouth would like to commission based on strengths-based approach, but the reality is the money is not in the system to do that."

Some participants also recognise that a lack of understanding about what is meant by a strengths-based approach, both from providers and users, can be a barrier to following through effectively with this approach. They feel that service user and professional expectations need to be managed, ensuring that prevention and community remains at the focus of the approach, but that the process is effectively communicated to users who often see this as Adult Services being unwilling to help them.

Considering a strengths-based approach more generally, participants discuss the balance between necessary intervention and not overstepping the crucial role of community. They describe being strengths-based as considering all levels of support, not just being about professionals making the decisions that they consider to be best. In this sense, users and caregivers are given more of a voice and the process becomes less transactional. Some participants emphasise the importance of building sustainability into this approach to ensure that support is foundational around an individual, rather than agencies temporarily stepping in and leaving when they're 'done'.

Considering 'prevention' at the heart of being strengths-based, participants question the ways in which services could be more proactive in neighbourhoods, getting involved early on rather than further down the line. In this way, Adult Services could provide intelligence to help support organisations to keep communities strong and identify where there may be gaps in service provision and opportunities for preventative intervention.

"We used to have a mentality about we'll go and have a look, you might not be known to our service yet from a particular rehab or reablement point of view, but we'd go and see what can we do to keep it that way, what can we do, working earlier with people to keep them intervention safe for longer."

However, concerns are also raised about the ability to step back and ensure services do not take over the role of the community in this approach. A few participants express concern about 'official' services toppling over due to excess demand when they are implemented to fill a gap. Suggestions are also made to ensure that where things are working without intervention, to leave this element of the community as it is, and take an approach that signposts rather than prescribes. Hampshire Police gives the example of the Social Care Information Point (SCIP) which used to exist as a kind of directory of services, providing information about all the services people could have access to. A similar 'menu' of services available to users is suggested at care planning meetings or packages offered to individuals, to enable them to tailor care and support on a case-by-case basis, as a strengths-based approach should do.

Beyond just looking at community support, some participants also emphasise the importance of consulting families and individuals in the approach to their care. Even from the perspective of tackling loneliness - an issue raised as having a critical impact on health and wellbeing - they suggest that having conversations with users can be invaluable in setting up a strengths-based approach to their care. They argue that starting from a discussion with the individual, finding out what they can do for themselves currently, what they need help with right now, and what they'll need ongoing help with, should be at the heart of what further support providers consider. They link this back to the notion of sustainability in a strengths-based approach, also feeling that consistency is key in reaching this information, highlighting that certain things may not be immediately apparent, or may be shared with staff once individuals have developed a strong relationship with them. However, participants acknowledge that restrictions in resources impact the ability to effectively achieve this element of a strengths-based approach.

5.7 Moving forwards…

Participants were asked:

> *Considering everything you've discussed and reflected on today - what do you suggest Adult Services could do better?*

Generally, participants focus on collective and collaborative working with improved channels of communication as a common thread of improvement they would like to see to in Adult Services throughout most of the areas covered in the group. However, this also extends beyond Portsmouth Adult Social Care, as a multi-agency responsibility to ensure partnerships are working effectively together, understanding everyone's roles and how they can best support each other. Suggestions are made about events possibly being the most suitable avenue through which to maintain effective working relationships, particularly around times of change where information needs to be communicated. However, they also suggest events as an opportunity for learning as a collective, as well as reviewing priorities and ensuring everyone is aligned in this regard. Being specific, a frequency of every six months is suggested for these meetings to manage time constraints and consider how seasonality can affect services and focuses.

Frequently noted as a constraint to achieving Adult Social Care's goals, participants raise funding and resources as one of the biggest barriers to improving services. Discussions include ways of drawing money into Portsmouth, such as through encouraging investment from providers or through the council helping partners borrow money or find appropriate resources to support services. Several participants note the frustration of their own financial constraints, feeling that the value they are bringing into the city as providers should be reflected in their rents, for example. They recognise a disconnect in the fact that they are providing a necessary service, but are required to pay commercial rents, suggesting that the council could support them in resolving some of these financial frictions. An example provided by Age UK relates to one of their shops in Paulsgrove, in which they are only allowed to offer advice and information, meaning they have no way of producing income in order to pay the rent they are being charged by the council.

Other specific improvements suggested by participants include improved training, such as for care home nurses in Portsmouth. Something they would find specifically valuable is adding training around leadership and management in these roles, feeling that this is currently a huge responsibility on nurses that is not adequately supported, but could be very beneficial in helping Portsmouth improve their services.

> *"Because obviously we've all got, as a city, big aspirations in terms of the services we want to deliver, so let's train up the nurses to deliver those things."*

The benefit of Adult Services having a visible presence in the community is also raised here (as 5.6 'Presence in systems around the city') as something stakeholders would like to see more of, enabling the council to 'get out' into the community. They feel this will help ground their work and improve the services they provide, even just through the perception of their visibility to users.

Specifically relating to partners working with homelessness, areas for improvement are noted around increasing care assessments for homeless people and improving the provision of specialist support for those with complex needs or problems with substance abuse or mental health issues. They emphasise the importance of ensuring that users are directed to specialist and appropriate housing regarding any needs they may have, requiring a more detailed approach, rather than directing all issues to general homeless hostels where complex needs may deteriorate.

Adult Social Care Self-Assessment Feedback Report

Research and Engagement, Corporate Services

Contact: marketr@portsmouthcc.gov.uk

Introduction

Introduction

Background

From April 2023, a new duty has been introduced for the Care Quality Commission (CQC) to independently review and assess the performance of local authorities in delivering their adult social care functions, as set out under part 1 of the Care Act 2014. Following pilot assessments with five local authorities starting in May 2023, a report was produced with indicative scores for all quality statements and an indicative overall rating. CQC will begin their full assessments of local authorities from the end of 2023. As part of their self-assessment, Portsmouth City Council has conducted an online survey and a postal survey with users of their service to gather their feedback about Adult Social Care services in Portsmouth.

Objectives

The main aims of the research were to:

- Collect feedback from users about their experience of Portsmouth City Council's Adult Social Care

- Gather feedback from users on how effectively Portsmouth City Council's Adult Services are working to their aims

- Understand how users search for information on Portsmouth City Council's Adult Social Care Services

- Understand how users feel about various aspects of their lives relating to Adult Social Care, such as their support network, their role in decision making, and their health and care

Methodology

Online survey

A quantitative online survey was launched on 3rd November and closed on 4th December 2023.

The survey received **220 responses.** The vast majority of responses came from in-person engagement with service users.

Postal survey and interviews

A quantitative postal survey was launched in September 2023 to various groups, including community groups and Mental Health or Learning Disability groups. Both standard and easy read versions of the survey were offered. The survey used a mixed methods approach combining direct mail and in person interviews. The interviews were conducted by Adult Social Care Staff, the community engagement team, and the learning disability team.

The postal survey and interviews received **48 responses.**

The online survey focuses primarily on how effectively Portsmouth City Council's Adult Social Care are working within their aims, whilst the postal survey/ interviews is more focused on service users individual experience and lifestyle. The findings from each survey are presented separately in this report.

Each survey offered the answer option of 'don't' know' for most of the questions. Any responses for 'don't know' have been excluded in the online survey report but included for the postal survey/ interviews. This is partially due to the nature of the questions, and also because a much higher proportion of respondents answered 'don't know' for questions in the postal survey, indicating a finding in and of itself.
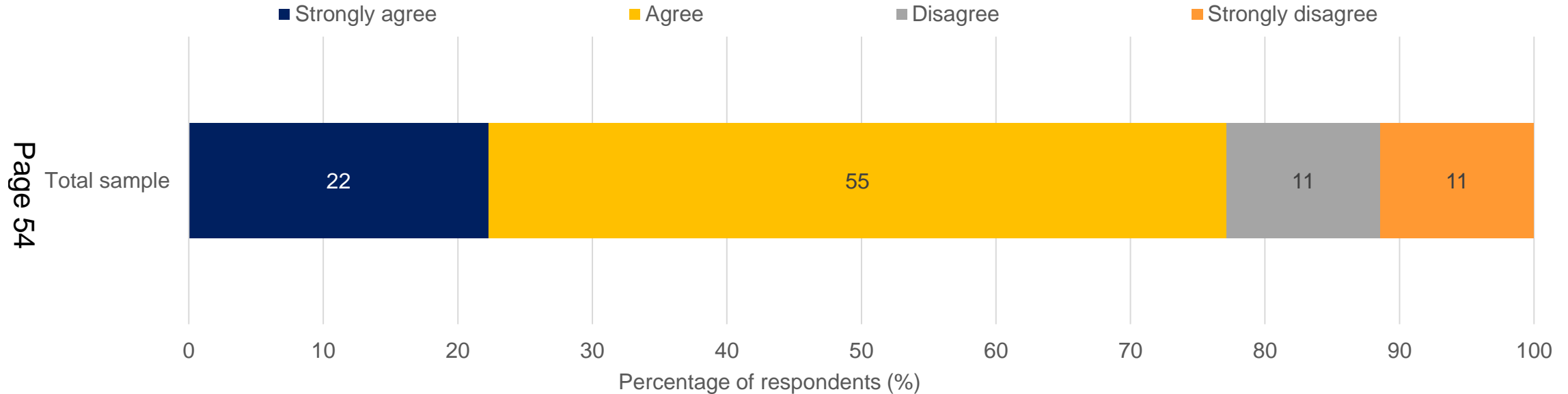
Online survey

Tailoring care and support in response to feedback

Q: 'How much do you agree or disagree that the following is true of adult social care at Portsmouth City Council, in your experience?' |
Base: Total sample (175)

'At Portsmouth City Council, we want to regularly hear from the people who use our services and then tailor the care and support we provide, in response to their feedback.'

■ Strongly agree   ■ Agree   ■ Disagree   ■ Strongly disagree

| Total sample	Strongly agree	Agree	Disagree	Strongly disagree
	22	55	11	11

Percentage of respondents (%)

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- The vast majority of respondents agree that Portsmouth City Council aims to tailor the care and support they provide in response to feedback from those who use their services (77%)
- Just over a fifth disagree with this statement (22%)

*Due to rounding figures on the chart may not appear to equal 100%

Open and approachable

Portsmouth
CITY COUNCIL

*'At Portsmouth City Council, we aim to be open and approachable.'*
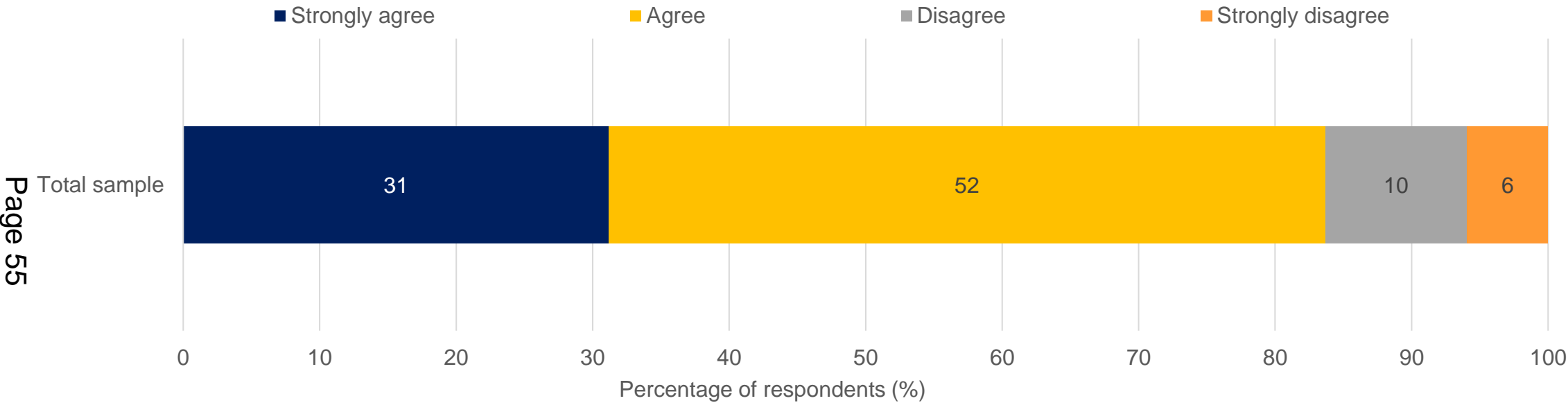
- Just under a third of respondents strongly agree that the council aims to be open and approachable (31%), whilst a further 52% agree with this statement
- 10% disagree and 6% strongly disagree that the council aims to be open and approachable

*Due to rounding figures on the chart may not appear to equal 100%
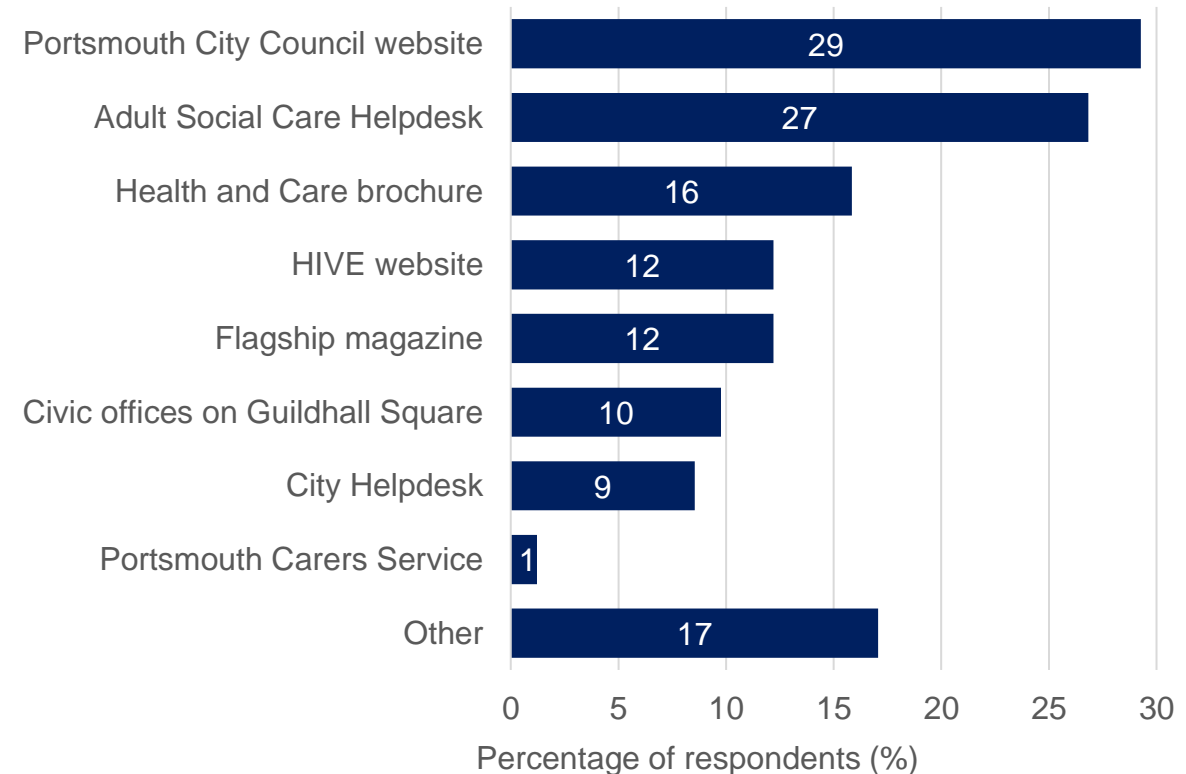
Information about adult social care services

Q: *'Have you looked for information about adult social care services in the last year?'* | *Base: Total sample (205)*

■ Yes ■ No

Total sample	40 / 60

Percentage of respondents (%)
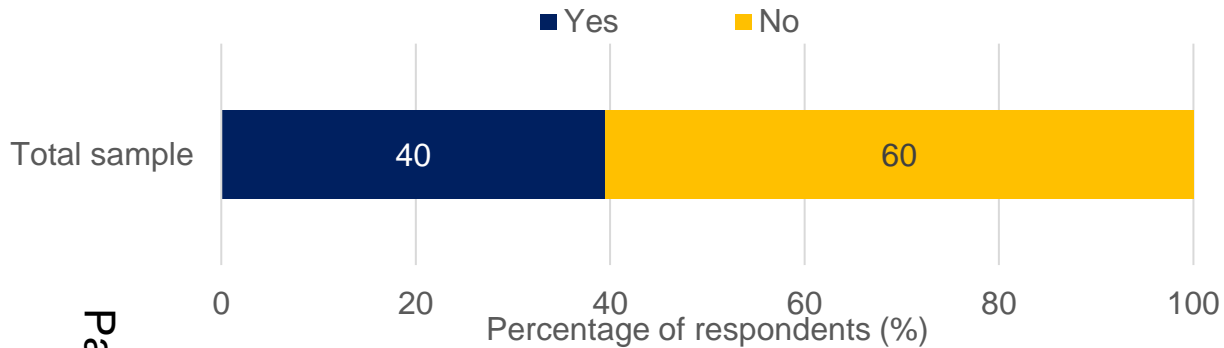
Q: *'Did you find what you were looking for?'* | *Base: Those who have looked for information in the last year (82)*

■ Yes ■ No

Total sample	79 / 21

Percentage of respondents (%)
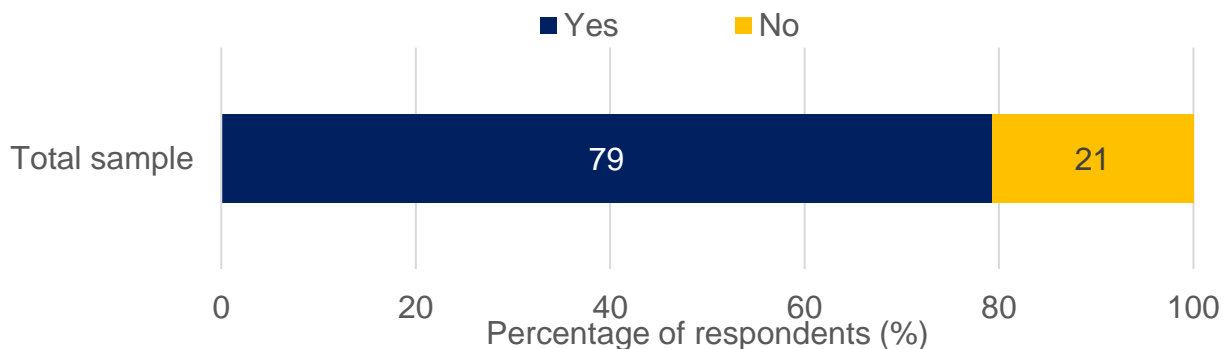
Q: *'Where have you looked for information about adult social care services in the last year? (select all that apply)*'* | *Base: Those who have looked for information in the last year (82)*

|	
Portsmouth City Council website	29
Adult Social Care Helpdesk	27
Health and Care brochure	16
HIVE website	12
Flagship magazine	12
Civic offices on Guildhall Square	10
City Helpdesk	9
Portsmouth Carers Service	1
Other	17

Percentage of respondents (%)

*Chart will not equal 100% due to ability to select multiple answers

- 40% of respondents have looked for information about adult social care services in the last year, whilst 60% have not
- Of those who have looked for information in the last year, the majority found what they were looking for (79%)
- Respondents most commonly looked for information about adult social care services on the Portsmouth City Council website (29%), followed by the Adult Social Care Helpdesk (27%). Over 10% looked for information in the Health and Care brochure, the HIVE website, and Flagship magazine

Ways of working

Q: *'How much do you agree or disagree that we work in the following way in adult social care at Portsmouth City Council, in your experience?'* | *Base: Total sample (202)*

'At Portsmouth City Council we aim to work alongside people to understand the things they can do, rather than the things they can't do, and to identify the people and groups in their community that can support them to live happy and independent lives.'
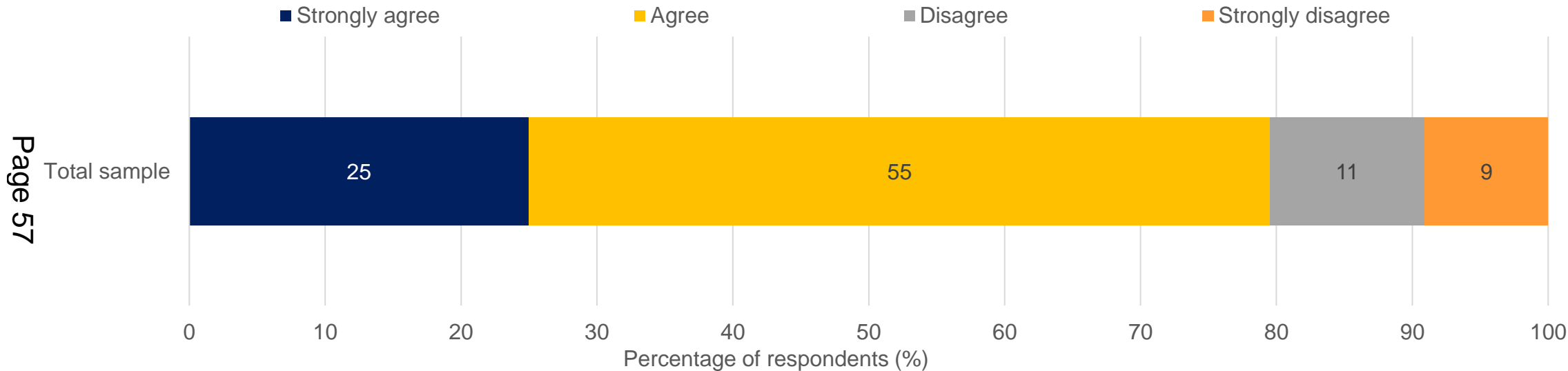
- A quarter of respondents strongly agree that the council aims to work alongside people to understand the things they *can* do and to identify the people and groups in their community who can support them to live happy and independent lives. A further 55% agree
- A fifth of respondents disagree or strongly disagree that the council behaves in this way

Improvements

Portsmouth
CITY COUNCIL

Q: **'Is there anything you think we could do better in adult social care?'** | Base: Total sample (174)
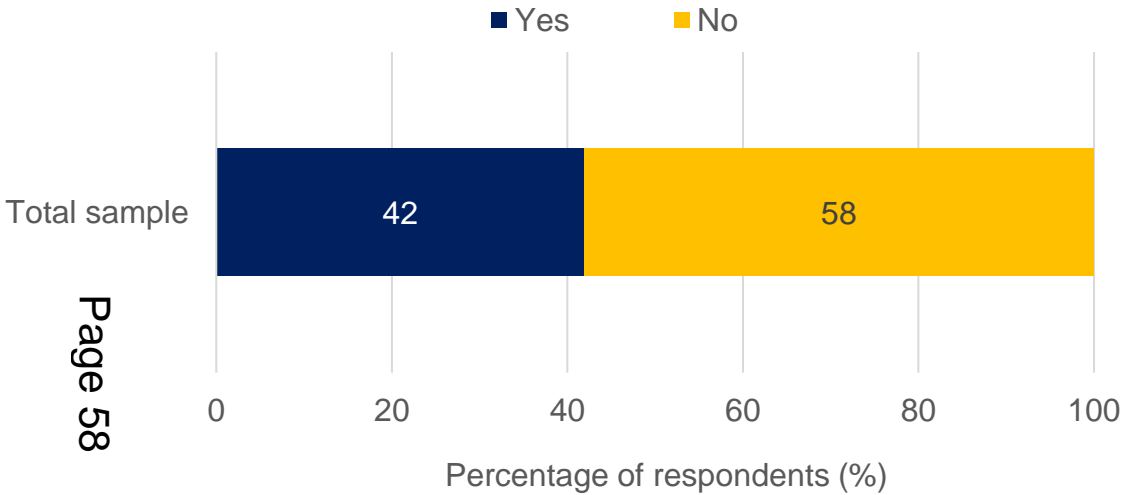
Q: **'What could we do better in adult social care?'** | Base: Those who think there is something adult social care could do better (73)

Key themes	%
More and better sharing of information/ advertisement of service	22
More/ better support and services (e.g. for young people)	19
Improve communication and responsiveness	16
Accessibility (e.g. not everyone can use the internet, physical accessibility like ramps)	12
Improve wait times for services (e.g. social workers)	10
Improve engagement style with users and staff (e.g. listen more)	10
Review the service more often	4
Specific issues mentioned (e.g. housing, carers being on time)	4
Other (e.g. funding)	14

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- The majority of respondents do not think there is anything the council could do better in adult social care (58%), whilst 42% do
- Of those who think that improvements could be made in adult social care, around a fifth suggest more and better sharing of information/ advertisement of the service (22%), or would like to see more/ better support and services, such as for young people (19%)
- Other improvements suggested include improving communication and responsiveness (16%) and considering accessibility, such as through use of the internet or physical access issues (12%)

Postal survey and interviews

Living the life they want and having a plan

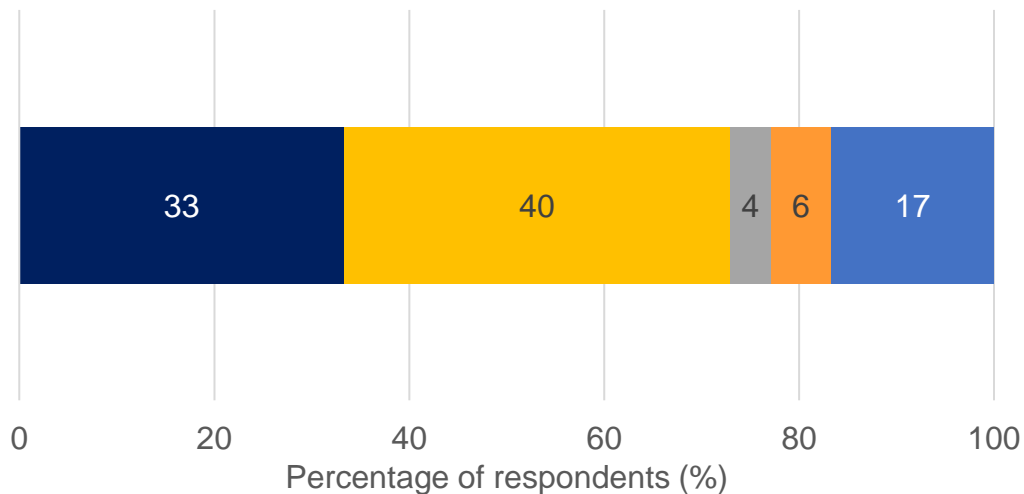Q: **'How much do you agree or disagree with the following statement?**

'I can live the life I want. The people who support me see who I am and what I am good at.' | *Base: Total sample (48)*

'I have a plan that was written with me. It includes how I can do things in my local community.' | *Base: Total sample (48)*

Legend (both charts): ■ Agree strongly ■ Agree ■ Disagree ■ Disagree strongly ■ Not sure

Left chart — Total sample: 33 | 40 | 4 | 6 | 17
Right chart — Total sample: 8 | 21 | 13 | 10 | 48

Percentage of respondents (%)
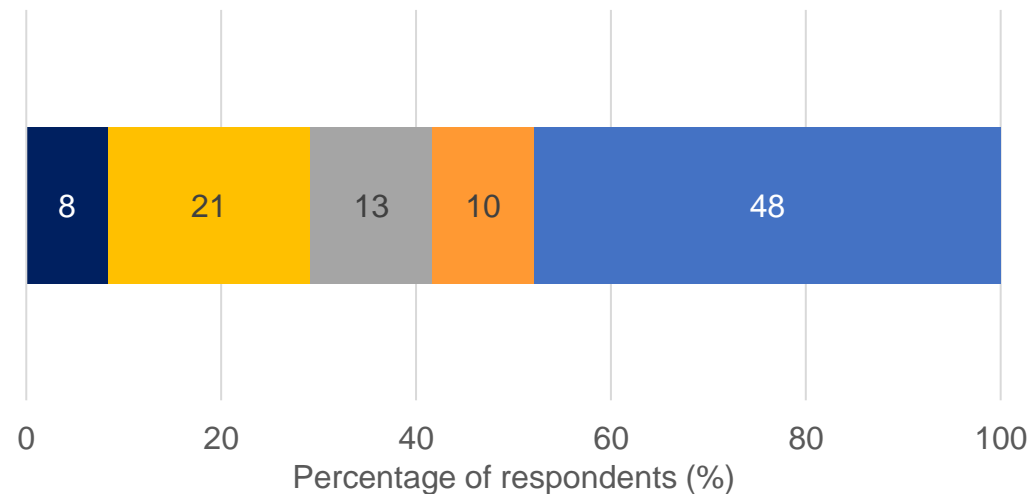
- Just under three quarters of respondents agree that they can live the life they want and that the people who support them see who they are and what they are good at (73%), whilst just 10% disagree with this statement
- Nearly half of respondents are not sure if they have a plan that was written with them that includes how they can do things in their local community, whilst 29% agree with this, and 23% disagree

Care and support

Portsmouth
CITY COUNCIL

'I can plan the care and support I need with people who know and care about me.' | Base: Total sample (48)

'I know how much money there is to pay for my care and support. I can say how the money is spent.' | Base: Total sample (48)

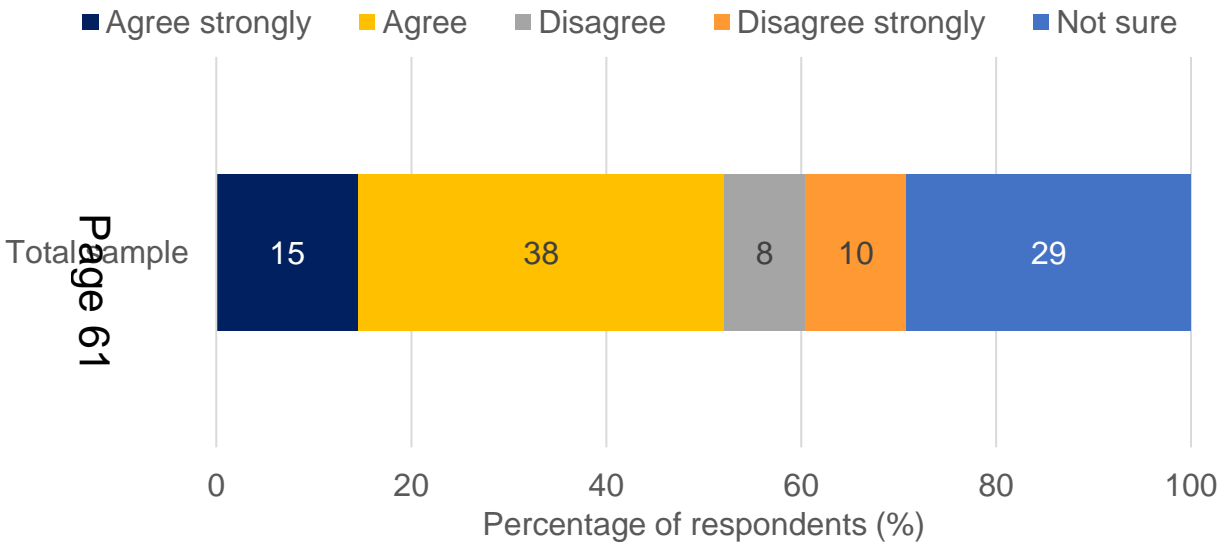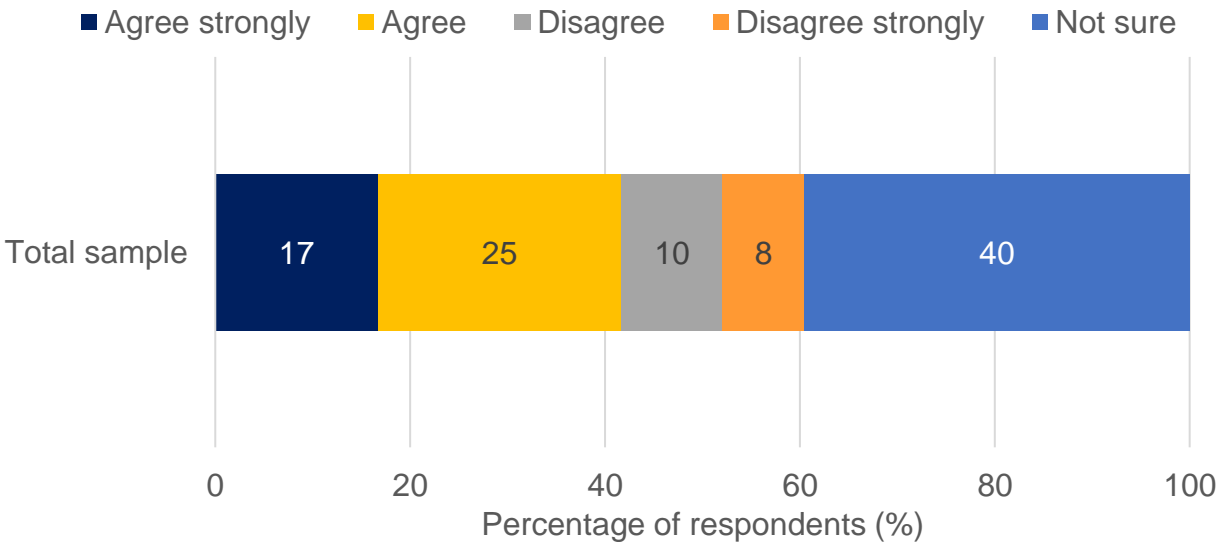**Legend:** ■ Agree strongly ■ Agree ■ Disagree ■ Disagree strongly ■ Not sure

Left chart (Total sample): 15 | 38 | 8 | 10 | 29

Right chart (Total sample): 17 | 25 | 10 | 8 | 40

Percentage of respondents (%)
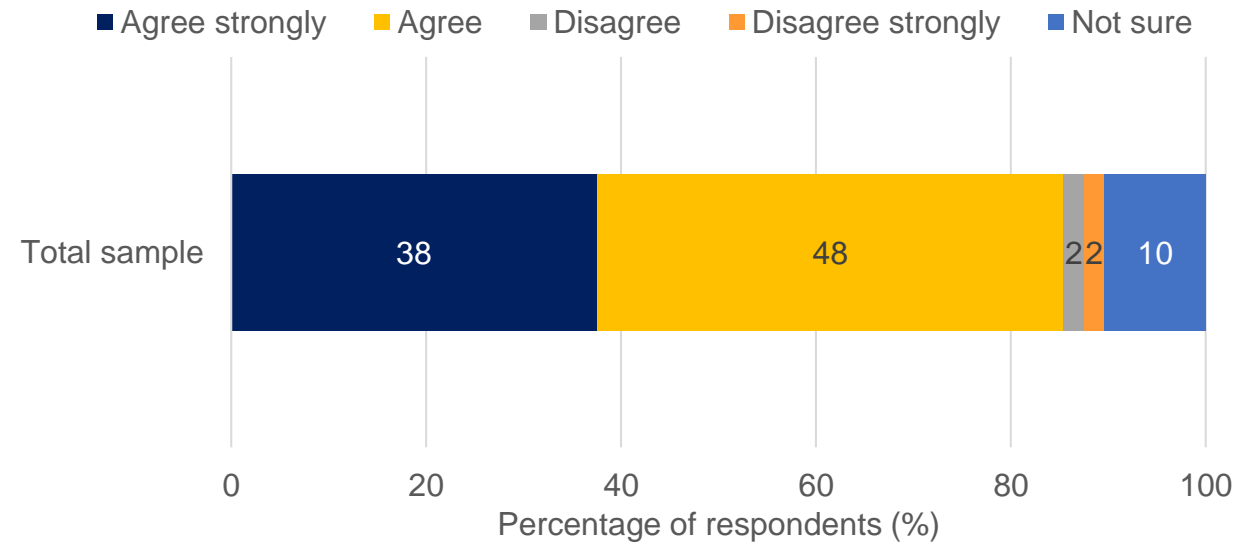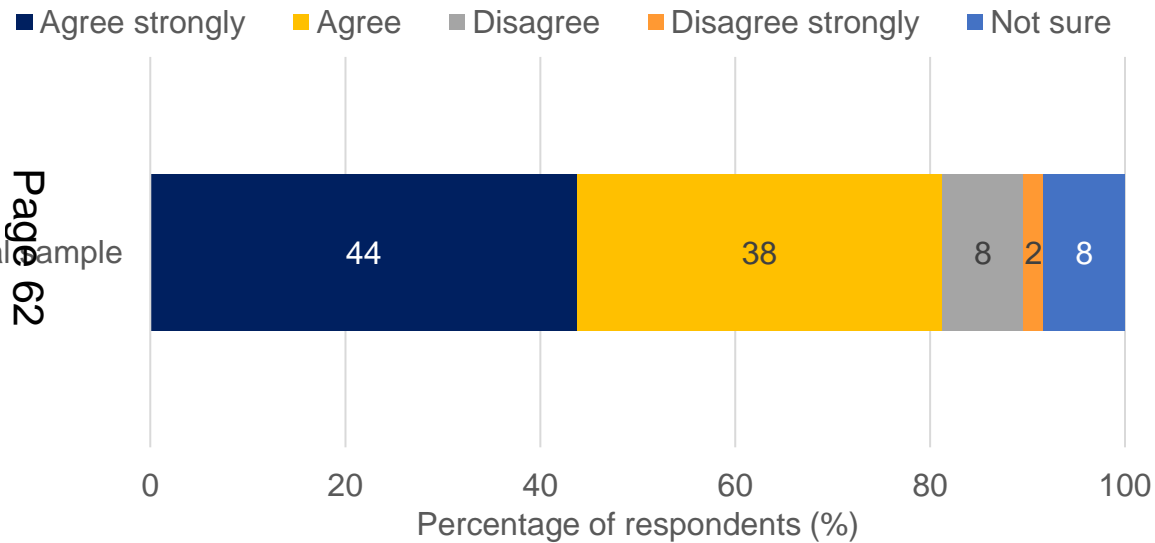
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- Over half of respondents agree that they can plan the care and support they need with people who know and care about them (53%), whilst 18% disagree with this statement, and 29% are not sure
- 42% of respondents agree that they know how much money there is to pay for their care and support, and that they can say how the money is spent, whilst 18% disagree and 40% are unsure

Doing things that are important and feeling valued

Q: **'How much do you agree or disagree with the following statement?**

'I can do the things that are important to me.' | *Base: Total sample (48)*

'I am supported by people who value me for who I am. They know what I'm good at and what's important to me.' | *Base: Total sample (48)*

Legend: ■ Agree strongly ■ Agree ■ Disagree ■ Disagree strongly ■ Not sure

Chart 1 – 'I can do the things that are important to me.'
Total sample: Agree strongly 44, Agree 38, Disagree 8, Disagree strongly 2, Not sure 8
Percentage of respondents (%)

Chart 2 – 'I am supported by people who value me...'
Total sample: Agree strongly 38, Agree 48, Disagree 2, Disagree strongly 2, Not sure 10
Percentage of respondents (%)

- The vast majority of respondents feel that they can do the things that are important to them (82%), whilst 10% disagree with this and 8% are not sure
- Most respondents agree that they are support by people who value them for who they are, and know what they're good at and what is important to them (86%), whilst just 4% disagree and 10% are unsure

Health and home

Portsmouth CITY COUNCIL

Q: **'How much do you agree or disagree with the following statement?**

'I have support with my health.' | *Base: Total sample (48)*
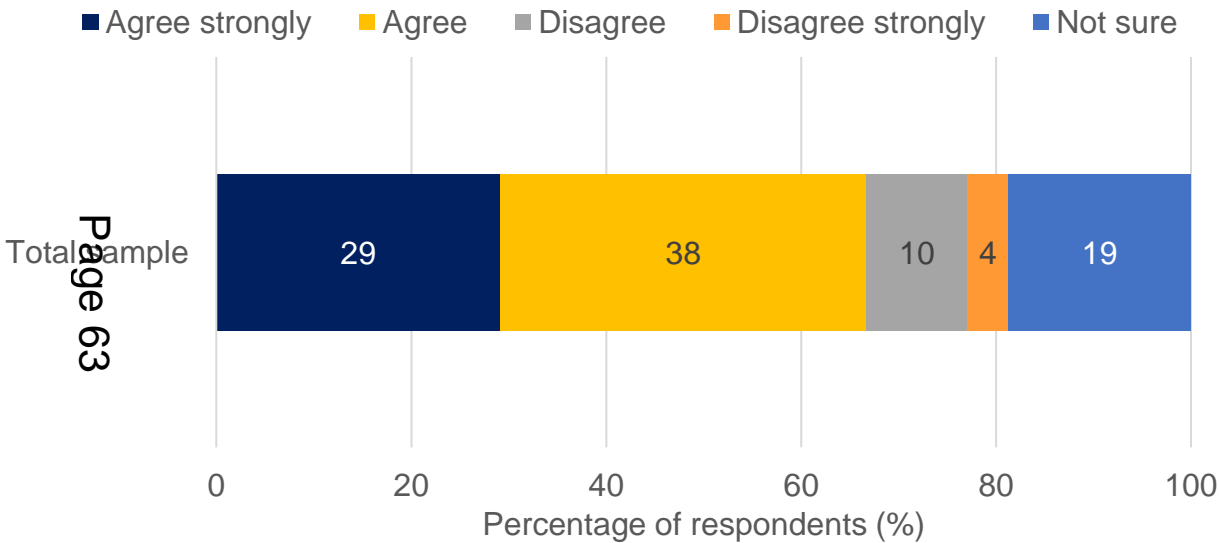
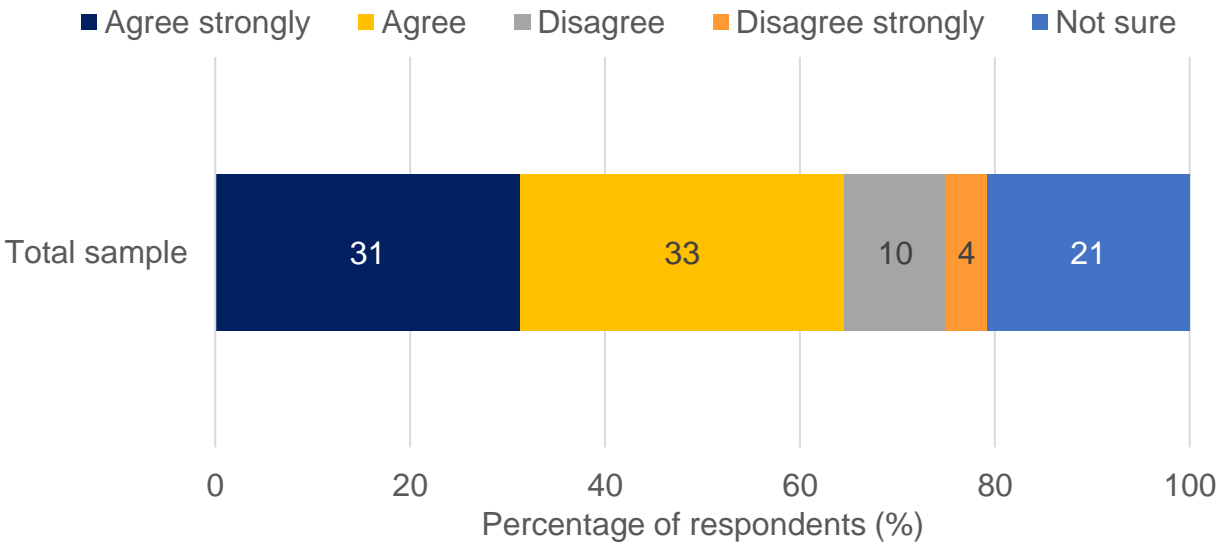**'The place I live in feels like home. My home has been changed to suit me.'*** | *Base: Total sample (48)*

Legend: ■ Agree strongly ■ Agree ■ Disagree ■ Disagree strongly ■ Not sure

Left chart – Total sample:
- Agree strongly: 29
- Agree: 38
- Disagree: 10
- Disagree strongly: 4
- Not sure: 19

Percentage of respondents (%)

Legend: ■ Agree strongly ■ Agree ■ Disagree ■ Disagree strongly ■ Not sure

Right chart – Total sample:
- Agree strongly: 31
- Agree: 33
- Disagree: 10
- Disagree strongly: 4
- Not sure: 21

Percentage of respondents (%)

- Most respondents agree that they have support with their health (67%), whilst 14% disagree
- The majority of respondents also feel that the place they live in feels like home and has been changed to suit them (64%), and the same proportion disagree with this statement as with the health support statement (14%)
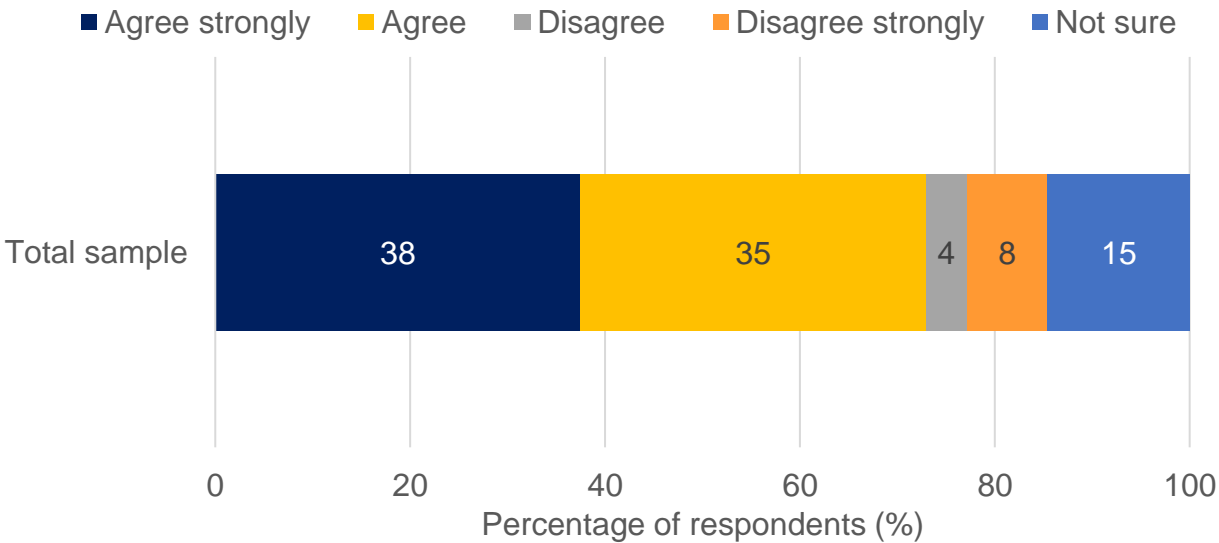
Due to rounding, figures on the chart may not appear to equal 100%

Sociability and groups/ activities

Q: **'How much do you agree or disagree with the following statement?**

'I can meet people who like the same things as me.'* | Base: Total sample (48)
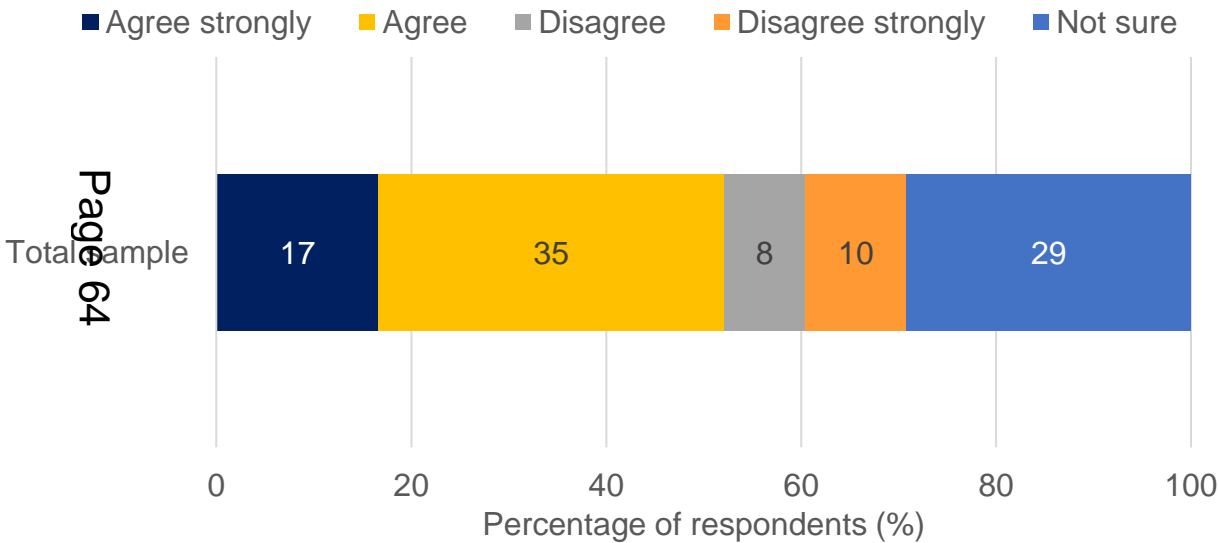
'I can go to local groups and activities and feel safe.' | Base: Total sample (48)

Legend: ■ Agree strongly ■ Agree ■ Disagree ■ Disagree strongly ■ Not sure

'I can meet people who like the same things as me.'

| Total sample | 17 | 35 | 8 | 10 | 29 |

Percentage of respondents (%)

'I can go to local groups and activities and feel safe.'

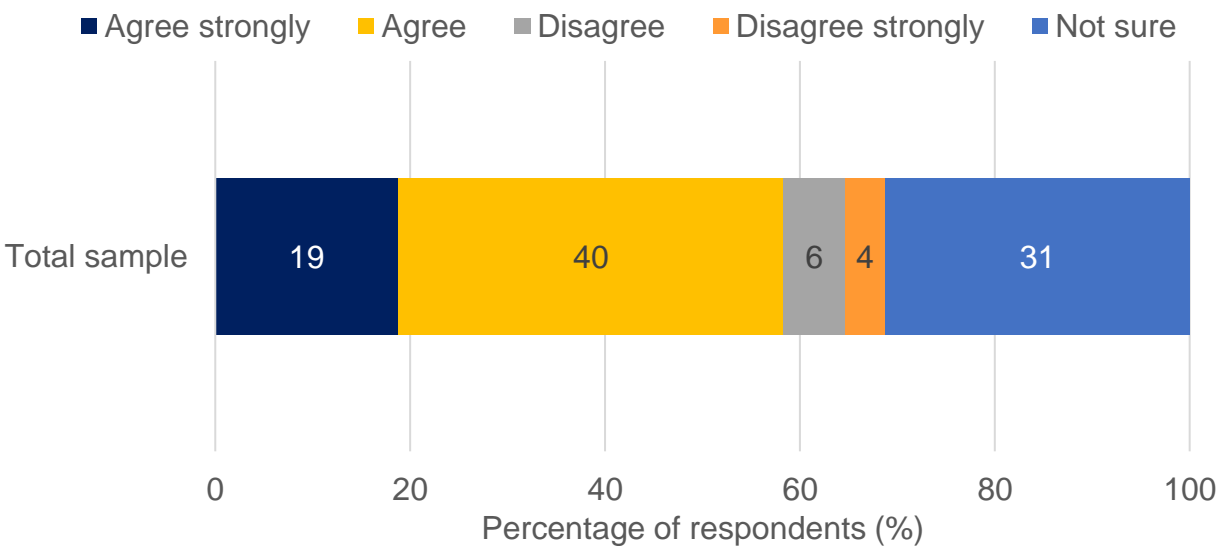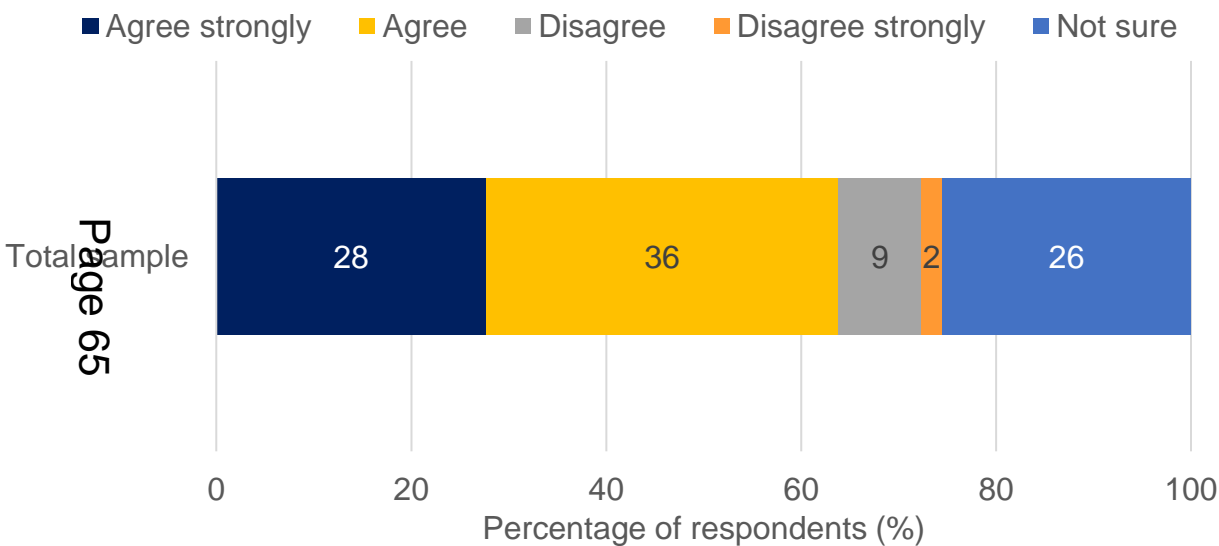| Total sample | 38 | 35 | 4 | 8 | 15 |

Percentage of respondents (%)

- Around half of respondents feel that they can meet people who like the same things as them (52%), whilst 18% disagree, and 29% are unsure
- The majority of respondents agree that they can go to local groups and activities and feel safe (73%), whilst 12% disagree with this statement

*Due to rounding, figures on the chart may not appear to equal 100%

Support from people

Portsmouth
CITY COUNCIL

Q: **'How much do you agree or disagree with the following statement?**

'I have care and support from people who work well together.'* |
Base: Total sample (48)

'I am supported to make decisions by people who see things from my point of view.' | *Base: Total sample (48)*

■ Agree strongly ■ Agree ■ Disagree ■ Disagree strongly ■ Not sure

■ Agree strongly ■ Agree ■ Disagree ■ Disagree strongly ■ Not sure

Total sample

| 28 | 36 | 9 | 2 | 26 |

Percentage of respondents (%)

Total sample

| 19 | 40 | 6 | 4 | 31 |

Percentage of respondents (%)

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- The majority of respondents agree they have care and support from people who work well together (64%), whilst 11% disagree
- Most respondents also agree that they are supported to make decisions by people who see things from their point of view (59%), whilst just 10% disagree with this statement, and 31% are not sure
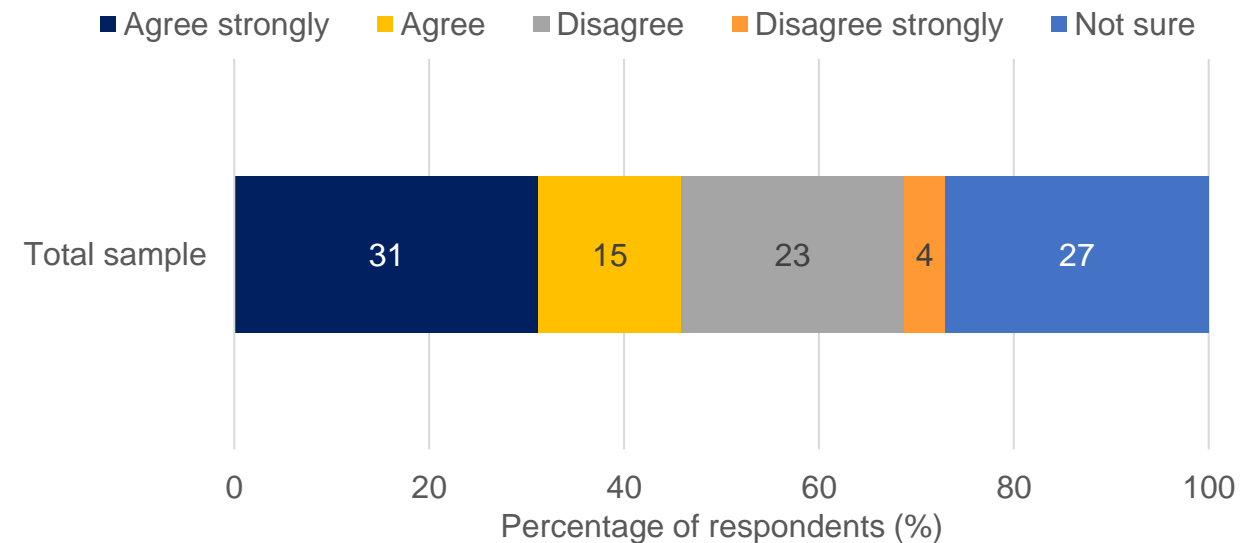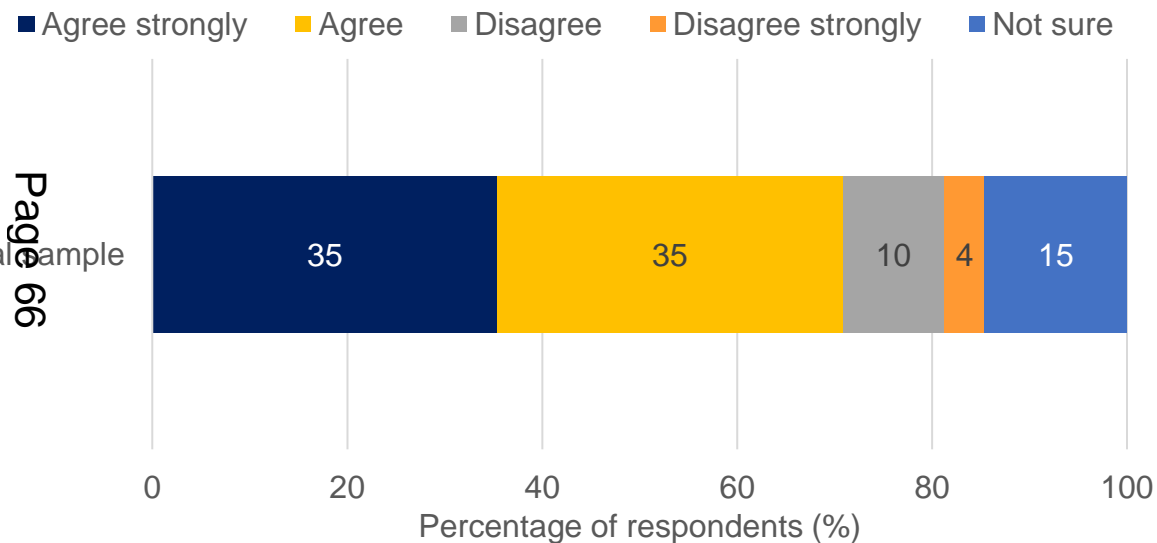
*Due to rounding, figures on the chart may not appear to equal 100%

Who is supporting them

Portsmouth
CITY COUNCIL

Q: *'How much do you agree or disagree with the following statement?*

*'I am supported by people who know what they are doing, who listen to me and are kind and caring.'** | *Base: Total sample (48)*

'I say who supports me, how, when and where.' | *Base: Total sample (48)*

Legend: ■ Agree strongly ■ Agree ■ Disagree ■ Disagree strongly ■ Not sure

Total sample: 35 | 35 | 10 | 4 | 15

Percentage of respondents (%)

Legend: ■ Agree strongly ■ Agree ■ Disagree ■ Disagree strongly ■ Not sure

Total sample: 31 | 15 | 23 | 4 | 27

Percentage of respondents (%)

- Most respondents feel that they are supported by people who know what they are doing, who listen to them, and are kind and caring (70%), whilst 14% disagree with this statement
- Less than half of respondents agree that they say who supports them, how, when, and where (46%), whilst over a quarter disagree or are not sure (27% each)
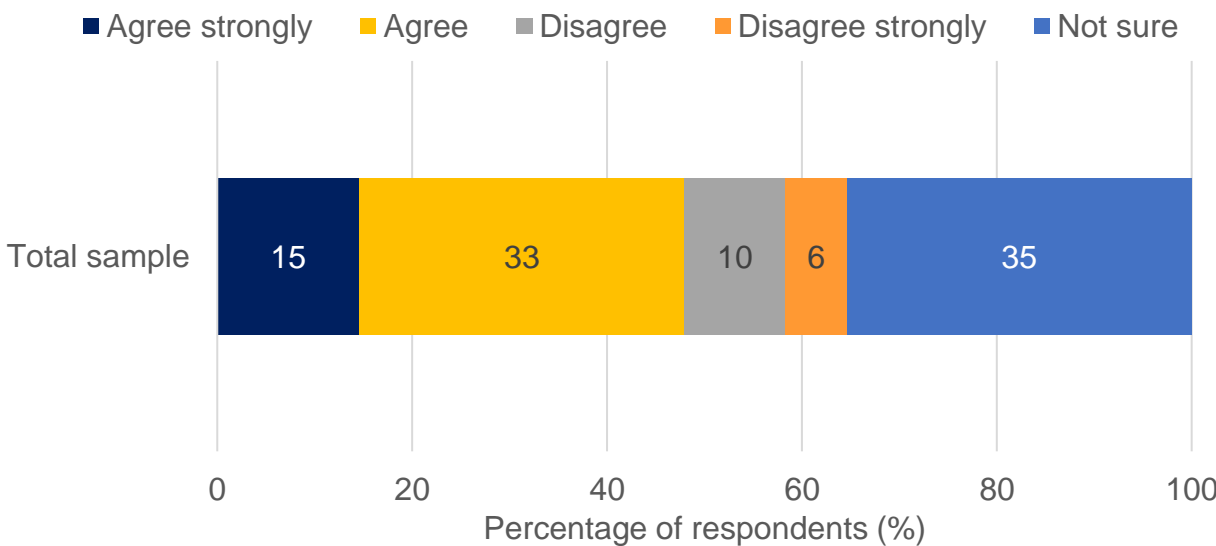
*Due to rounding, figures on the chart may not appear to equal 100%

Managing support and care

Q: **'How much do you agree or disagree with the following statement?**

'I can get help to manage the people who support me.'* | Base: Total sample (48)
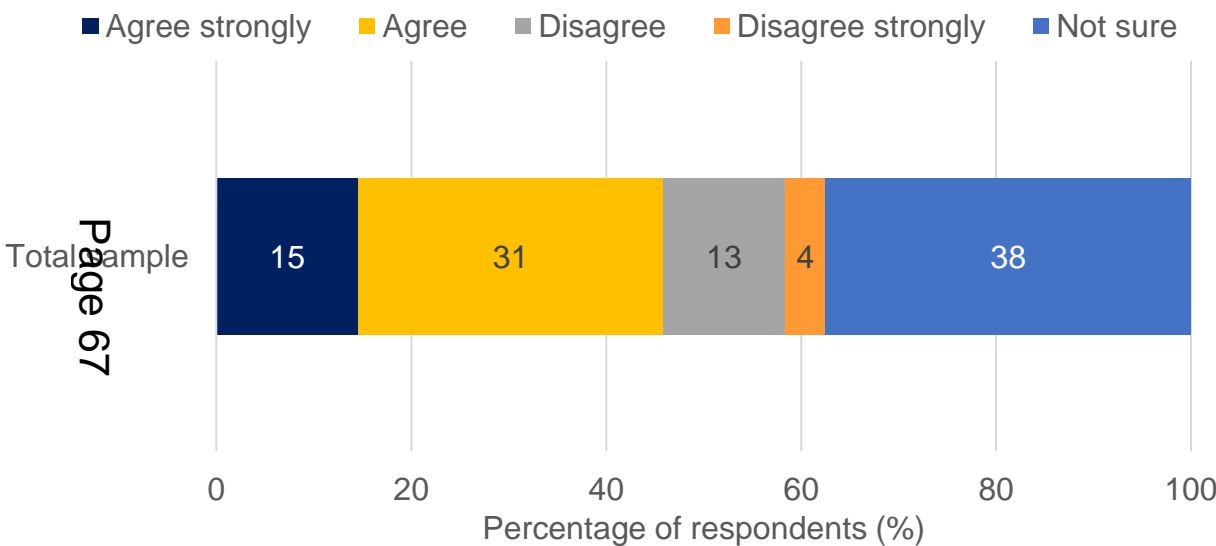
'I know that the people who care about me are listened to if my care or support changes.'* | Base: Total sample (48)

■ Agree strongly ■ Agree ■ Disagree ■ Disagree strongly ■ Not sure

| Total sample | 15 | 31 | 13 | 4 | 38 |

Percentage of respondents (%)

■ Agree strongly ■ Agree ■ Disagree ■ Disagree strongly ■ Not sure

| Total sample | 15 | 33 | 10 | 6 | 35 |

Percentage of respondents (%)

- 46% of respondents agree that they can get help to manage the people who support them, whilst 17% disagree with this statement, but 38% are unsure
- Just under half of respondents agree that they know that the people who care about them are listened to if their care or support changes (48%), whilst 16% disagree, and 35% are not sure about this statement

*Due to rounding, figures on the chart may not appear to equal 100%

Help with planning and managing money for care and support

Portsmouth CITY COUNCIL

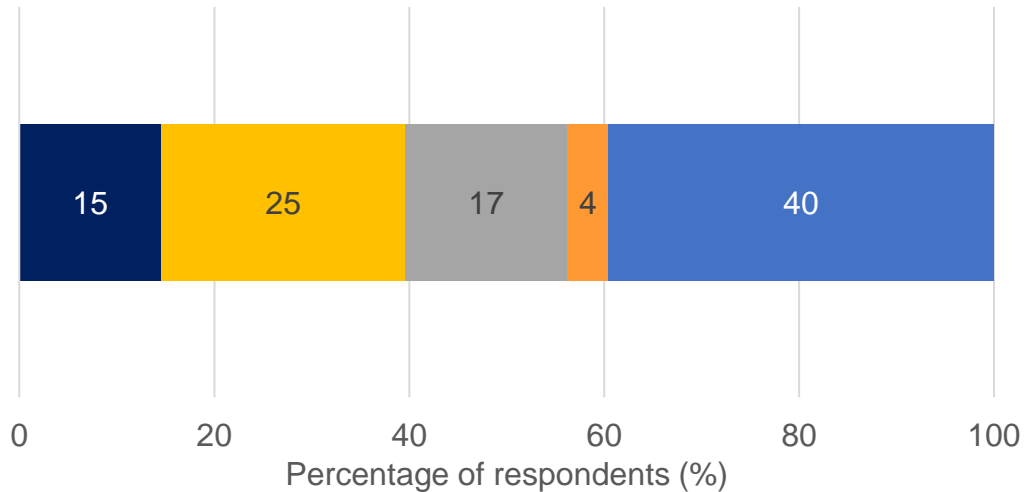*Q:* **'How much do you agree or disagree with the following statement?**

'I have help to plan for any changes in my life.'* | *Base: Total sample (48)*

'I get help to understand how I can make the best of the money that pays for my care and support.' | *Base: Total sample (48)*

Legend: ■ Agree strongly ■ Agree ■ Disagree ■ Disagree strongly ■ Not sure

Total sample (left chart): 15 | 25 | 17 | 4 | 40

Percentage of respondents (%)

Total sample (right chart): 15 | 29 | 10 | 6 | 40

Percentage of respondents (%)
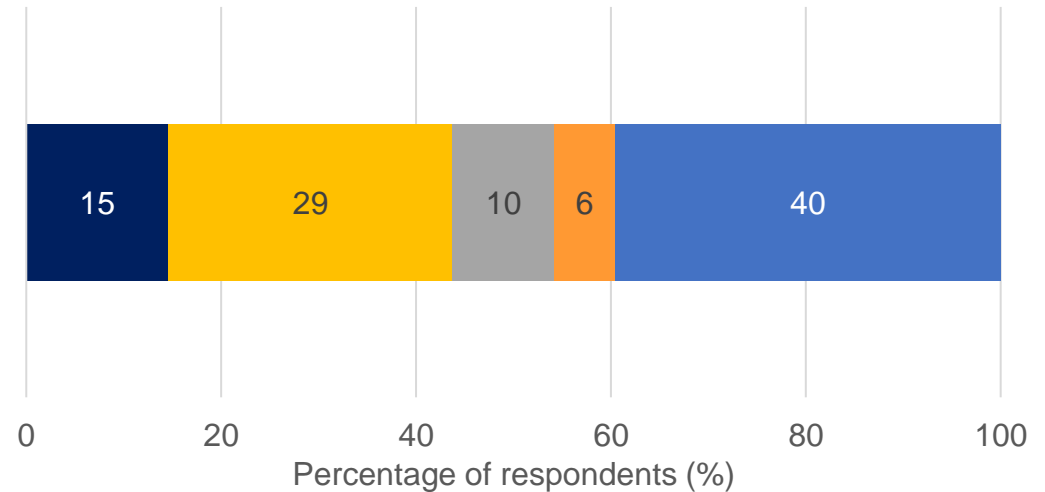
- 40% of respondents agree that they have help to plan for any changes in their life. The same proportion are not sure about this statement, whilst 21% disagree
- 44% of respondents agree that they get help to understand how they can make the best of the money that pays for their care and support, whilst 16% disagree, and 40%, again, are not sure

*Due to rounding, figures on the chart may not appear to equal 100%

Medicine and knowledge of contacts

Q: *'How much do you agree or disagree with the following statement?*

'If my medicine has to change, I know why and can say what I think about it.' | *Base: Total sample (48)*

'I know who to contact and how to contact them if things are going wrong or I'm feeling ill.' | *Base: Total sample (48)*

Legend: ■ Agree strongly ■ Agree ■ Disagree ■ Disagree strongly ■ Not sure

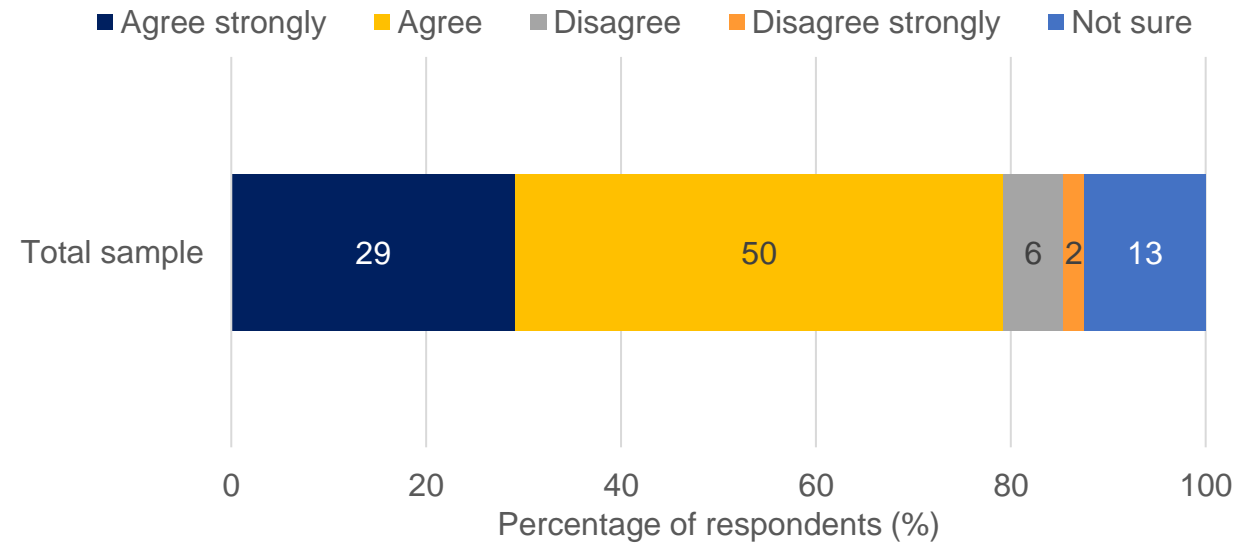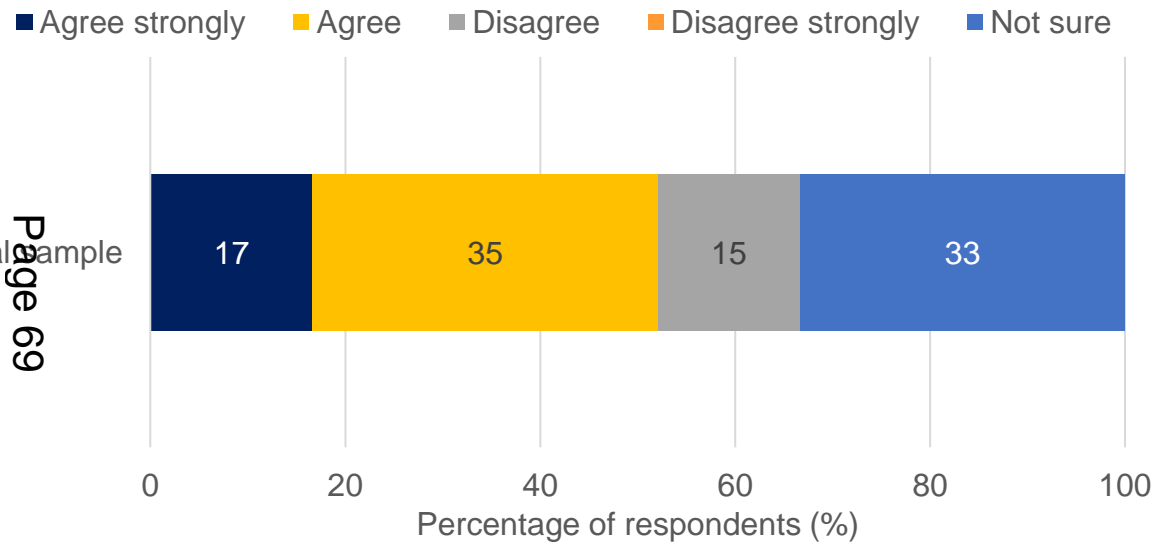Chart 1 (Total sample):
- Agree strongly: 17
- Agree: 35
- Disagree: 15
- Not sure: 33

Percentage of respondents (%)

Chart 2 (Total sample):
- Agree strongly: 29
- Agree: 50
- Disagree: 6
- Disagree strongly: 2
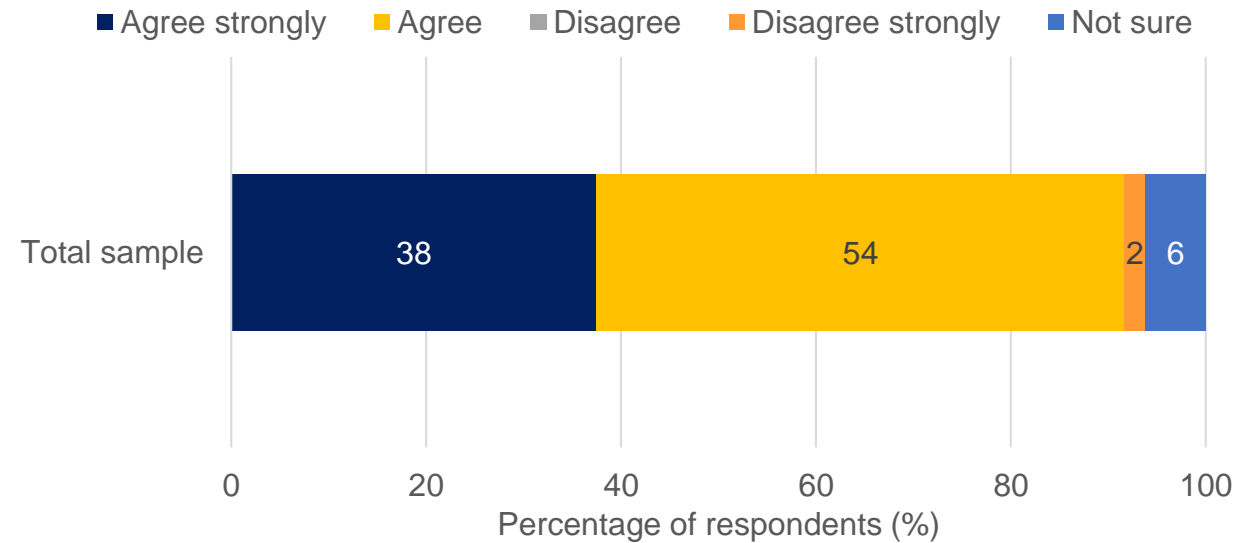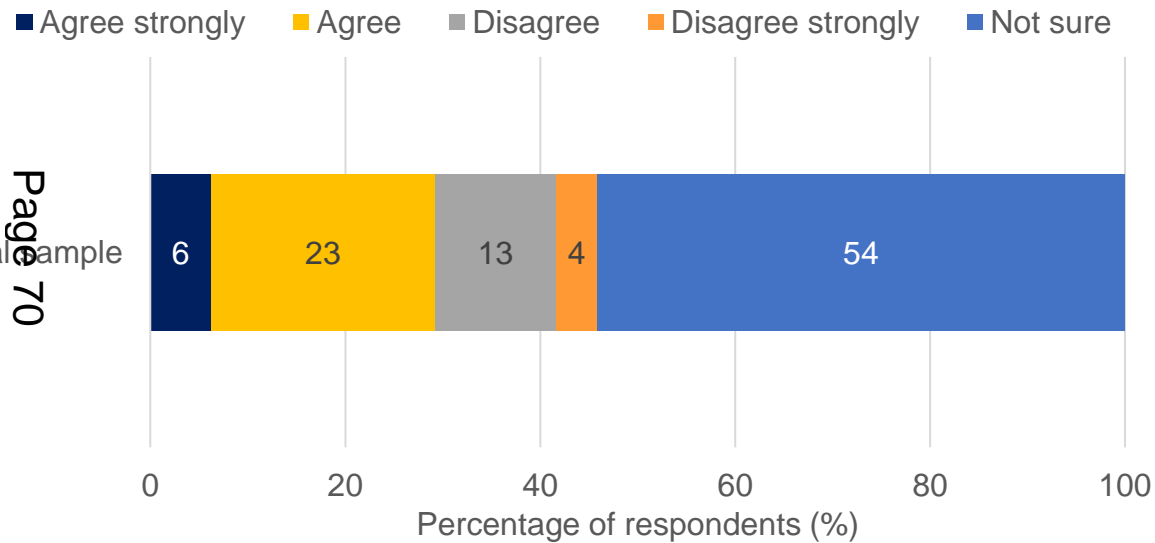- Not sure: 13

Percentage of respondents (%)

- Most respondents agree that if their medicine has to change, they know why and can say what they think about it (52%), whilst 15% disagree, and a third are not sure
- The vast majority of respondents know who to contact and how to contact them if things are going wrong or they are feeling ill (79%), whilst 8% do not, and 13% are unsure

Planning for changes and feeling safe

Q: **'How much do you agree or disagree with the following statement?**

'I have a plan for when I move or there are big changes in my life. I know everything will be ready in time.' | Base: Total sample (48)

'I feel safe. I know about things that can be dangerous to me.' | Base: Total sample (48)

- Over half of respondents are not sure if they have a plan for when they move or there are big changes in their life, or know that everything will be ready in time, whilst 29% agree with this statement and 17% disagree
- The vast majority of respondents agree that they feel safe and know about things that can be dangerous to them (92%), whilst just 2% disagree with this

Comments

Q: **'What does Adult Social Care in Portsmouth do well? Where can we improve?'** | *Base: Total sample (48)*

Key themes	%
General praise for Adult Social Care in Portsmouth	25
Praise for specific groups (e.g. gardening project, CCWG)	17
Improve person-to-person support (e.g. ensure enough and reliable/ supportive social workers)	10
Improve contact, communication and engagement (e.g. ensure they listen to users, easy to contact)	8
Praise for specific staff/ areas who have been particularly supportive	6
Provide more (women's) wellbeing groups	6
General suggestion that Adult Social Care in Portsmouth could be improved	4
Other (e.g. more support for evening and weekend activities, issues in the home)	13
No comment	27

"I really enjoy coming to CCWG. I think this group should be running just like the way it is now. If there is anything that should be improved, please do provide more life-saving skills for independent well-being."

"Accessing social care for urgent help can hard, knowing who to call with any problems has often been frustrating being passed from 'Pillar to post' most of the time. Care companies used by social care seem to be unaccountable for any serious problems and communication between care company, social services and client can be lacking.

"1) More contact/visits with clients 2) Feedback from the visits to make sure. The client feels he she [sic] is being listened to."

- A quarter of respondents leave comments expressing general praise for Adult Social Care in Portsmouth, whilst 17% express praise for specific groups that have helped them, such as the gardening project and CCWG
- Other areas suggested to focus on are improving person-to-person support, such as ensuring there are enough social workers and that they are supportive and reliable (10%) and improving contact, communication and engagement, ensuring they listen to users and are easy to contact (8%)

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Recovery Support Programme and the Integrated Care Board

Context

1. Portsmouth has a long legacy of effective, integrated working, achieved through close partnership arrangements between the NHS and Portsmouth City Council. We know that, for our residents, they do not live or sit in in pathways of care – they live in local communities. The value of leading, engaging and delivering at a local level cannot be undervalued or underestimated. NHS Hampshire and Isle of Wight remains committed to strengthening the work at place level, by leading from the centre and driving forward the health improvements we need to deliver.

2. When our Integrated Care Board was established in July 2022 it became the statutory NHS body responsible for setting the strategic plan for the NHS to deliver its part of the health and care strategy, allocating NHS resources and working through our places and transformation programmes to ensure the right services are delivered to people in our communities.

3. The benefit of new ways of working mean that there is now a greater platform for strategic commissioning, where retaining a Place-focus on our communities, not least through our existing Section 75 arrangements and the overall management of the Better Care Fund.

4. As an Integrated Care Board we are specifically responsible for the commissioning spend on:
   - Acute services
   - Mental health services
   - Community services
   - All Age Continuing Care
   - Prescribing
   - Primary care services
   - Other programmes and our own corporate running costs.

5. At the end of the first financial year (2022/23), we reported a £12.6m deficit.

6. The reasons for this deficit are complex and due to many factors that are not unique to Hampshire and the Isle of Wight. Many systems across the country are now also facing similar significant financial challenges.

7. One of the key reasons for us is because, for the previous three years prior to this year, we received significant additional support from NHS England to enable providers to continue to deliver their services alongside responding to the Covid pandemic. However, in the last financial year we started working in a recovery phase and, following the step-down of the emergency response to the pandemic, we have needed to return to pre-Covid productivity and efficiency levels.

8. This is against the backdrop of increasing demand on services, increased complexity of needs, the legacy and ongoing impact of Covid on services, and increased inflation and cost of living. The physical and mental health needs of residents is rising, particularly following the pandemic. This has all put significant financial

pressure on all services and means that, in real terms, there is a decrease in funding available.

9. In addition, productivity in some areas has been less than it was before the pandemic. While productivity in Hampshire and Isle of Wight has fallen by less than the average for the NHS, this means we are not getting the most out of the funding we have. These factors have been experienced by all NHS organisations and, as a result, our NHS trusts also found themselves collectively in a deficit position.

10. Specific to the budget of the Integrated Care Board, we experienced two drivers that exacerbated our financial position:
    - Increased prescribing expenditure which was mainly due to national price inflation, national price concessions and antibiotic prescribing in response to the Strep A outbreak.
    - Increases in cost and volume of packages of patients requiring continuing healthcare to support discharge from acute hospitals.

11. In 2022/23 2e overspent when meeting the need of patients but successfully underspent on our corporate running costs and have begun an exercise to reduce our corporate costs further during 2023/24 and 2025/26.

12. The development of Integrated Care Systems allows for the consideration and creation of system and 'Place'-based plans for improving health and wellbeing outcomes, building on positive work started before by Clinical Commissioning Groups. This brings many opportunities; not least better planning of local services and alignment of spend, and there is much our wider system is and can learn from Portsmouth's best practice in this respect. However, we must do this now while also improving an unacceptable NHS financial position created following the pandemic.

Improving our financial position

13. At the start of the current financial year, across the health system as a whole (Integrated Care Board and NHS trusts) we agreed a plan with NHS England that would see the overall system finish with a deficit of £105m.

14. In response to this financial challenge, the Integrated Care Board and all local NHS trusts committed to working together to stabilise the financial position and took the decision to be part of the 'Recovery Support Programme' that provides additional national support and oversight. We entered the programme in summer 2023 and no NHS organisations will leave the programme until all, collectively, are able to do so.

15. Through this programme, we are undertaken improvement and prudent financial management, efficiency programmes across all NHS organisations, a reduction in running costs across the Integrated Care Board and system-wide transformation programmes that are driving greater productivity and efficiency across the key areas of urgent and emergency care, primary and local care, discharge, planned care and workforce.

16. The Integrated Care Board is taking its own lead in cutting the deficit by making its own efficiency savings in each of the next two years. During 2024/25 we will cut our own running costs by 20% and during 2025/26 we will reduce our costs by a further 10% meaning that three years in from its launch the ICB will be a leaner, more efficient organisation with costs 30% lower than they are now. While we consider how best to make efficiencies, we remain committed to retaining effective integrated working arrangements across the NHS and our local authority partners.

17. As part of the Recovery Support Programme, the NHS organisations in Hampshire and Isle of Wight have committed to achieving a breakeven 'run-rate' during 2024/25, which will mean we are no longer consistently spending more money than we have available. Progress has been made so far and we have seen a reduction in our monthly run-rate position.

18. We are carefully planning how to fund services for the next financial year (2024/25), in light of the need for more prudent planning and ensure we do not overspend.

19. External factors must also be considered. When planning for the next financial year, we are required to follow the priorities and operational planning guidance set nationally. Whereas in most years this is shared with commissioners shortly before the Christmas prior to the following financial year, for 2024/25 the national planning guidance has still not been published. This makes the process of setting budgets for the next financial year more challenging for NHS organisations.

20. These factors outside of our control create further complications for our partners, including Portsmouth City Council and local non-NHS organisations. The ability and need to make decisions relating to spend by NHS and local authorities does not neatly align, and this year has been made all the more challenging. Our existing planning timeline, set nationally, requires a submission of plans in March 2024, with further updates in May 2024.

21. While we await the full national planning guidance, system partners are already been working on the areas where we need greatest focus for the year ahead. Our system-wide operational plan for 2024/25 will set out the areas for investment and will be underpinned by our financial plan for the year that will aim to make sure we are making best use of the resources available. Following this work, we are now in a position to confirm Better Care Fund funding arrangements for the first quarter of 2024/25. We are grateful to partners for their understanding during this time and hope to share further updates verbally in the meeting.

Current position

22. The Integrated Care Board's financial position as of January 2024 was a year to date deficit of £10.1million, which is £4million better than our year to date plan. We intend to end the financial year at either break-even or small surplus.

23. During this year, all systems across the country were asked by NHS England to revise their financial plans to reflect the additional costs caused by the impact of the industrial action that has taken place, the increased demand on services and inflationary costs.

24. We have been working since November to submit a revised plan that would have seen the system finish with an agreed increased deficit from our original plan. We have now been notified that national financial cash support will be given to some systems across the country to offset their original planned deficits for the year to help ensure the NHS overall could deliver financial balance.

25. This will mean we are receiving cash support to enable the system to improve the overall financial position for this year. As a system we are now expecting to finish the financial year in a significantly improved deficit position. The national financial support reflects the credible planning, improved financial discipline and efforts of all partners to work together to stabilise our system-wide financial position.

26. It does not change the need for us to go further and faster in driving more efficiencies across the NHS and improving productivity to allow us to create a more sustainable and affordable health system. The national support is a one-off payment and has to be repaid over future years and we will begin the next financial year needing to continue to make significant improvements to the affordability of services.

Official

Portsmouth Health Overview Scrutiny Panel
Health and Care Portsmouth report
March 2024

1. Urgent care system pressures

1.1. **Fire Break Week in Portsmouth and South East Hampshire**

1.2. 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.

1.3. A critical incident was declared at QA for much of January and organisations have been working tirelessly to reduce demand and admissions to ED.

1.4. While the critical incident has now been stood down, Portsmouth Hospitals University NHS Trust (PHU) held a Fire Break Week - a large scale plan that pulls together senior colleagues from acute hospitals, community, ambulance, social care, primary care, and the Integrated Care System (ICS) to reduce occupancy levels by taking immediate actions - from 12-18 February, with another planned for 4-10 March.

1.5. Reasoning for the Fire Break Week included an increase in the average daily number of no criteria to reside (nCTR) patients (i.e. those who could be safely discharged), and a forecast increased demand for beds in March 2024.

1.6. The objective was to de-escalate from current Same Day Emergency Care (SDEC) areas through a sustained reduction in nCTR list size of minus 44 patients (setting the new nCTR baseline as 160 patients), through safe and efficient daily discharges.

1.7. During the week, senior representatives came together to operate under incident response protocols and address challenges as they arose. The number of nCTR patients within QA Hospital was reduced by 20, to an average of 180 patients with nCTR.

1.8. The next Fire Break Week will take place from 4-10 March and will build on the success of bringing senior colleagues together. Attendees will work from the QA

Hospital site one one of two groups, each addressing different challenges:

- Group one will focus on discharge - further reducing the number of nCTR patients and progressing plans to improve the pathways for patients wit mental health needs and homeless patients.
- Group two will focus on redirection of patients attending ED inappropriately, progressing improvements to category two ambulance response times and the operational approach within assessment units.

1.9. A final Fire Break Week is expected to take place before Easter weekend when an increase in demand is expected.

1.10. **Increase in step-down capacity at Shearwater Care Home**

1.11. To help alleviate pressure at QA and increase flow throughout the urgent care pathways, Portsmouth City Council and Solent NHS Trust have worked to open additional bedded capacity at Shearwater Care Home in the city.

1.12. The purpose is to support patients initially within Summerlee (formerly Jubilee) and Spinnaker wards who are medically optimised for discharge but are awaiting the next steps to be able to return home. This will allow those wards to take on patients awaiting rehabilitation services withing acute settings including PHU to get the services they need sooner.

2. Adult Mental Health

2.1. **Portsmouth Mental Health Hub**

2.2. 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.

2.3. Since launching on 1 April 2023, there have been 3,105 calls to the Hub (an increase of 1,413 calls since our last report in November 2023).

Total Successful Calls per Month
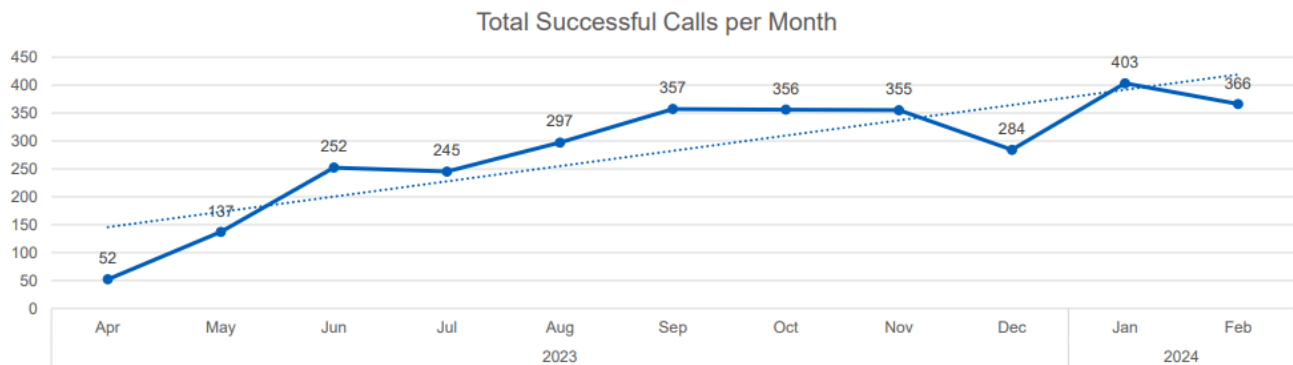
2.4   In February (our latest data set), there were 366 calls with an average of 17.4 per day. The busiest time of the day is 10-11am.
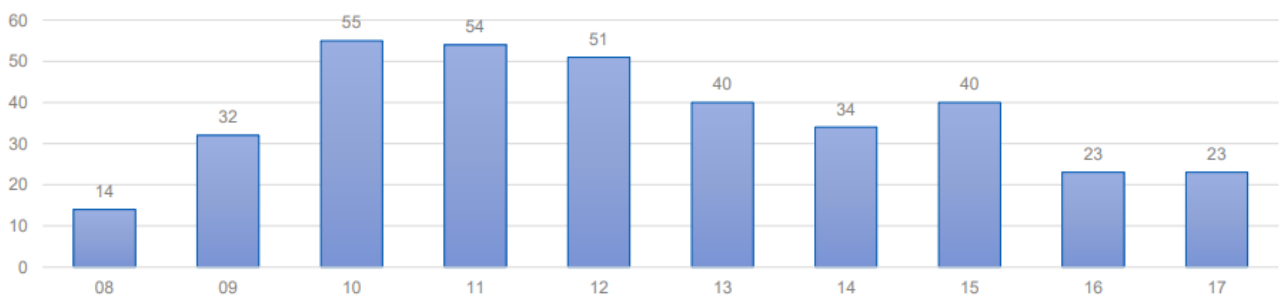
2.5   In February, most callers were aged 46-55 years, although there is a relatively even distribution from 18-55 years.
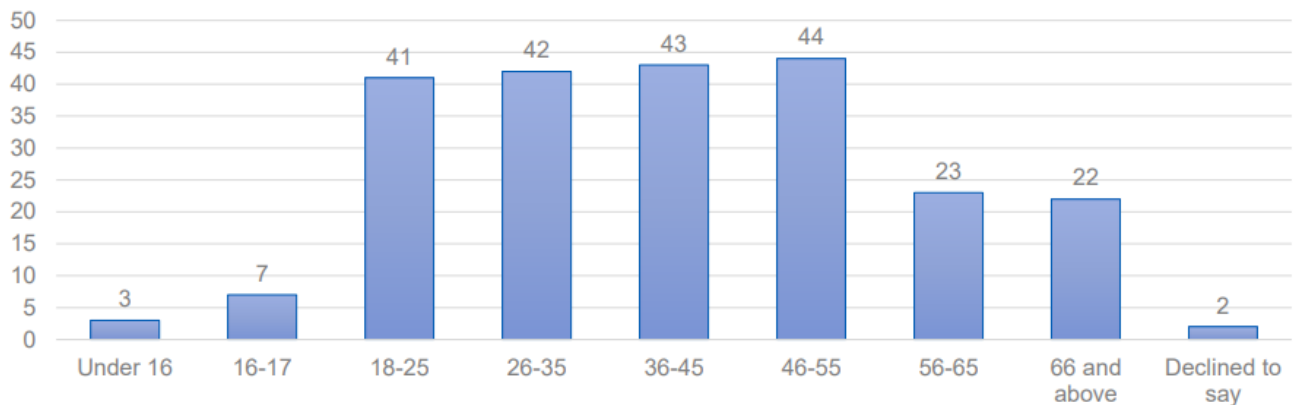
2.6   In February (and similar to other months), most callers to the Hub are from Southsea:
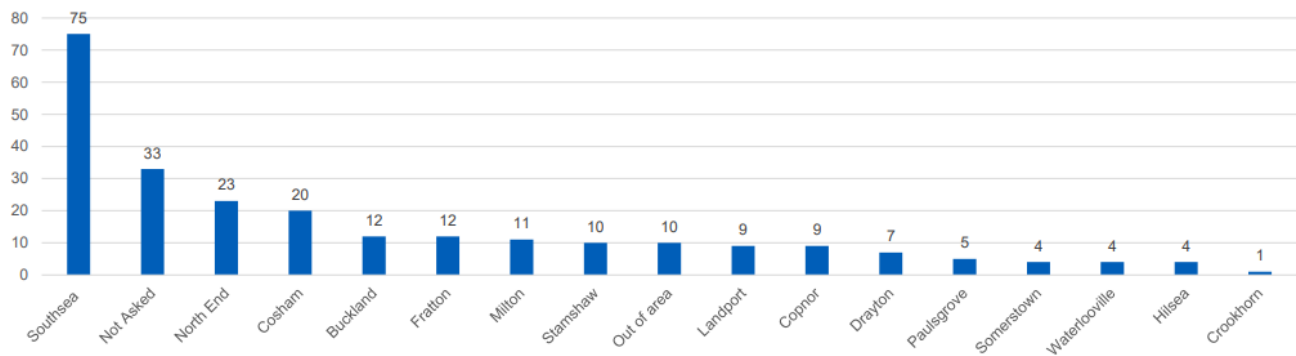
2.7   In February, most callers to the Hub were female:
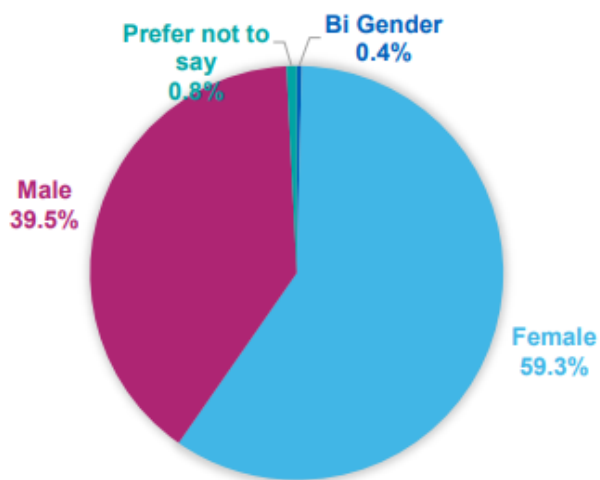
2.8   When residents speak to the Hub, most are encouraged to complete self care at home, or are referred to NHS Talking Therapies. Some are referred to their GP practice, Positive Minds, A2i or other services. 28% of calls in February required a call back from a practitioner.

2.9   In February, 74 of the calls were diverted from GP practices, with people saying they would have gone to their GP if they didn't know about the Hub:
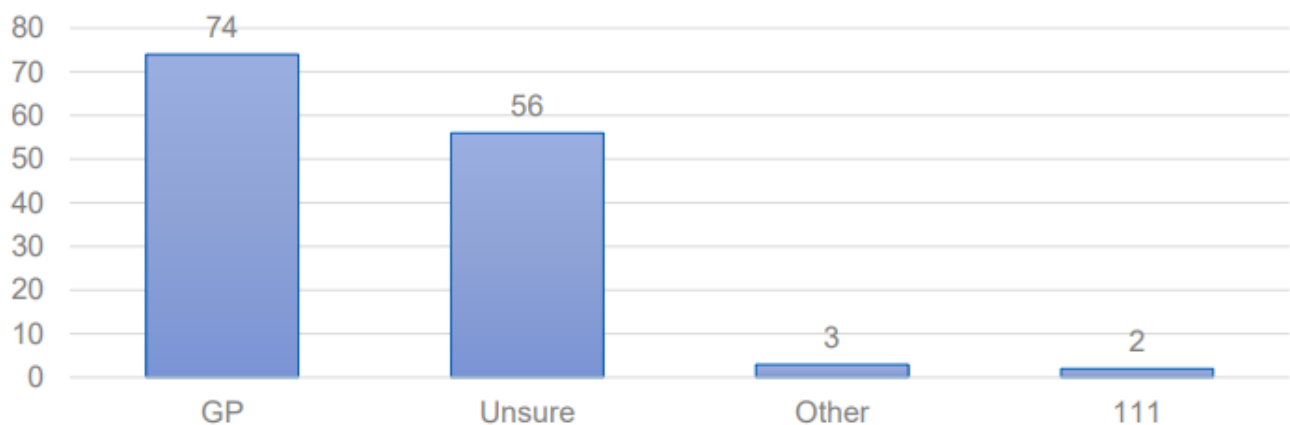
2.10   The service is also diverting calls away from NHS 111 and other services.

2.11   **Increasing physical health checks for people with Severe Mental Illness (SMI)**

2.12   In June 2023, Portsmouth welcomed a new team of specialist pharmacists to offer expert care and advice in GP practices and the community, to support patients with complex health conditions.

2.13   Mental Health Specialist Pharmacist, Muhammed Alnagdi, conducted a pilot programme with Trafalgar Medical Group Practice between 1 September and 31 December 2023, to increase the uptake of physical health checks for patients living with severe mental illness (SMI).

2.14   Taking certain SMI medications can put individuals at increased risk of developing health problems so physical health checks are offered yearly through GP practices.

2.15   After observing current practices, identifying challenges and trialling ideas, Muhammed made recommendations to improve patient responses to physical health checks and began testing some of his recommendations.

2.16   During the pilot, Trafalgar Medical Group Practice doubled the number of SMI patients receiving physical health checks from the previous reporting period - 26% (94 patients) in Q2 2022/23 to 51% (179 patients) in Q2 2023/24.

2.17   Successful patient-facing interventions include:
- Calling patients and making the appointment there and then, rather than sending an invitation via SMS/letter (in which patients then have to call back to book the appointment
- Having the same person make initial contact with the patient, then conduct the mental health view, and any necessary follow-up calls
- Flexibility with the duration of the mental health view and availability of alternative appointment dates/times, which puts the patients at ease and strengthens the relationship

2.18   Additional work by the Specialist Pharmacist allowed coordination with secondary mental health practitioners, to prevent duplication of work in primary care, by ensuring the correct coding template was utilised and information was recorded in the patient's GP record.

2.19   **Improving access to physical activity for people with severe mental illness (SMI)**

2.20   A pilot project delivered in partnership between Solent NHS Trust and BH Live has provided adults accessing secondary mental health services with access to leisure facilities to improve their physical activity levels, and reduce the risk of cardiovascular disease, diabetes, hypertension, obesity and mental health disorders.

2.21   The Physical Activity Improved Lifestyle project received funding from No Wrong Door, the adult community mental health transformation programme across Hampshire, Portsmouth, Southampton and the Isle of Wight.

2.22   The project aimed to support adults who experience severe mental illness (SMI) - who are more likely to engage in low levels of physical activity and high levels of sedentary behaviour.

2.23   Five cohorts of people took part in the six-week programme at BH Live where staff members would meet the individual at reception, work with them to build their confidence in the gym and develop a further 12-week personalised programme.

2.24   Feedback from participants included how supportive and enjoyable the sessions were with people feeling more motivated to use the gym independently as a result of the initial project.

2.25   A subsequent pilot project was also undertaken by NHS Allied Health Professionals and BH Live Active which explored the benefit of hiring exercise professionals to provide physical activity and exercise sessions across psychiatric wards and a psychiatric intensive care unit.

2.26   This resulted in an increase in patients' physical activity levels as well as improved mental health.

2.27   Feedback from patients included how the exercise sessions helped add structure to the day. Some feedback did suggest patients would like to visit the gym to exercise.

2.28   The pilot projects demonstrate the benefits of collaborative working for the benefit of improving provision for patients and ensuring opportunities to improve physical health and lifestyle are more accessible.

2.29   Funding has now been secured through the Portsmouth Provider Partnership (P3) to expand the community-based supported gym partnership between Solent NHS and BH Live to run four six-week programmes for up to 10 people, and to increase exercise on acute wards, providing a six-day service and throughput into community exercise options, for more than 250 people.

2.30   In addition, the project will expand beyond exercise and will look to improve awareness of improved lifestyles i.e. smoking cessation, finances, relationships, cooking and nutrition, in partnership with Public Health and Adult Social Care colleagues at Portsmouth City Council.

3.   Healthy Living in Paulsgrove

3.1.   The Healthy Living in Paulsgrove project continues to engage and involve residents in how we can promote healthier and happier lifestyles in Paulsgrove.

3.2.   On Saturday 13 April, a community workshop is being held at Paulsgrove Community Centre, for residents and organisations to come together and discuss the emerging themes from conversations over the last nine months. These include:

- Activities, events and support for children and families
- Community activities and services - for all ages
- 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.
- Health - including access to primary care, dentistry, mental health and loneliness
- Awareness - knowing what's available/accessing services
- Raising aspirations and upskilling - motivating young people, developing skills, volunteer workforce
- Greening/environment

3.3.   At the workshop, a series of solutions - as identified by residents - will be set out by colleagues and residents to implement over the next 12 months and beyond in Paulsgrove.

3.4.   The work is supported by colleagues across the council, NHS, voluntary sector, education and other partners. More than 50 people sit on the working group and we expect 50+ to attend the community workshop in April.

4.   Portsea Working Group

4.1.   Work also continues in Portsea, where we are undertaking a piece of work to better understand the health and wellbeing needs of people living in the area.

4.2.   252 people completed a survey (which closed on 29 November 2023) which asked 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.

4.3.   Key findings from the survey were as follows:

- Nearly 80% of respondents considered their health to be poor or average
- Over a third of people said they lacked motivation or confidence to manage their health
- Over a third said they needed support with improving their housing
- Around a third said they needed more support for their condition
- Cost of living was a significant issue for just under a third of respondents

- Over a quarter of people found using online services difficult
- Other than GP and nurse roles, well under half of respondents did not have awareness of the various other roles that can support patients
- There was variable knowledge of the pharmacy services on offer, with less than half of respondents having awareness of vaccinations, medication deliveries and blood pressure checks for example
- Some feedback noted regarding difficulties accessing services, particularly for GP appointments
- Many positive comments in relation to:
  o Community Hub
  o Pharmacies
  o Pantry
  o Bingo at various locations
  o John Pounds Community Centre

4.4   Feedback from the survey was taken to the Primary Care Operations Group (PCOG) in February with a draft action plan, created in partnership with the Portsea Working Group (made up of officers from across the council, NHS and voluntary sector, councillors and residents), following several conversations with the community.

4.5   Follow-up conversations will take place, but draft actions so far include:

- Linking in with community connectors and social prescribers to support residents in accessing primary care services
- Mapping the available assets in the Portsea area and producing an interactive map of places, activities and services people can access
- Deliver face-to-face workshops, focus groups and events on various health topics e.g. self-care, screening, using digital services etc.
- Sharing information about services for families and young children in the community, linking in with Portsmouth City Council's Early Help and Prevention team and local Family Hub offer
- Link housing providers, contractors and residents in with SwitchedOn Portsmouth and the council's Cost of Living Hub around keeping warmer homes in winter

Bernie Allen
Deputy Place Director, Portsmouth
Health and Care Portsmouth

NHS

Hampshire and Isle of Wight

Portsmouth Health Overview Scrutiny Panel

NHS Hampshire and Isle of Wight Integrated Care Board report March 2024

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, dentistry, and community pharmacy.

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.

- 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.

- 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.

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

1.1.2.   Due to technical issues with the data set, NHS Digital has delayed publication of January 2024 data until 7 March 2024, as a result, this update paper only has

data up to December 2023.

1.1.3.   The latest data (from December 2023), shows 80,080 appointments took place across Portsmouth practices. Activity was lower than December 2022 (85,049) however there were 1 fewer working days in the month this year compared to last, as a result of when Christmas fell.

1.1.4.   In addition to the impact of fewer working days, during the winter 2022/23, HIOW ICB funded an additional winter capacity scheme for Portsmouth Place which would have provided additional capacity. This year the financial position of the ICS did not allow for a similar scheme to be put in place.

Appointments by Month
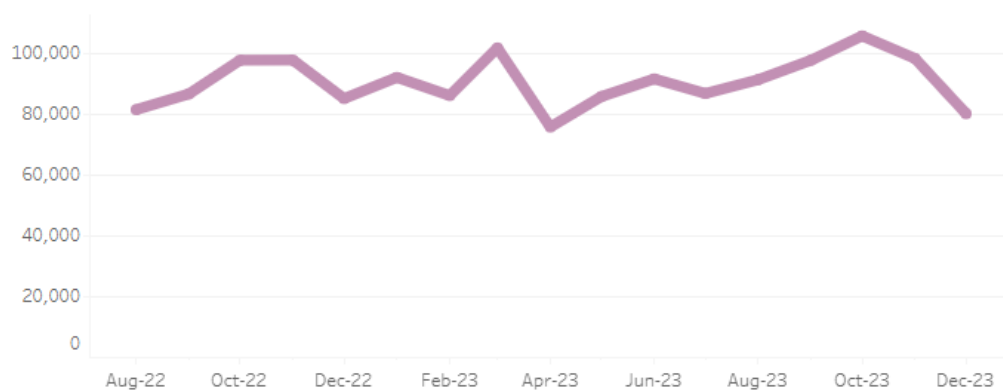
1.1.5.   The rate of appointments per 1,000 population ranged from 401 to 202 across the 10 practices. The National and ICB average rates per 1,000 population for December 2023 were 408 and 416 respectively. However, across the ICB, there was significant variation with rates ranging from 132 to 770 and some of these higher rates will be inflated by the Acute Infection Hub activity which in all places, other than Portsmouth, is being delivered by practices or PCNs and so will be included in GPAD data.

GP Practice Rate per Total List Size

GP Practice	Primary Care Network
THE LIGHTHOUSE GROUP PRACTICE	BRUNEL PCN
THE DRAYTON SURGERY	PORTSMOUTH NORTH PCN
DERBY ROAD PRACTICE	ISLAND CITY PCN
LAKE ROAD PRACTICE	ISLAND CITY PCN
EAST SHORE PARTNERSHIP	BRUNEL PCN
PORTSDOWN GROUP PRACTICE	PORTSDOWN PCN
TRAFALGAR MEDICAL GROUP PRACTICE	PORTSMOUTH SOUTH COAST PCN
CRANESWATER GROUP PRACTICE	PORTSMOUTH SOUTH COAST PCN
KIRKLANDS SURGERY	PORTSMOUTH NORTH PCN
THE UNICITY MEDICAL CENTRE	BRUNEL PCN

1.1.6.   Of the 80,080 appointments, 45.85% were same day appointments, with a total of 83.31% taking place within two weeks of booking. Portsmouth same day rates for December 2023 were higher than both national (45.7%) and ICB (45.4%) levels.

Time Waiting
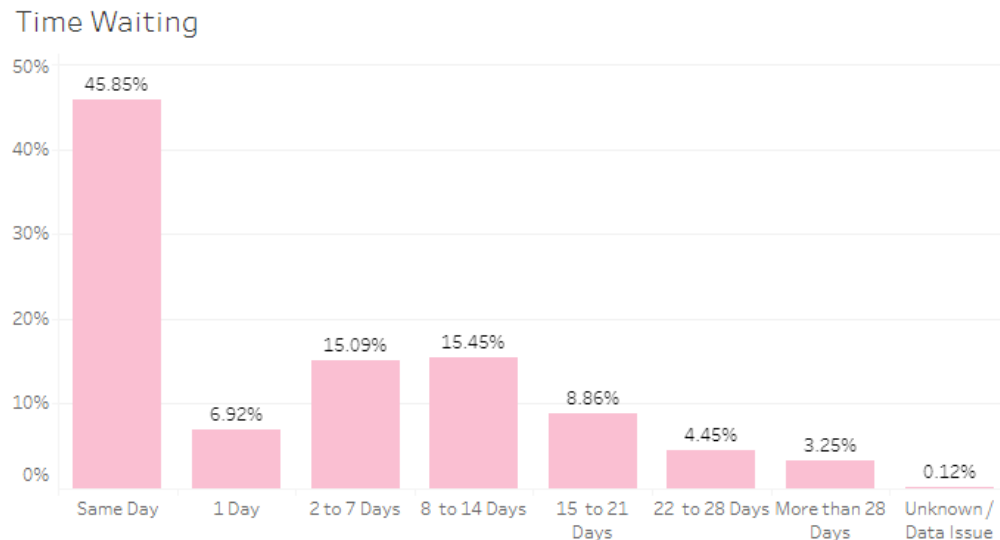
1.1.7.   It should be noted that the pledge for all routine appointments to be delivered within two weeks of booking cannot be appropriately applied to all types of appointments, there may be situations where it is entirely appropriate for a patient to be booked outside of a two-week window. In recognition of this, a number of exception flags have been introduced which will be included in GPAD data for 24/25.

1.1.8.   For 2023/24 the PCN DES Investment and Impact Fund incentivises delivery against this pledge with an indicator (ACC08): Percentage of appointments where time from booking to appointment was two weeks or less. This indicator sets an upper performance threshold of 95% and a lower threshold of 85% and includes the national appointment categories where patients will frequently want the first available appointment. These categories are as follows:
   • General Consultation Acute
   • General Consultation Routine
   • Unplanned Clinical Activity
   • Clinical Triage
   • Walk-in
   • Home Visit
   • Care Home Visit
   • Care Related Encounter but does not fit into any other category.

1.1.9.   For Portsmouth Practices, year to date (December 2023) performance against this metric is shown in the following table, with 7 of the 10 practices delivering over 95% of appropriate appointments within the 2 week timescale.

Table 1 – M1-9 Performance against IIF Indicator ACC08

Practice	Total appt	Total seen within 14 days	% seen within 14 days
Trafalgar Medical Group Practice	26,317	24,723	93.94%
Craneswater Group Practice	24,268	17,781	73.27%
The Lighthouse Group Practice	13,402	12,642	94.33%
Kirklands Surgery	19,261	13,736	71.32%
Island City Practice	15,987	15,926	99.62%
The Drayton Surgery	67,767	61,860	91.28%
Derby Road Practice	16,287	15,910	97.69%
Portsdown Group Practice	90,808	90,434	99.59%
East Shore Partnership	20,917	19,483	93.14%
The Unicity Medical Centre	15,057	12,616	83.79%

1.2.   Acute Infection Hub for Winter 23/24

1.2.1.   Hampshire and Isle of Wight ICB has approved funding for an extension period for the *Acute Infection Hub* until 31 March 2024. The Portsmouth hub at Lake Road went live on 20 November 2023 (two weeks earlier than planned to support system pressures) and has delivered an average of 47 additional urgent primary care appointments each working day since that date.

1.3.   PCN Capacity and Access Improvements in 24/25

1.3.1.   On 28 February 2024, NHSE published a letter outlining the main changes to practice (GMS) and PCN (PCN DES) contracts from 1 April 2024. Many of the changes support a consolidation of the work of developing modern general practice access models that has been underway since the publication of the *Delivery Plan for Recovering Access to Primary Care* in May 2023, an update to which is due to be published by NHSE shortly.

1.3.2.   Under the PCN DES Investment and Impact Fund, the national budget for Capacity and Access Payments will be increased from £46m to £292m (funded by retiring 3 previous indicators). As previously, 70% of CAP funding will be paid to PCNs unconditionally via the Capacity & Access Support Payment in 12 equal monthly payments. The remaining 30% will be paid via the Capacity & Access Improvement Payment as soon as all practices in a network have put in place

the components of the Modern General Practice Access model (as tabled). The PCN Clinical Director will need to provide assurance to the ICB.

Table 2 - Modern General Practice Access model components

Domain	Components to be in place
Better digital telephony	• Digital telephony solution implemented, including call back functionality; and each practice has agreed to comply with the Data Provision Notice so that data can be provided by the supplier to NHS England. • Digital telephony data is routinely used to support capacity/demand service planning and quality improvement discussions
Simpler online requests	• Online consultation (OC) is available for patients to make administrative and clinical requests at least for the duration of core hours. • Practices have agreed to the relevant data provision notice (DPN) so that data can be provided by the supplier to NHS England as part of the 'submissions via online consultation systems in general practice' publication.
Faster care navigation, assessment and response	• Consistent approach to care navigation and triage so there is parity between online, face to face and telephone access, including collection of structured information for walk-in and telephone requests. • Approach includes asking patients their preference to wait for a preferred clinician if appropriate, for continuity.

2.   Dentistry

2.1.   Access

2.1.1.   The Additional Access hours scheme has been supported for an additional year with increased funding to encourage more dental contractors to participate.

2.1.2.   The immediate dental access addressing health inequalities via mobile and static clinics (Mobile Dental bus) commenced on 1 February 2024.

2.1.3.   Appointments are available for people who don't already have an NHS dentist and are at highest risk of poor dental health. This includes:

- New and expectant mothers
- Children
- People on low incomes and benefits
- People at risk of homelessness and social exclusion

2.1.4.   There were seven clinics held in Portsmouth during February outside specific community centres including Cosham Community Centre, Paulsgrove Community Centre and the Somerstown Hub.

2.1.5.   Further data will be shared when available.

3.   Community pharmacy

3.1.   Pharmacy First

3.1.1.   The new Pharmacy First service commenced on 31 January 2014 as part of the delivery plan for recovering access to primary care. All Portsmouth pharmacies have signed up to the scheme.

3.1.2.   Under the agreement pharmacists provide advice and NHS funded treatment for seven common conditions:
- **Shingles** – 18 years old and over
- **Sore throat** – 5 years old and over
- **Infected insect bites** – 1 year old and over
- **Earaches** in children 1 to 17 years old
- **Sinusitis** – 12 years old and over
- **Impetigo** – 1 year old and over
- **Uncomplicated urinary tract infection (UTI)** in women 16 to 64 years old

3.1.3.   Consultation can be provided to patients presenting to the pharmacy as well as those referred by NHS 111, GPs and others.

3.1.4.   NHS England are currently reviewing the service utilisation data which is expected shortly.

Portsmouth HOSP – March 2024

Solent NHS Trust update

Shearwater

Over recent weeks, Solent staff have been working at pace to help service demand in the wider Portsmouth and Southeast Hampshire system which is continuing to face significant and sustained pressure.

Some of the proactive measures have been concentrated on the planned opening of surge beds – Solent's specific work, alongside Portsmouth City Council colleagues, has centred on Shearwater Care Home in the city.

Following CQC registration, Shearwater is now open and receiving patients – with the intention of supporting the flow of patients, initially from wards currently in Adults Portsmouth (Summerlee and Spinnaker wards) who are medically optimised for discharge but are awaiting packages of care. This will allow those wards to take on patients from acute settings including Portsmouth Hospitals.

Hampshire and Isle of Wight Healthcare NHS Foundation Trust

The work to bring together community, mental health and learning disability services across Hampshire and the Isle of Wight into a new, combined NHS Foundation Trust is on track and continuing to make good progress. Bringing services into a single organisation will result in more consistent care, reduce unwarranted variation, provide equal access to services irrespective of where people live across the area and create a more sustainable workforce and services.

A new name has been identified for the Trust – Hampshire and Isle of Wight Healthcare NHS Foundation Trust.

A considerable amount of progress has been made in recent months:

- A new designate executive and non-executive leadership team have been appointed. Community partners and service users from across the area were involved in their appointment. The new executive team includes directors from Southern Health, Solent and Isle of Wight Trusts, and two new appointments from outside the system.

- A high-level Clinical Strategy for the new trust has also been developed, setting out the overarching clinical aims and principles. This strategy aligns with the existing healthcare system priorities and strategies and has been developed in collaboration with clinicians from provider NHS Trusts, other partners and people with lived experience.

- The majority of Child and Adolescent Mental Health Services (CAMHS), provided by Sussex Partnership in Hampshire, moved into Southern Health at

the beginning of February in preparation to transfer to the new trust, and this transition has gone well.

- Ongoing collaborative working has continued across all clinical teams to identify best practice and opportunities to develop and improve services in the new organisation. Updates on this work have been shared with our community partners along with opportunities for them to get more closely involved with this work.

- Detailed and ongoing integration planning has continued to prepare for the organisations to come together. Our ongoing focus is on the safe transition of services so that our service users and communities remain unaffected as the new organisations come together.

- We have developed our corporate values in consultation with our staff and community partners. As a Trust we CARE; Compassionate, Accountable, Respectful, Excellence.

We are preparing now to recruit new members and governors who will form part of the new Trust's constituency.

The transaction that will create the new trust is subject to an assurance process by NHS England. As part of that process NHS England are currently reviewing a full business case agreed and submitted by the trusts involved. This is a detailed plan describing the case for change, the benefits and the work to bring the Trusts together. Their decision around the timescales for when the new organisation can be formed is expected in early March.

There will be minimal change to services when the new trust is formed. Once the new trust is formed, we will continue to work closely with service users, local communities and our staff to implement the improvements we all want to see at a pace that is right for everyone.

You can read more about Project Fusion.

Parking at St Mary's Community Health Campus

Our Access, Travel and Transport working group is undertaking a comprehensive review of our parking capacity across our Solent-owned sites.

The aim of our ongoing review is to facilitate easier access to healthcare appointments for patients, while supporting access, travel and transport for colleagues across the Trust, as well as promoting more sustainable travel options.

As part of this review, we recently appointed a new parking provider – CPM UK – to manage parking. They recently introduced new user-friendly parking machines at St Mary's Community Health Campus. We will soon be rolling out a new, equitable, staff parking permit system at St Mary's in the coming months.

Southern Health NHS Foundation Trust
Update for Portsmouth HOSP
March 2024

Introduction

This paper provides a general update from Southern Health, with a particular emphasis on our services provided in the Portsmouth and South East Hampshire area. This update covers a number of projects including our ongoing Fusion work – bringing together NHS community, mental health and learning disability services provided in Hampshire and the Isle of Wight – as well as winter planning, system pressures and mental health priorities.

Trust-wide update

Project Fusion update

The update on Project Fusion, the programme to create Hampshire and Isle of Wight Healthcare NHS Foundation Trust, is included as part of the Solent NHS Trust paper for this month's HOSP.

Leadership arrangements for acute and crisis mental health

The Trust has adopted a new management structure to ensure greater oversight and consistency of acute and crisis mental health services across the whole county. This has involved the creation of a new acute and crisis mental health leadership team, which is responsible for leading crisis teams and inpatient services. This team works closely with the geographically-focussed clinical divisions to ensure joined up working with other mental and physical health services. It also provides greater focus and combined expertise to improve and develop crisis and acute mental health services. Furthermore, the new model aims to enable the geographical divisions to focus more closely on developing community mental health services and continue to focus on community physical health services and their role in supporting the wider health system. These changes to leadership arrangements support the clinicians in the direct provision of care to patients, and are designed to provide the right focus and best use of resources and expertise.

Industrial action update for strikes

It was necessary to reschedule certain activities in anticipation of the industrial action called by the BMA and HCSA, partly due to the fact that UHS recalled some medics from services at Lymington Hospital. Over the five days, from 24-28 February 2024, the average participation rate was 28%. However, services continued to function primarily because medical colleagues who were not involved in the industrial action stepped in to cover shifts assigned to those doctors in training who wished to participate. We continue to work alongside unions and system partners to plan and prepare for industrial action and ensure critical services are able to continue operating.

Portsmouth and South East Hampshire (PSEH) specific update

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

System Pressures

Our teams continue to pull out all the stops, working alongside health and care partners to respond

to the pressures facing the local system. Our staff are supporting in two key ways: 1) Supporting people at home, to prevent and reduce the need for them to attend hospital or require an ambulance and 2) Helping to ensure that people who are ready to be discharged from hospital can return home with the right support in place with the minimum of delay.

System Improvement Plans

We continue to work closely with our partners across the system to ensure we maintain the combined effort to reduce the pressure within PHU. Community teams continue to support an average of over 1,400 patient appointments per day, which is made up of over 1,165 for community physical health teams, about 170 for adult mental health teams and 95 per day for older persons mental health teams. Our staff are working closely with acute partners and patients to support early discharge back into the community for those on their caseload, where appropriate.

Increases to both our frailty and respiratory virtual wards alongside our Urgent Community Response (UCR) capacity has enhanced our admission avoidance offer, supporting our Ambulance Service and Primary Care in treating people in their own homes, and removing the need for these individuals to attend the emergency department. Alongside this we have redirected UCR therapy provision from inside the community therapy teams to provide dedicated therapy resource within the UCR team which is further supporting admission avoidance, particularly for those living with frailty.

Further focused workforce redeployment has enabled community in-reach into the emergency Department at PHU, increasing turnaround of those living with frailty particularly in OSDEC further supporting the same day access emergency care model.

Increases to our community bed stock has enabled increased capacity for those requiring rehabilitation beds, reducing pressures for this cohort of patients within PHU. We have enabled additional flow through our beds, reduced length of stay, and increased discharges earlier in the day through:

- Redirection of resources to enhance our five-day/week therapy model to a seven-day/week model
- increasing capacity within Enhanced Recovery and Support at Home (through targeted redeployment throughout the organisation)
- the continued efforts of our community nursing and therapy teams in continuing to support proactive pull of patients out of hospital

We continue to gather data and evidence from these initiatives to support planning for 2024/25 alongside a PDSA cycle to identify and action further improvements.

The adult and older persons Mental Health inpatient teams are part of the system improvement plan and have been working hard to reduce length of stay of patients and bring their discharges earlier in the day. There is close working with the teams at PHU to ensure patients ready for a mental health bed are allocated as soon as possible.

Eating Disorders Service

The service received recent positive and constructive feedback from patients and carers which formed part of a presentation to the Trust Board in early February. The presentation included an update on the demand and capacity, the physical health monitoring service, efforts to improve integrated working with the wider system and the plans for a whole pathway (all age, whole system) review as we move into the new organisation through Project Fusion. We continue to work to

identify any additional investment and service developments which would contribute towards improving access to eating disorders services in light of the increased demand.

Community Mental Health Services

The Community Mental Health teams are seeing improvements to patient pathways as they work closely with No Wrong Door colleagues working across the Primary Care Networks (PCNs). Patients are having fewer assessments and are being signposted to the appropriate services in a more timely manner. In Havant and Waterlooville, Crisis plan clinics are being run and patients are being booked straight after assessment. This is reducing the time taken trying to contact patients about their plans.

End of Report

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NHS Portsmouth Hospitals University NHS Trust

Health Overview and Scrutiny

Briefing paper

Title: Portsmouth Hospitals University NHS Trust update		
Presenter: Mark Roland, Deputy Medical Director and Lee McPhail, Interim Group Chief Delivery Officer.	**Contact details:** communications@porthosp.nhs.uk	**Date:** March 2024

Purpose of the paper:

To update the committee on the work being carried out by Portsmouth Hospitals University NHS Trust (PHU). It covers an update on our winter plan amidst winter pressures, recent industrial action and general updates.

Additional context on winter pressures:

- Our Integrated Performance Report (IPR) is published on our public website and provides data on how the Trust is performing against our strategic aims.
- NHS Providers' Winter Watch tracks key activity and demand figures across the NHS. They analyse the data, highlighting key trends to understand the pressure Trusts are under throughout the winter.

Supporting information:

An attached slide deck gives an update to the data supplied in the last HOSP, with updated figures. They detail our Trust's performance over time with a focus on:

- Total General and Acute (G&A) beds which have increased over time
- How the use of escalation and surge beds have increased
- Total occupancy across the hospital which has increased consistently through the year

Winter pressures

The system winter plan has continued through January and February as we continue to see a high demand for urgent care services. We have worked hard to continue to address this demand and work with our partners on a system wide approach for the benefit of our patients and community.

The demand for urgent and emergency care across the system has been higher than we anticipated. Much of the winter mitigation was predicated on increased SDEC activity through the use of additional designated SDEC space on Respiratory, Cardiology and SAU, and reduced nCTR numbers.

SDEC areas have been bedded consistently since December, this has constrained the ability for patients to flow through.

Our winter plan, previously presented, detailed our approach to this which we continue to deliver. Following a month-long critical incident, our focus remains to address the barriers that continue to cause us difficulty in improving and maintaining flow through the system.

As a system, our focus in providing quality and effective healthcare is more crucial than ever, so we are coming together with health and social care partners in the Portsmouth and South East Hampshire area to take a series of immediate actions to improve flow within the wider system.

The QA Hospital site has faced significant demand with over 140 additional escalation care spaces frequently in use. This impacts the safe and effective operations of the hospital, putting a strain on clinical teams, compromising patient experience, and escalating safety risks.

This high level of occupancy inhibits the ability of teams to maintain patient flow and leads to delays in the Emergency Department for patients walking in and arriving by ambulance. It also impacts in the community with patients requiring an ambulance waiting longer than they should. One of the most significant ways we can help as a system is by reducing the number of patients residing in hospital with no criteria to reside (NCTR). Across the past two years the delay that these patients and families see in being discharged has increased significantly with more than 200 patients waiting today with on average of eight days delay after being declared medically fit.

In response to this, we initiated a Firebreak week, a collaborative effort aimed at improving urgent and emergency care for our population. It was a week-long endeavour from Monday 12 to Sunday 18 February that brought senior stakeholders from across the system together in one room to immediately address challenges as they arise. This was the first of what will be three firebreak weeks in the run up to the Easter weekend when we know there can be an increase in demand.

The primary objective of the week was to strategically reduce hospital occupancy and restore balance to our healthcare system. This will mean that should we see the further pressure in coming weeks that modelling suggests, we will all be in a better position to care for our patients. We also know that it is not good in terms of experience or outcome for patients to stay in hospital longer than necessary.

The firebreak weeks are supported by senior colleagues from Hampshire and Isle of Wight ICB, Portsmouth Hospitals University NHS Trust, South Central Ambulance Service (SCAS), Portsmouth City Council, Hampshire County Council, Solent NHS Trust, and Southern Health NHS Trust.

Together, we can make a significant impact on the health of our community and ensure that our healthcare services operate efficiently and effectively. We will not be publicly communicating the work due to the take place this week but will be sharing information through our public channels around how communities can support with patient discharge, choosing the right service and self-care.

Firebreak FAQs

What is a firebreak?
A firebreak is a large-scale plan that pulls together senior colleagues from not just acute hospitals, but also community, ambulance, social care, primary care, and the Integrated Care System (ICS) to reduce occupancy levels by taking immediate actions.
These actions will include reviewing inpatients with No Criteria to Reside (NCTR) and reducing this number through safe, but more efficient, daily discharges into their next place of care. Achieving this will positively impact patient waiting times and reduce ambulance handover times and waits in the community.

Why do we need to hold a firebreak?
By bringing in partners from the start, we can create the energy and focus needed to make real sustainable improvements that benefit not just the hospital, but the wider system too.

The main aim of the week is to reduce hospital occupancy, allowing Same Day Emergency Care (SDEC) areas and services to utilize their capacity effectively. By doing so, we hope to restore balance to the healthcare system and create a more sustainable approach for the coming months when modelling shows we may see an increase in demand. We also know that it is not good in terms of experience or outcome for our patients to stay in hospital longer than necessary.

When is the firebreak taking place?
Our first firebreak took place from Monday 12 February to Sunday 18 February as a collaborative effort aimed at improving urgent and emergency care for our population. This will be a week-long endeavour, resembling an incident response but with a unified system approach, bringing together all stakeholders in one room to address challenges as they arise.

What afterwards?
After the week has concluded, we will share any learning and ongoing actions. A big part of the firebreak week is about making sure we keep up the pace and continue working together to drive improvements.
Further firebreak weeks are scheduled to take place on:
- 4 to 10 March
- 21 to 28 March (ahead of the Easter weekend)

Our performance data:

Ahead of January's HOSP meeting, we were asked to prepare data looking at:
- Ambulance handover times
- 4-hour target performance
- Occupancy levels

It was noted in January's meeting the committee found it helpful to have this data, so we have provided the same three areas of focus with updated figures for the March report.

1. **Ambulance handover times for the last 12 months**

Nationally we are measured against the percentage of handovers completed within 15 minutes, this graph shows our performance over the last 12 months.

Percentage of patients arriving by ambulance handed over within 15 minutes

Data points: Jan-23: 81.8%, Feb-23: 75.8%, Mar-23: 66.5%, Apr-23: 51.9%, May-23: 46.0%, Jun-23: 63.4%, Jul-23: 46.0%, Aug-23: 42.6%, Sep-23: 30.5%, Oct-23: 34.9%, Nov-23: 44.0%, Dec-23: 36.5%, Jan-24: 33.3%
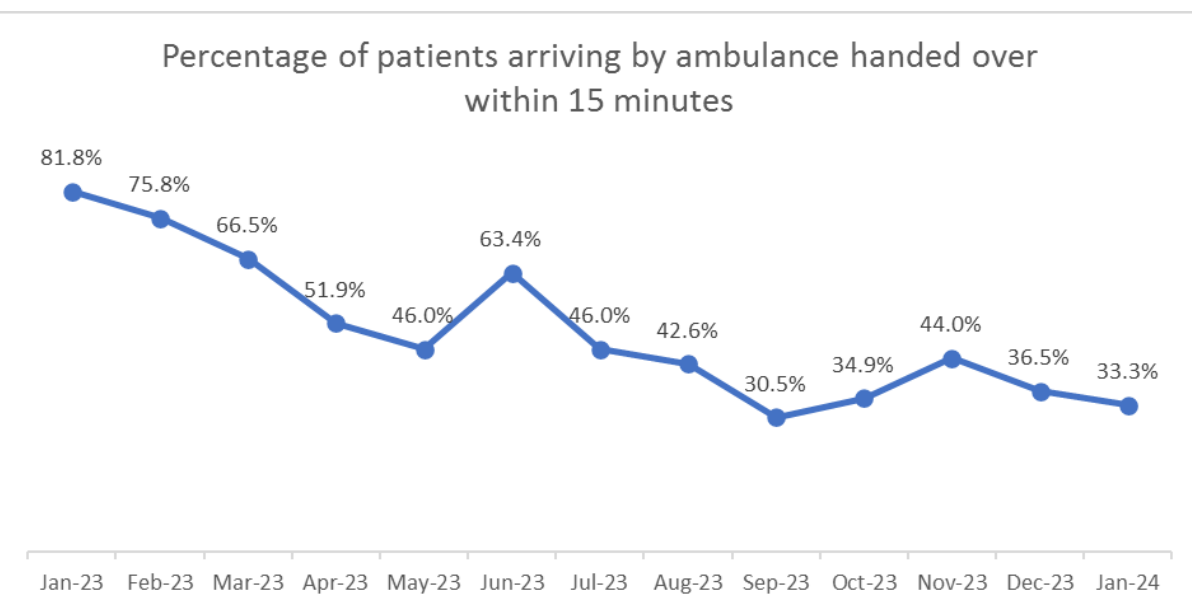
3. 4 hour waiting targets

The Trust was part of the Urgent and emergency care clinical review of standards until mid-May this 2023. This graph shows our performance since May 2023:

Trust 4 Hour Performance

Data points: May-23: 62.9%, Jun-23: 65.0%, Jul-23: 62.6%, Aug-23: 65.8%, Sep-23: 62.1%, Oct-23: 59.4%, Nov-23: 62.0%, Dec-23: 60.5%, Jan-24: 60.0%
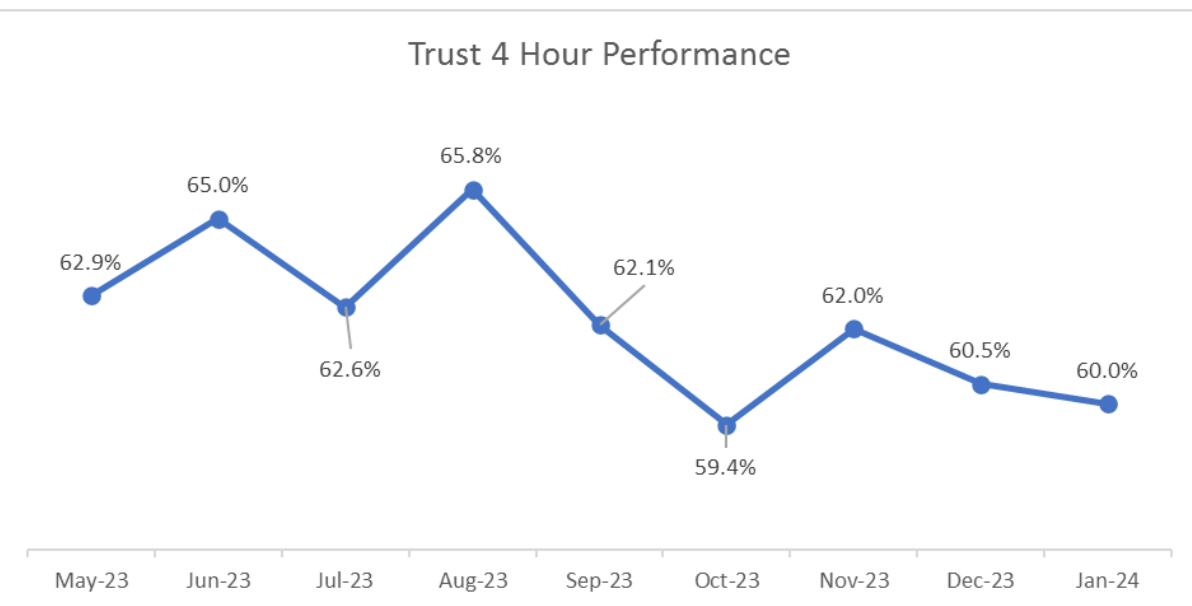
NHS England » Urgent and
Emergency Care (UEC)

1. **Occupancy levels for the last 12 months:**

DIST - Trust Bed Occupancy (G&A Core Bed Stock)

Summary of data:

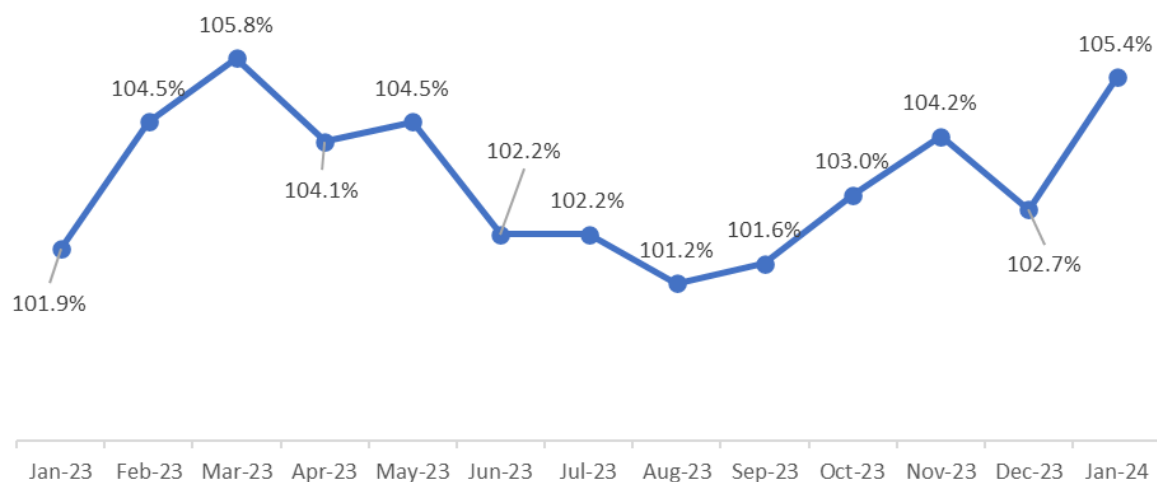| Period	Percentage of patients arriving by ambulance handed over within 15 minutes	Trust 4 Hour Performance	DIST - Trust Bed Occupancy (G&A Core Bed Stock)
Feb-23	75.8%		104.5%
Mar-23	66.5%		105.8%
Apr-23	51.9%		104.1%
May-23	46.0%	62.9%	104.5%
Jun-23	63.4%	65.0%	102.2%
Jul-23	46.0%	62.6%	102.2%
Aug-23	42.6%	65.8%	101.2%
Sep-23	30.5%	62.1%	101.6%
Oct-23	34.9%	59.4%	103.0%
Nov-23	44.0%	62.0%	104.2%
Dec-23	36.5%	60.5%	102.7%
Jan-24	33.3%	60.0%	105.4%

Industrial Action: Junior Doctor Strikes

Planned industrial action took place in February in the form of Junior Doctor strikes. PHU experienced 34% of junior doctors taking strike action.

General updates:

Building Better Emergency Care progress – We were recently joined

Wait List Validation:

The Trust is using Waiting List Validation to check in with patients on our waiting lists. As waiting lists for appointments and procedures across the NHS continue to grow, the Trust is taking action to help reduce waiting times by enabling a process that allows patients to confirm whether they still require their appointment, ensuring those that have been referred to us for an appointment or procedure still wish to remain on our waiting list. Our second cohort of this was sent out in January and has been a great success, helping to reduce the number of patients on the waiting list and improve wait times for those remaining.

CQC Maternity report:

We are proud that our maternity services were rated 'Good' following an inspection by the Care Quality Commission.

The inspection, which took place in October, looked at how safe and well-led services provided at Queen Alexandra Hospital, St Mary's Hospital and Gosport War Memorial Hospital.

The CQC highlighted several areas of good practice including:

• Women and people using the service spoke positively to inspectors about the professionalism and quality of care they received.

• Staff told inspectors they felt respected and praised the safety culture and collaborative working in the service. Leaders should be proud to have developed a culture that is committed to improving care.

• Staff were well-trained, understood how to protect woman and birthing people from abuse, and managed safety well.

• The service had several ongoing improvement projects including work to engage with less-heard groups such as people from local Filipino, Ghanaian, and Nigerian communities.

• Staff spoke positively about working at the trust and leaders took a strong focus on staff wellbeing, ensuring they took time for breaks during their shifts.

Other good news for our Maternity Services came though positive results in the CQC's National Maternity Survey 2023, which looks at patient experience, maintaining scores from the previous year and rating higher than most trusts for eight questions, including scoring 9.7 (out of 10) for provision of mental health support during pregnancy.

Endoscopy Unit at Queen Alexandra Hospital
The Endoscopy Unit at QA Hospital provides a wide range of diagnostic and therapeutic procedures to more than 15,000 patients a year. Due to growing demand for day-patient procedures, planning permission to develop a new unit on the ground floor of Lancaster House, near the north car park at QA Hospital, was submitted. Planning permission was granted in February 2024 and work is due to begin shortly to develop the space that was previously occupied

by corporate teams. The development will increase the number of rooms that the procedure can be offered in, as well as providing two recovery areas and improved access to the building. The unit is due to open in late 2024.

Community Diagnostic Centre (CDC) at Rodney Road
The Community Diagnostic Centre (CDC) in Portsmouth first opened in 2021 at St Mary's Community Health Campus in Milton, with spoke sites at Fareham Community Hospital and Oak Park Community Clinic, Havant. The programme to increase diagnostic capacity testing, including mammograms, blood tests, ultrasounds and heart monitoring, and reduce waiting times for diagnosis and treatment, was part of a national investment programme from NHS England.

As part of the next stage of the CDC in Portsmouth, the Rodney Road Centre, in Illustrious Drive, Milton, will be developed to provide more diagnostic testing within a specially designed modern healthcare environment, as part of a partnership with Alliance Medical. The Rodney Road Centre currently houses several clinical and non-clinical teams who will be relocated either permanently or temporarily.

A planning application has been submitted to Portsmouth City Council and information has been shared with local residents about the plans. It is hoped the centre will be open to patients in early 2025.

Two new theatres at Queen Alexandra Hospital
Our two new theatres on the QA Hospital site are due to be complete in Spring 2024. They will help improve patient experience by reducing the risk of last-minute cancellations due to the emergency repairs in older theatres and allow us to deliver a higher number of procedures. The new theatres also mean that when we are carrying out work in other theatres, there won't be a reduction in activity.

New Emergency Department at Queen Alexandra Hospital
Work continues both with the build and the development of improved clinical models to support our new Emergency Department. In December 2023, our contractors held a Topping Out Ceremony and in the past few months we have hosted visits for local MPs and other stakeholders to see how the build is progressing. We remain on track to open later this year ahead of Winter.

Entrance developments at Queen Alexandra Hospital
Work to redevelop the main entrance at QA Hospital began in 2023 and includes the addition of further food and retail options for patients, visitors, and staff (Marks and Spencer Food and The Stock Shop), as well as a new upper floor lecture theatre to support the provision of high-quality training facilities. The development will also include the provision of an accredited Changing Place facility. Work on the public sections of main entrance is due to be complete in May 2024 with the second floor being complete soon after. Work will begin on the north entrance in May 2024 and aims to be complete by the end of the year.

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HOSP Supporting information

Working together To drive excellence in care for our patients and communities

NHS
Portsmouth Hospitals University
NHS Trust

06/03/24

February HOSP – Supporting information

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The data in this pack gives insight into how:

- Total General and Acute (G&A) beds which have increased over time.

- How the use of escalation and surge beds have increased.

- Total occupancy across the hospital which has increased consistently through the year.

- Within this data, how has this growth in occupancy aligned with demand and critical incidents being declared.

This graph shows the number of General and Acute beds which has grown over time

NHS
Portsmouth Hospitals University
NHS Trust

DSIT - Average Occupied Bed v Capacity

Key observations:
- Demand and bed usage trend increasing YoY.
- Since August 2022, occupied General & Acute (G&A) beds have outstripped core bed stock despite the Trust increasing core bed capacity following the opening of the modular wards in Q4 2021/22.
- Escalation capacity continues to be used to daily to support patient flow.

Legend:
- Total G&A core bed stock open
- Total G&A escalation beds open
- Of total G&A beds open, number occupied

COVID Wave 1

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Key Interventions 'v' Bottle Necks

Walk-Ins

Amb Arrivals

Majors / Resus Occ. %

Other NEL Admits

ED NEL Admits

Bed Occ. %

Bedded SDEC

NCTR

Nov-21
Emergency Care Centre opened to treat non-emergency (minors) and reduce majors and resus occupancy.

Nov-23
ED Surge expanded to 16 spaces to reduce the risk to patients waiting an excessive amount of time for ambulance handover, and those in the community waiting for emergency care.

Jan-24
Redirection of appropriate patients using **GP Streaming** to free up decision maker time within ED and support a reduction in wait to be seen and time in department.

Jan-22
Modular ward fully opened providing an additional +44 core G&A beds following all moves.

Mar-23
16 beds opened at Shearwater to provide additional capacity for NCTR patients, closed Apr-23.

Aug-22
Trust introduced **your next patient (YNP)** spaces to reduce the risk to patients waiting an excessive amount of time for ambulance handover, and those in the community waiting for emergency care. Reduce overall length of stay in the Emergency Department (ED) and assessment /SDEC areas, ensuring patients reach care on our wards safely and in a timely manner.

Nov-23
Increased **your next patient (YNP)** spaces

How that growth has coincided with critical incidents:

DSIT - Average Occupied Bed v Capacity

Legend: Total G&A core bed stock open | Total G&A escalation beds open | Of total G&A beds open, number occupied

2019 | **2020** | **2021** | **2022** | **2023** | **2024**
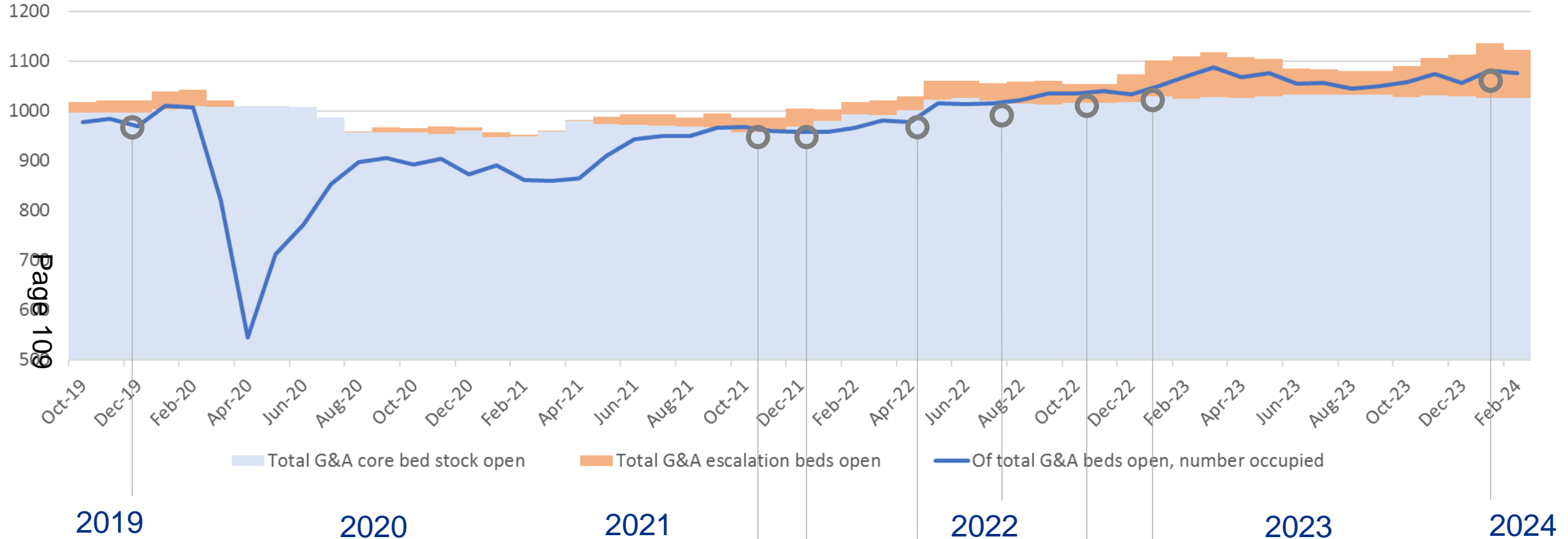
4 to 13 Dec
High levels of patients presenting at the ED, long delays for those patients to be seen and to be treated.

None recorded due to pandemic

30th Oct – 2nd Nov & 9th – 19th Dec
Ongoing pressures of high numbers of patients arriving in the Emergency Department, lack of patient flow within the hospital to support timely movements of those patients being admitted into wards, which led to Ambulances being held.

6th – 8th Apr, Jul 11th - 14th Oct & 20th Dec – 6th Jan 23
Demand on emergency services outstripping hospital capacity. System wide incident with extremely high demand for services across HIOW.

1st-10th Nov & 13th-21st Dec
Both incidents in 2022 were called due to the demand on emergency services outstripping hospital capacity.

3rd Jan – 31st Jan
Emergency care demand following a known busy bank holiday period and high bed occupancy.

5 | 06/03/24

Total occupancy:

Portsmouth Hospitals University
NHS Trust

DSIT - Average Occupied Beds

Of total G&A beds open, number occupied

DSIT - Average G&A core bed stock open

Total G&A core bed stock open

DSIT - Average G&A escalation beds open
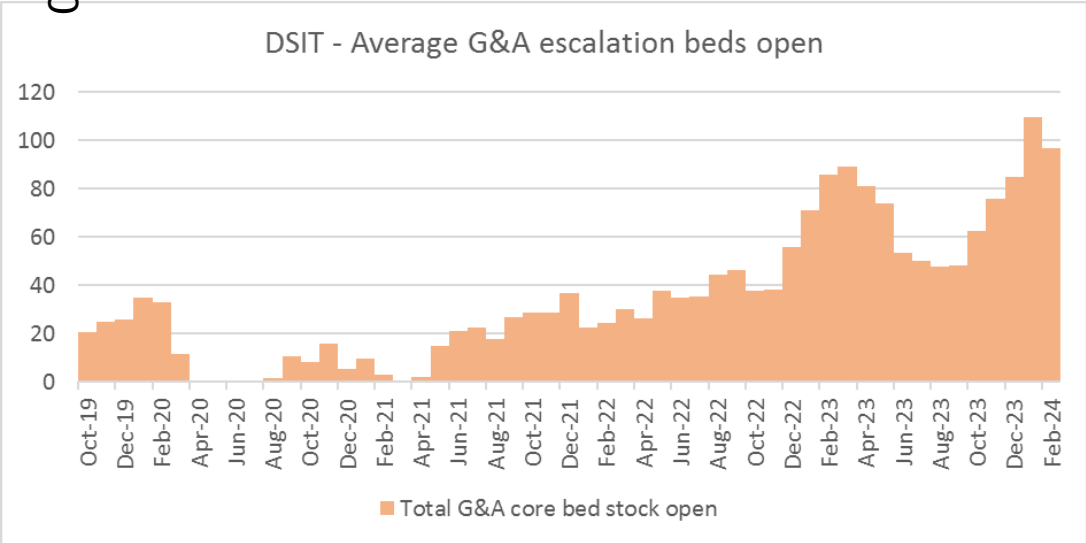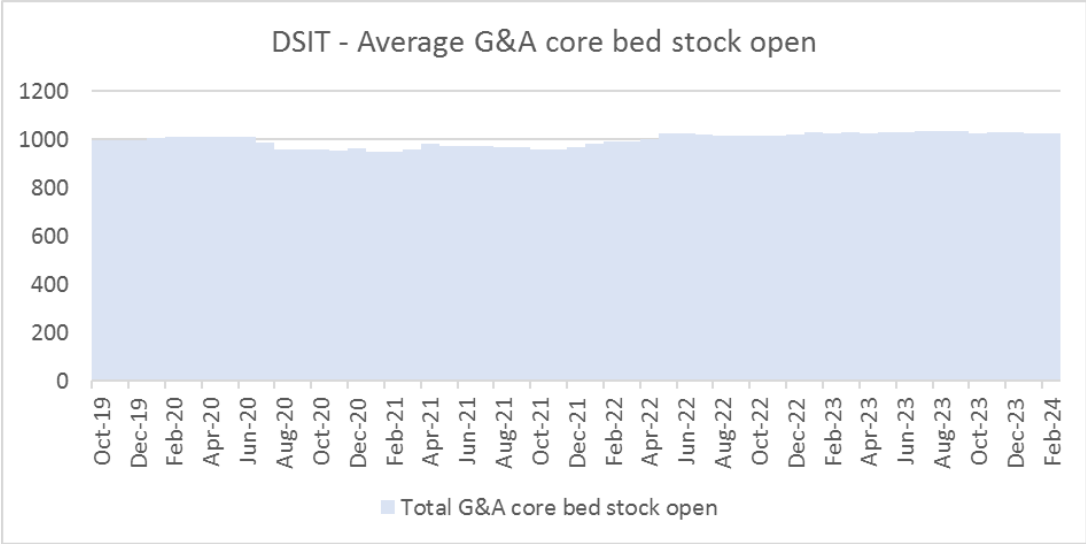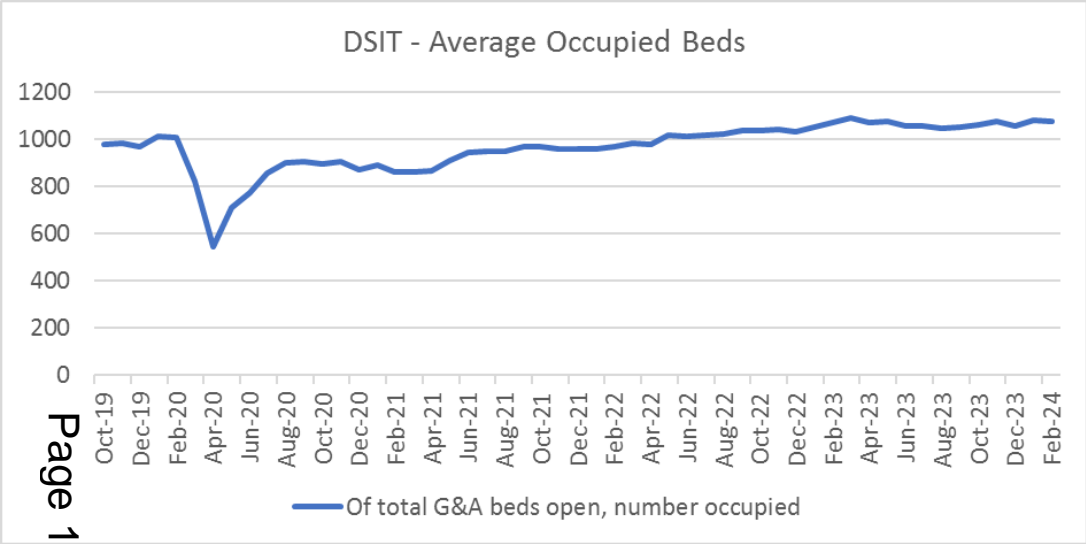

Total G&A core bed stock open

**Table below compares February '20 (pre COVID) to February '24 (1st to 28th)**

Measure	Feb-20	Feb-24	Change +/-
Total G&A **core bed stock open***	1009	1026	+17 (+1.6%)
Total G&A **escalation beds open**	33	97	+64 (+194.1%)
Total Beds Open	1042	1122	+80 (+7.7%)
Of total G&A **beds** open, number **occupied**	1007	1076	+70 (+6.9%)

* Excludes core beds closed due to Infection Prevention Control (IPC) measures.

6 | 06/03/24

NHS

Percentage of patients arriving by ambulance handed over within 15 minutes
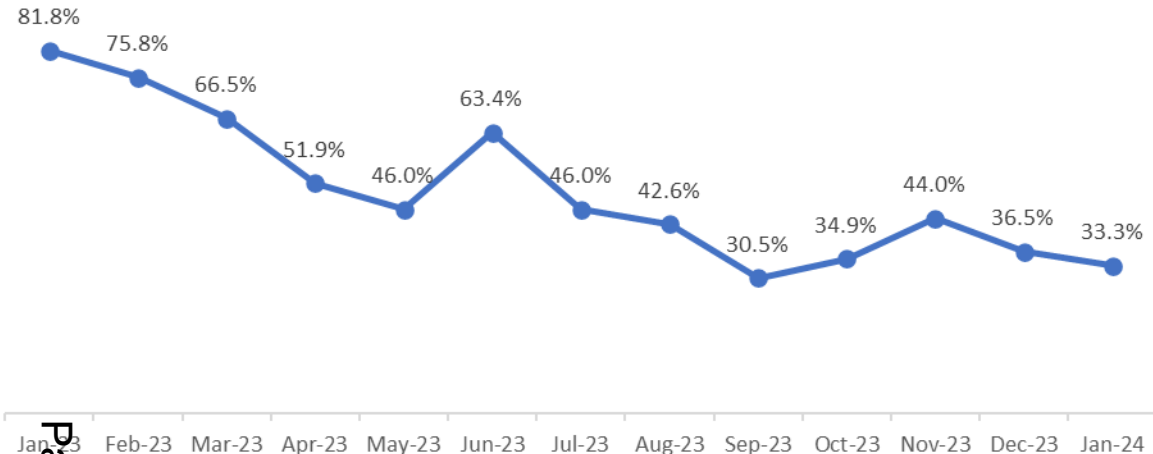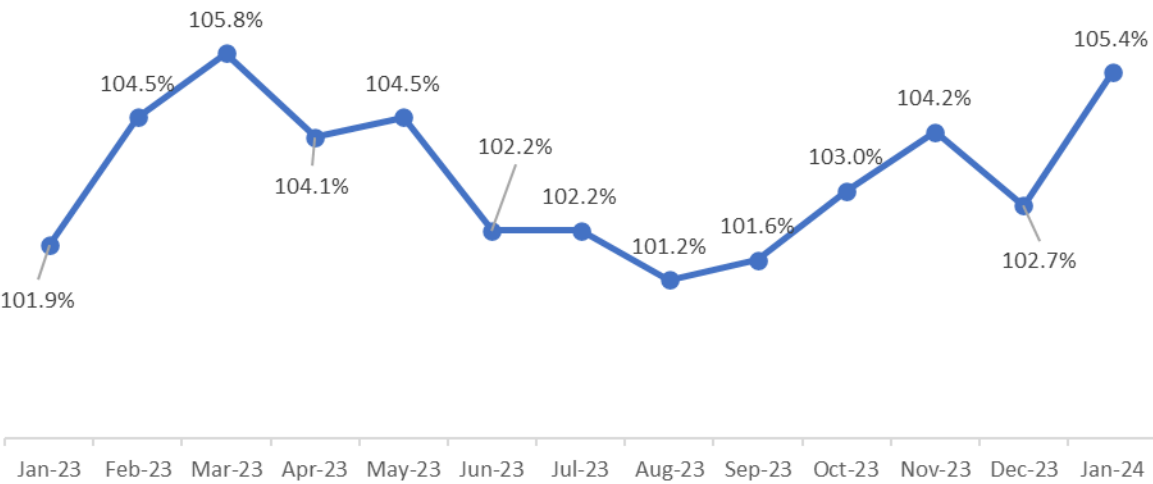

Trust 4 Hour Performance
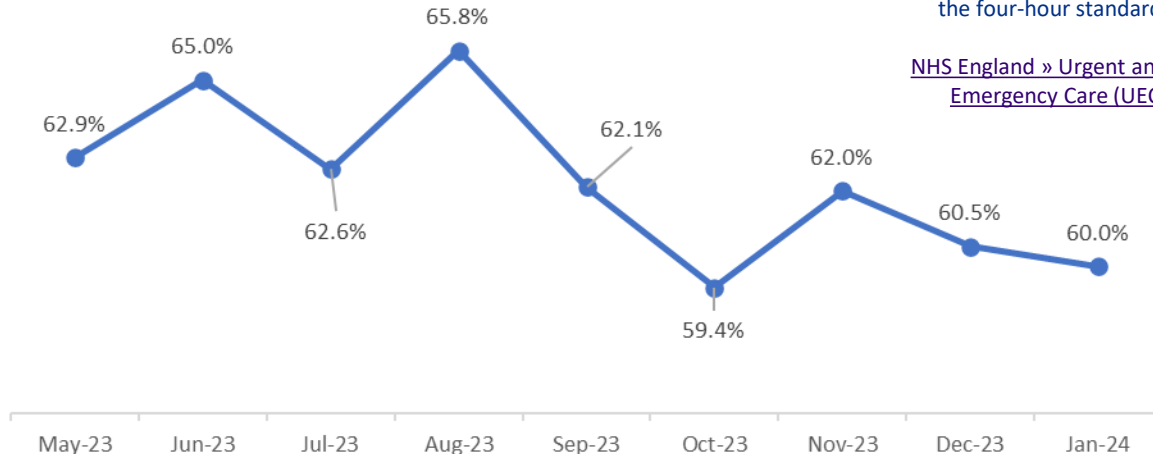
Prior to May-23, the Trust was part of the Urgent and Emergency Care Clinical Review of Standards. As such, the Trust was not subject to the four-hour standard.

NHS England » Urgent and Emergency Care (UEC)

DIST - Trust Bed Occupancy (G&A Core Bed Stock)

Period	Percentage of patients arriving by ambulance handed over within 15 minutes	Trust 4 Hour Performance	DIST - Trust Bed Occupancy (G&A Core Bed Stock)
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Jun-23	63.4%	65.0%	102.2%
Jul-23	46.0%	62.6%	102.2%
Aug-23	42.6%	65.8%	101.2%
Sep-23	30.5%	62.1%	101.6%
Oct-23	34.9%	59.4%	103.0%
Nov-23	44.0%	62.0%	104.2%
Dec-23	36.5%	60.5%	102.7%
Jan-24	33.3%	60.0%	105.4%

Working together

To drive excellence in care for our patients and communities