

**Title of Meeting:** Health Overview and Scrutiny Panel  
**Date of Meeting:** 23<sup>rd</sup> June 2022  
**Subject:** Adult Social Care Update  
**Report By:** Andy Biddle, Director of Adult Social Care

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## **1. Purpose of Report**

To update the Health Overview and Scrutiny Panel on the key issues for Adult Social Care, (ASC) for the period December 2021 to May 2022.

## **2. Recommendations**

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

## **3. Overview**

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

ASC's purpose is defined as:

- Help me when I need it to live the life I want to live

## **4. National Legislation & Guidance**

**4.1.** During 2021, the Health & Care Act 2022, progressed through the parliamentary scrutiny process. The main implications for Local Authorities, (based on existing guidance) include:

- The care cap - limiting what people pay over their lifetime for social care to £85,000
- Changing the level of assets at which people become eligible for Local Authority financial help toward their care costs from £20,000 to £100,000
- Implementing the section of the Care Act (2014) which enables people to access the same rates that the Local Authority pays for care, even where people are funding 100% of their care costs

- Requiring the Local Authority to undertake and publish a 'Fair cost of care' report and to move toward this cost in what they pay social care providers
- Requiring the Care Quality Commission to assess/inspect how the Local Authority discharges its duties under Part 1 of the Care act (2014).
- A requirement on social care providers to submit information to the Department for Health & Social Care.
- The ability for DHSC to fine social care providers if they do not submit information when required.

**4.2** In March 2022, the government published the consultation 'Changes to the Mental Capacity Act Code of Practice and implementation of the Liberty Protection Safeguards'. The consultation closes on 7/7/22 and the implementation of the new Code of Practice, (26 chapters, covering 518 pages) is expected during 2022.

**4.3** In 2021, the government concluded a consultation into the changes proposed to the Mental Health Act and in the Queen's Speech of May 2022 announced that draft legislation would be brought forward to reform the Mental Health Act in England & Wales.

## **5. Health & Care Portsmouth**

Portsmouth City Council has a strong history of integrated working relationships with all NHS partners in the city, in particular with NHS Portsmouth Clinical Commissioning Group (PCCG). We continue to work together with Portsmouth Hospital University Trust, (PHU) Solent NHS Trust and voluntary and community sector colleagues in integrating the health and care approach in Portsmouth and in preparing for the Hampshire and Isle of Wight Integrated Care System to come into effect in July 2022.

## **6. Key Issues**

### **6.1. National reform**

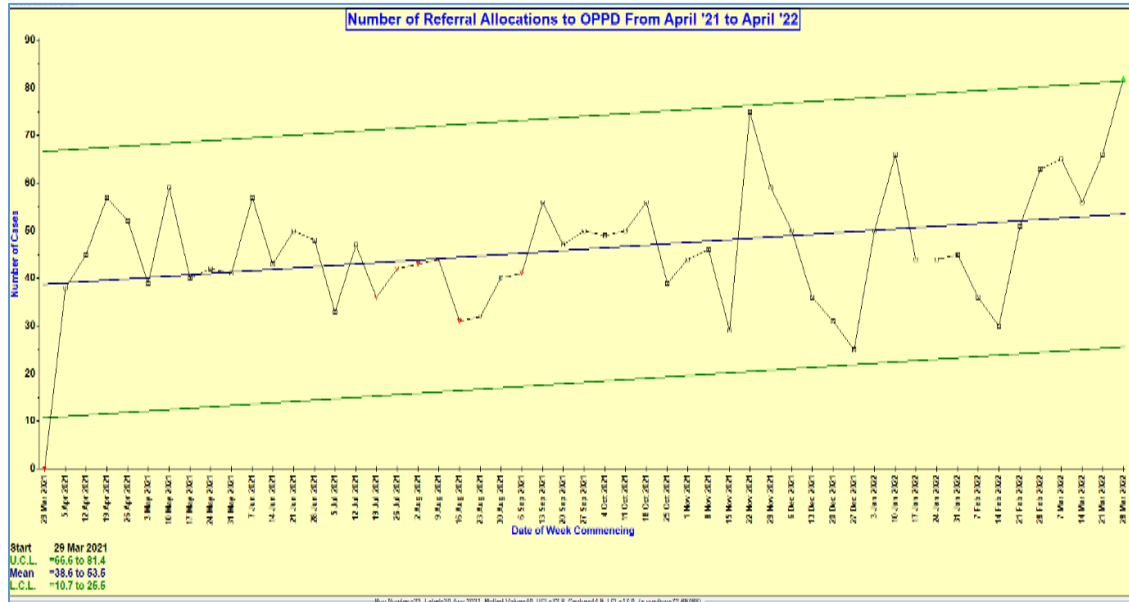
As noted at section 4, the proposed reform constitutes significant changes to the law and related guidance and proposes an ambitious timetable for change reform. The preparation required for each of the changes are significant and this will put significant pressure on Local Authority adult social care services.

### **6.2. Adult Care and Support**

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

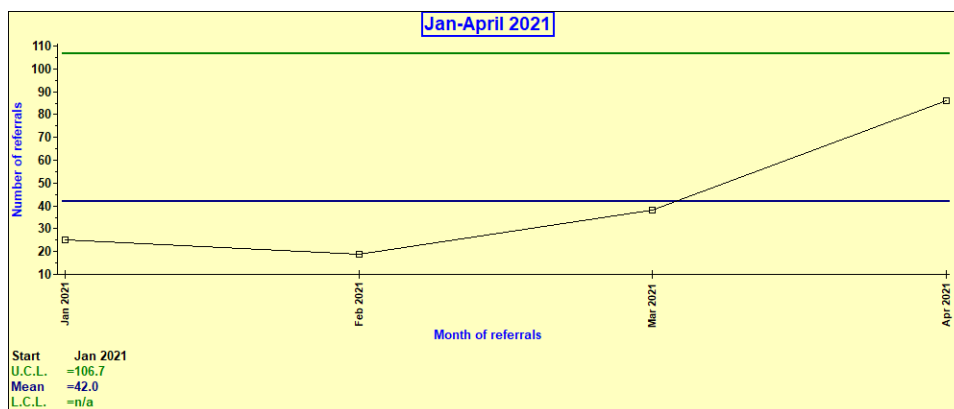
teams conduct assessments and work with Portsmouth residents to develop a personalised Support Plan to meet their needs. Social Workers and Independence Support Assistants support people who require care and support either at home, or in a residential setting, to choose services that meet their needs.

The community teams are currently experiencing increased pressures. We have growing waiting lists for assessment and reviews within the teams and waiting times are longer.

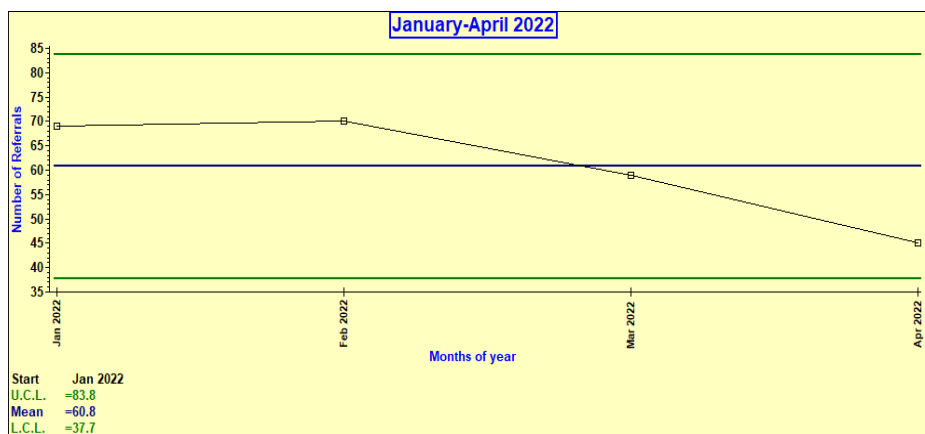


We currently have 2 locum social workers as extra resource for the teams to help manage the pressure. We have also commissioned an external provider to undertake one off review of 200 cases

The response team has seen a 45.2% increase in the number of referrals for the first quarter this year compared to 2021. Jan-April 2021 = 168 (Jan 25/Feb 19/March 38/April 86)



Jan-April 2022 = 244 (Jan 69/Feb 70/March 59/April 45)



The Occupational Therapy (OT) Team is part of Adult Care and Support and helps Portsmouth City Council residents maximise and maintain their independence. The team closely integrate with Solent Healthcare and work closely with the council's public and private sector housing teams, helping individuals adapt their homes.

In line with the ASC strategy and as part of the preparations for the proposed CQC inspection of Local Authorities, we are embarking on programmes of practice culture change aimed at supporting staff to think and work in a strength-based way. We want to ensure that our assessments are and continue to be person centred and collaborative and that we work in a way that moves away from thinking how individuals fit into services to supporting our residents to achieve outcomes that matters to them. One of the initiatives to this end is the development and implementation of the Practice Support Forum (PSF).

Practice Support Forum is a peer group support platform aimed at Strength - Based focused Practice Culture with value for money commissioning outcomes as a by-product. Colleagues with expertise in reablement, community resources and the voluntary sector attend as they have a wealth of knowledge of what may be available in the community. PSF aim:

- To reinforce strengths-based practice and good assessment
- To support development of Social Workers' confidence in their strengths-based practice and assessment
- To support Social Workers in considering alternatives commissioning solutions that meet outcomes identified in assessment
- Ensuring cost effectiveness so that outcomes are met making the best use of available resources.

### 6.3. Hospital Discharge

ASC continues to follow the latest hospital discharge guidance: Hospital Discharge and Community Support Guidance, published 31 March 2022<sup>1</sup>. This

<sup>1</sup> [Hospital Discharge and Community Support Guidance \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

guidance sets out how NHS bodies (including commissioning bodies, NHS Trusts, and NHS Foundation Trusts) and local authorities can plan and deliver hospital discharge and recovery services from acute and community hospital settings that are affordable within existing budgets available to NHS commissioners and local authorities.

In practice, this guidance requires close working between ASC, Portsmouth CCG and NHS Solent to ensure Portsmouth citizens are discharged and assessed for ongoing care needs in a safe, timely and effective way that reduces the length of time people wait within Hospital for discharge. This work feeds into plans and activities at the Portsmouth & Southeast Hampshire Urgent Care System to manage the current pressures at Portsmouth Hospitals University Trust.

Part of this work involves the 'Discharge to Assess' (D2A) reablement unit (Southsea Unit) located at Harry Sotnick House, that was set up as a resource during the pandemic. Working in partnership with Portsmouth Clinical Commissioning Group (CCG), we are working to agree funding to establish a permanent D2A unit. The unit enables Portsmouth residents to be discharged from hospital and offered a short stay, with reablement support, to enable decisions about how ongoing care and support needs could be met.

The hospital discharge fund ended at the end of March 2022. The PCCG are currently supporting a continuation of existing D2A arrangements until September 2022 whilst we work with NHS Solent on the future of Southsea unit and Jubilee House.

ASC continue to assess people's care and support needs following their discharge from Hospital. The team works across NHS Solent and PCC units to provide timely Care Act assessments for people leaving hospital with complex needs whilst maintaining a 'home first' ethos. Staff have adapted well to the changes, and closer working with NHS colleagues has resulted in positive changes for Portsmouth residents needing to leave hospital with support in a rapidly changing environment.

#### **6.4. Work with People with a Learning Disability**

The Integrated Learning Disability Service (ILDS) has continued to support the COVID-19 vaccination uptake for its users. They have now achieved a 93% uptake. The service has worked closely with PCCG and the Primary Care Network's around support for the COVID-19 booster jabs and seasonal flu jabs. This integrated approach to care and support has helped keep this very vulnerable population well throughout the pandemic.

The ILDS is hoping to better understand the implications of long COVID for its population and provide appropriate support to individuals affected. To date, 90 people have undergone long Covid monitoring. Four of those individuals had identified on-going symptoms which they were offered support to manage.

The ILDS has continued to work with its network of providers to ensure business continuity. The key issues for providers have been around managing staff absence linked to Omicron and the general recruitment and retention of staffing across the sector. During the pandemic, some care staff chose to leave their roles and move into the retail and hospitality industries. This seemed to be in response to the extreme working conditions the care sector was experiencing. More recently this trend appears to have halted and we are beginning to see staff return to the sector. We hope this continues.

Due to cost-of-living pressures this year has seen a number of requests from providers for significant fee increases (up to 18%). This has led to an offer from PCC of 6.99% for supported living providers and 6.34% for day service provision. These have been accepted.

The ILDS has experienced an unprecedented increased level of referrals following COVID-19. This has placed a major strain on the service and has required investment in staffing from both PCC and Solent. Similar investment is also being sought from Portsmouth CCG to ensure sustainability.

Alongside the work to re-establish services, the ILDS has continued with its developmental ambitions. Recently there was a naming ceremony for the new 28 bedded supported living service, Patey Court. This is now scheduled to open in July 2022 following delays in the build. Alongside this, a new 8 person supported living service for people with very high support needs in Liss was opened in November and provides a high-quality bespoke environment, and support, for a very vulnerable group who previously would have been placed in high cost and often unsuitable, placements across the country. We are now beginning to plan for the opening of the “Highgrove” project in Drayton scheduled for July 2023. This will offer accommodation for 12 people with a learning disability and a further 12 beds for Portsmouth residents eligible for Continuing Healthcare.

The service also hosted a networking event at Portsmouth Football Club in March 2022 to connect potential employers and people with a learning disability. Over 40 service providers had stalls and around 300 members of the public attended. People enjoyed being able to connect again and speak to people directly after such a long and difficult time.

## **6.5. Carers Service**

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

gradually increased its range of services to pre-pandemic levels, offering a variety of individual and group support. Recent work includes;

- Discharge to assess - funded by NHSE the service worked alongside Solent colleagues within Jubilee and Spinnaker wards to evaluate and improve carer experience of the discharge process, promote pathways of support for carers and provide awareness sessions for Solent staff. This also allowed us to redesign and relaunch the Carer Aware e-learning. The project has highlighted ongoing significant gaps in awareness and desire to take ownership for the identification of carers and the inclusion of carer support in the discharge planning process.
- GP Carer Read Code - this has now been implemented allowing all SystemOne users across Adult Social Care and primary care to record the 'carer flag' on the carers GP record. Used predominantly by the Carers Service this improves carer identification and visibility in primary care and is setting a new precedent for maximising the use of the shared record system. We have now included the e-referral function within SystemOne as another tool to support early carer identification and support. This work has recently been shared as best practice at an NHSE Commitment to Carers programme lunch and learn webinar [https://www.youtube.com/watch?v=U7p\\_i4x8wk0](https://www.youtube.com/watch?v=U7p_i4x8wk0)

There has been continued high demand for Carers Assessments. The team have worked extremely hard to keep waiting times down with no average monthly waiting times exceeding one week and no individual waiting time of more than two weeks and five days. The number of referrals into the service has increased by over 73% in the 12 months up until April 2022. Monthly referral figures for November 2021 until April 2022 are as follows:

Month	Number of referrals
November 21	55
December 21	43
January 22	58
February 22	70
March 22	97
April 22	71

The Deputy Head of Service and Assistant Team Manager with responsibility for the carers service have represented Portsmouth at regional, national and international meetings and events including World Carers Conversation 2022, focus groups with DHSC colleagues, a workshop with CQC assisting the

development of carers measures in the new inspection framework and various ADASS events.

## **6.6. Independence and Wellbeing Team**

The work of IWT exemplifies the approach set out in the ASC Strategy looking at recognising and harnessing the resources of Community. Often community resources can achieve more sustainable outcomes for our citizens. Coupled with an increasing demand for ASC services and finite capacity and resource, this highlights the need for a move to a strength-based partnership model with the people we serve and their communities

The purpose of the Independence and Wellbeing team is to support the people of Portsmouth to

- retain their independence and quality of life
- keep well
- avoid social isolation and loneliness
- have a sense of purpose
- Reducing dependence and also demand on health and social care statutory services.

They do this by;

- providing information
- signposting/referring to other services
- supporting people to access resources across the city
- providing activities
- helping people make healthy choices
- growing community capacity
- increasing community cohesion

The team is made up of Community Connectors, (CC) and Community Development workers, (CDW)

### **Community Connectors**

- Currently operating a waiting list of approx. 40 referrals.
- Has introduced a 'working as a group' programme to address waiting lists and make effective use of limited resource
- Increasing presence in Extra Care Schemes using Covid Recovery funding. Rather than pay 1-1 care staff to meet needs of isolated residents Community Connection uses a strengths based approach to bring in volunteers and support residents to develop relationships.

### **Community Development**

- Our gardening projects have good attendance and we have been approached to develop a temporary green space in Commercial Road



- Nature Watch groups have been established and good attendance from various community groups.
- BME community groups established and well attended
- Looking to develop a further 'Men in Sheds' group in the north of the city.
- Linking in with a new voluntary community group based at Hilsea Lido to develop a project.
- BME outreach has restarted and staff are renewing and/or making new links within the BME communities. Moving forward the focus is to have projects open to all with BME CDWs focusing on encouraging and promoting groups to BME communities rather than having a separate provision.
- Chop/cook/chat is well supported by a reliable group of volunteers.
- Volunteer led Healthy Walks have been reinstated and routes are being added
- Advert currently out to recruit a Team Lead who will develop the Front Desk project and to oversee day to day management of Development Team
- Community Builder post being advertised to coordinate Community Capacity building

## **6.7. Participation and Engagement**

As Adult Social Care we believe that we will better support our community by involving the people who are affected by our services in every aspect of what we do. We also believe it is the right way to act - that there should be 'Nothing About Me, Without Me'. This needs to be a defining aspect of our strategy, approach and values. We need to have a clear policy and a thought- through approach to putting our principles into action.

We use Think Local Act Personal's 'Ladder of Participation' to help us understand what we are currently doing and be clear about where we want to get to. Important 'rungs' are

- Co-production - An equal relationship between people who use services and the people responsible for services, working together, from design to delivery, sharing strategic decision-making about policies as well as decisions about the best way to deliver services.
- Co-Design - involving service users in designing services based on their experiences and ideas. They have genuine influence but are not involved in 'seeing it through'.
- Engagement - people who use service are given opportunities to express their views and may be able to influence some decisions, but this depends on what the people responsible for services will allow.
- Consultation - people who use services may be asked to fill in surveys or attend meetings; however this step may be considered tokenistic if they do not have the power to influence or affect change.

#### Scope of Activity will include

- Setting, monitoring and refreshing of the ASC Strategy
- Development of Commissioning Intentions
- Evaluation of the quality and effectiveness of what is currently commissioned/provided
- Design of new and existing Services
- Procurement - development of specifications, tender evaluation and review
- Staff Recruitment
- How we support people to articulate what is important to them
- How we develop pathways whereby individuals' views can be aggregated and heard by those who can respond to them
- How we invest in development and maintenance of relationships with stakeholders
- The extent to which we as an organisation evidence a participatory approach in our leadership and management styles. But we will look to make working in partnership with service users, carers and other stakeholders an integral part of everything we do

#### Where we are up to

- We have designated an officer to lead us on this transformation
- We are working with corporate and ICS colleagues with a similar brief
- We have established regional links and are a part of an Association of Directors of Adult Social Services working group on Co Production
- We have set up a virtual 'Knowledge Hub'
- We have appointed a Participation Lead and an Engagement Lead
- We have a thriving Learning Disability Partnership Board and Autism Community Forum
- We have designed a number of services with the Autism Forum and 2 Autistic people have been appointed to run the Community Hub
- The Learning Disability Champion is part of the Contracts Team and takes part in tender evaluation and is currently engaged in a Service Review
- We are shortly undertaking an Audit across ASC and will prioritise particular areas eg recruitment co-developing a clear policy and guidelines which will cover the entirety of the process - development of role profile, selection process to encourage consistency
- We will, with partners and users, develop policy and guidelines incrementally, mentoring the introduction of practice and evaluating effectiveness until there is 'Nothing About me without Me' working with partners in order not to duplicate effort
- We will begin in the next 3 months to develop a workforce strategy to embed values and understanding

The forthcoming Inspection will, without doubt, look at our progress in this area. We are determined to go beyond tokenism or being 'good enough' to a transformation of approach and practice in line with the values and principles set out clearly in our Strategy

## **6.8. Management Information Service**

The Department of Health and Social Care has increased its requirements for data submission from Adult Social Care while the Senior Management Team of the service itself also require an improvement to the data it has available to make strategic and operational decisions. In response, Adult Social Care have initiated an Information Management and Data Programme. The previous approach to data provision would not meet current expectations as it was resource heavy, siloed and manual, with over reliance on individual skill sets. Going forward, Datasets will be prescribed nationally, so that services throughout the country will collect the same data according to common definitions.

The key challenges in this area are to capture all the required data fields as part of practitioners' work on our recording system and combining data from different sources, to enable easy access by non-technical staff to accurate and useful data. These challenges are addressed in the Information Management and Data Programme.

The Department of Health and Social Care requires increased data collections while the Care Quality Commission is also reintroducing an inspection regime which will mandate data submissions. Work is already underway to enable delivery on the national Datasets, which will require monthly returns. Plans to improve and reconfigure workflows are being scoped and, with the support of Finance colleagues, development is underway to produce interim Business Intelligence reports/dashboards in key areas for senior managers via the ContrOCC (finance) Insights dashboard.

However, there are still several challenges around resourcing, particularly around ensuring that there is appropriate access to business analysis and technical expertise for the programme to develop. Recent resignations have exacerbated risk in capability and capacity and recruitment is essential to achieve the programme. We have appointed some temporary capacity to support whilst we move to a consistent business/data analyst resource.

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

## **6.9. Regulated and Provider services**

Portsmouth City Council has seven services registered with the Care Quality Commission (CQC)

- 3 services are registered for the delivery of accommodation for persons who require nursing or personal care
  - Harry Sotnick House (including the Southsea Unit - D2A)
  - Russets
  - Shearwater
- 4 services are registered for the delivery of personal care
  - Ian Gibson Court
  - Portsmouth Rehabilitation and Reablement Team (ILS)
  - Community Independence Service (CIS)
  - Portsmouth Shared Lives Service

Each service has a manager who is registered with the CQC, as well as a variety of staff with knowledge and skills relevant to the service provided. All services are subject to inspections from the CQC in line with their registered activity. All services sit within Adult Social Care, with the exception of Ian Gibson Court, which is part of the Housing, Neighbourhoods & Buildings, (HNB) directorate.

Staff within provider services receive mandatory and service specific training as required.

The ASC 'quality assurance & learning framework' for regulated services includes a requirement that we audit standards across our regulated services, part of this process involves informal inspections. These are completed by the Head of Regulated & Provider Services annually with support from key individuals such as social workers, the safeguarding team and NHS colleagues. Informal inspections continue with the most recent being at Shared Lives in December 2021.

In April 2022 CQC used their Direct Monitoring Approach to review and quality assure the Community Independence Service, Ian Gibson Court, Portsmouth Rehabilitation and Reablement Team (ILS), Portsmouth Shared Lives Service and Shearwater, reporting that they do not need to currently carry out an inspection or reassess ratings on these services.

Harry Sotnick House Nursing and D2A units had an unannounced inspection by the CQC between 9 - 11 May 2022; the "summary of findings feedback" is positive and the final report is due to be published.

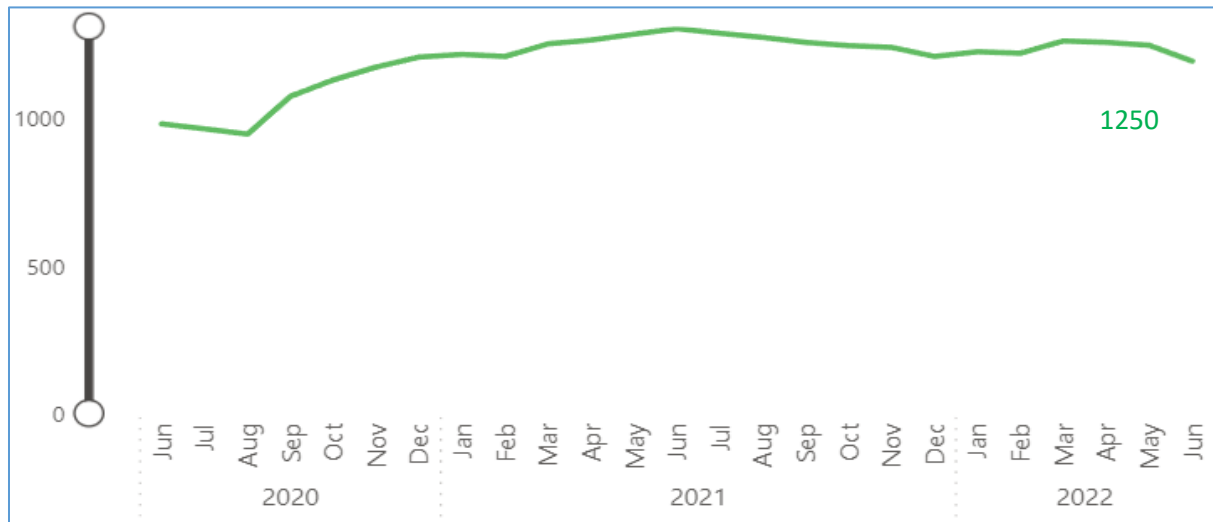
## **7. Demand**

The figures below are snapshots of people with care and support needs with open care packages in the month.

### **7.1. Domiciliary Care**

Domiciliary Care volumes remain at a consistent baseline having significantly increased at the onset of COVID

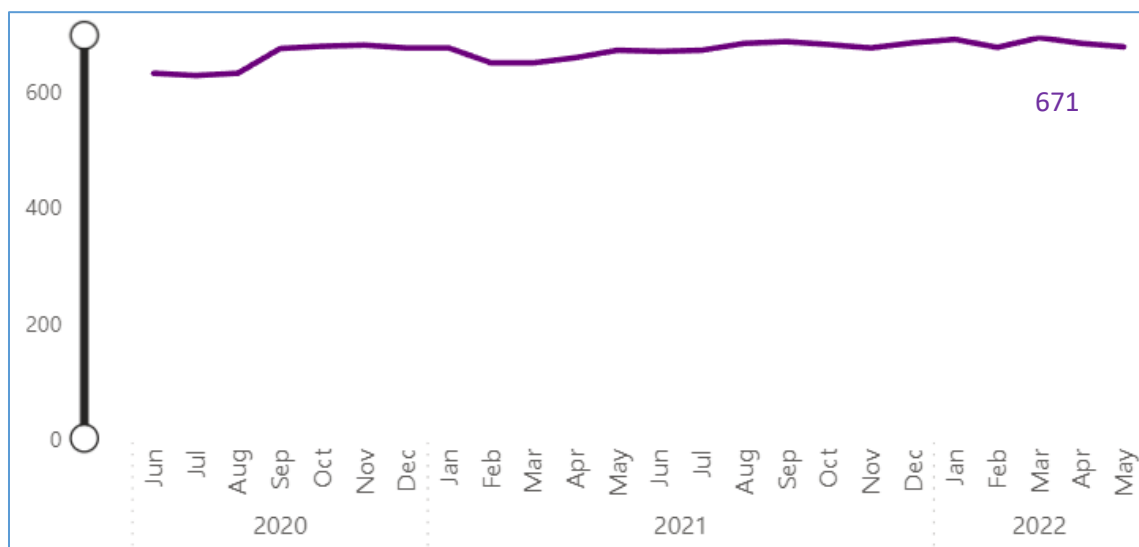
**24-month Domiciliary Care Volumes**



**7.2. Residential and Nursing Care**

Residential and Nursing Care volumes remain at a consistent baseline having decreased at the onset of COVID

**24 month Nursing and Residential Care Volumes**



### **7.3. Deprivation of Liberty Safeguards (DoLS)**

The figure for the period April & May 2022 showed that there was an increase in the overall numbers of referrals received on last year, with a reduction in the number of DoLS granted, this will increase as assessments are completed.

Referrals Received (all Referrals)

April & May 2021 = 188

April & May 2022 = 236

Referrals Received (excluding Furthers & Reviews)

April & May 2021 = 115

April & May 2022 = 166

DoLS Granted

April & May 2021 = 127

April & May 2022 = 32

Average Time between Referral & Authorisation

62.5 days

Status 01/06/2022

With Triage = 13

To be Allocated = 37

To be Triaged = 14

Total to be Allocated = 64

Our Liberty Protection Standards (LPS) Implementation lead has been in post since February 2022 and has been working with partners to respond to the LPS code of practice and to explore how the new process can embed in practice. This reaches across Adults and Children's services.

### **7.4. Mental Health Act Assessments**

Coming out of the formal restrictions the Approved Mental Health Professional (AMHP) team are providing proportionate deployment of staff to respond to formal need for assessments.

The team are addressing presenting issues of obtaining warrants due to a new system introduced by Her Majesty's Court Service that has delayed access to urgent warrants due to reduced spaces. This can have an impact on assessment timescales, with potential impact of creating delays to admissions.

There are additional complications as a result of experiencing delays in accessing private ambulance cover, these delays also have the potential to delay admissions and create additional pressures.

Pressures created by challenges in medical cover within Solent NHS Trust have reduced due to more staff being in post.

The AMHP service have noted that referral rates remain steady over the course of each month although we do experience increases at times. We deploy more than the rota'd AMHPs if required and seek to respond flexibly as needed. We have experienced an increase in referrals for those under 18.

To date the AMHP team have received 7 requests for the Treasury's "Mental Health Crisis Breathing Space" programme. This is a programme that helps take the pressure off people with debt issues while they are receiving crisis treatment and up to 30 days after. Of the 7 referrals two people were eligible. The other 5 people were appropriately signposted to the 'Non-Mental Health' Breathing Space programme. This low take up is reflected via AMHP leads network across the country

## **7.5. Adult Safeguarding**

The Adult MASH received 2,181 safeguarding concerns in 2021-22, up 6.3% from 2020-21. Of these concerns, 38% met the statutory Section 42 criteria and enquiries were commenced.

758 enquiries were concluded in 2021-22, with risk being reduced or removed in 97% of cases, and desired outcomes of the adult at risk (when asked and expressed) being fully or partially achieved in 98% of cases.

In addition, the Adult MASH received 2,877 PPN1s (concerns raised by the police), of which 2% met the statutory Section 42 criteria. During 2021-22, a PPN1 management plan was agreed by the service and enacted to resolve the significant backlog of PPN1 reports. As a result of this, significant work and discussion has been carried out between Hampshire Constabulary and the Adult MASH about the appropriateness of police referrals, issues around consent to share information, the role and purpose of the Adult MASH, and when referrals to the team should be made. We hope to see a marked decline in the number of PPN1s received in 2022-23.

In addition to statutory safeguarding work, the Adult MASH continue to work on our Business Plan, with focuses this year on developing resources for service users, re-establishing relationships with partners and providers post-pandemic, and standardising documentation to ensure all of the team's work is clearly evidenced. The team continue to offer specialist advice to colleagues and partner agencies via fortnightly clinics and ad hoc as required.

## 7.6. Complaints

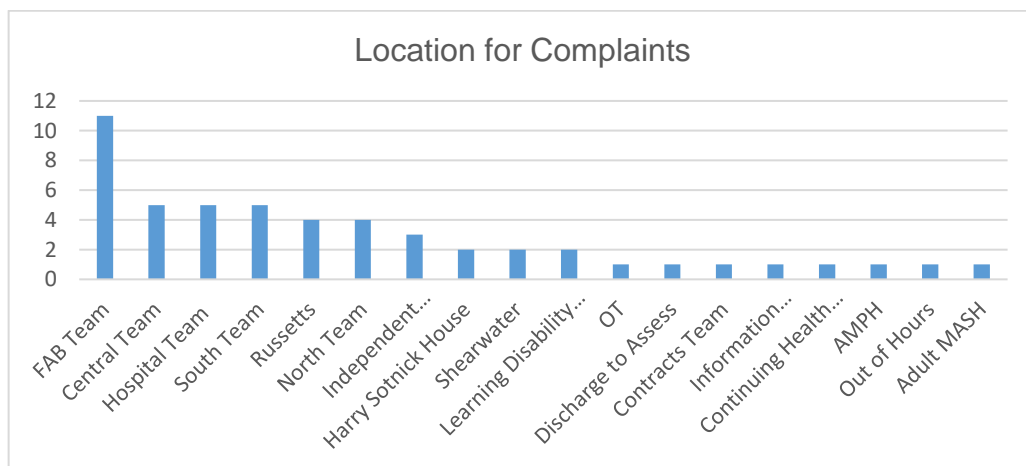
The Complaints Managers have continued to operate in a hybrid way, offering in-person, telephone and online support throughout the Covid Pandemic.

For the financial year 2021/22, there were 51 statutory complaints made about Adult Social Care, compared to 62 in the previous year. Included within 2021/22 are 3 complaints involving an independent provider, compared to 4 in the previous financial year.

In addition to statutory complaints, there were 28 customer contacts and 5 contacts that were responded to under different procedures.

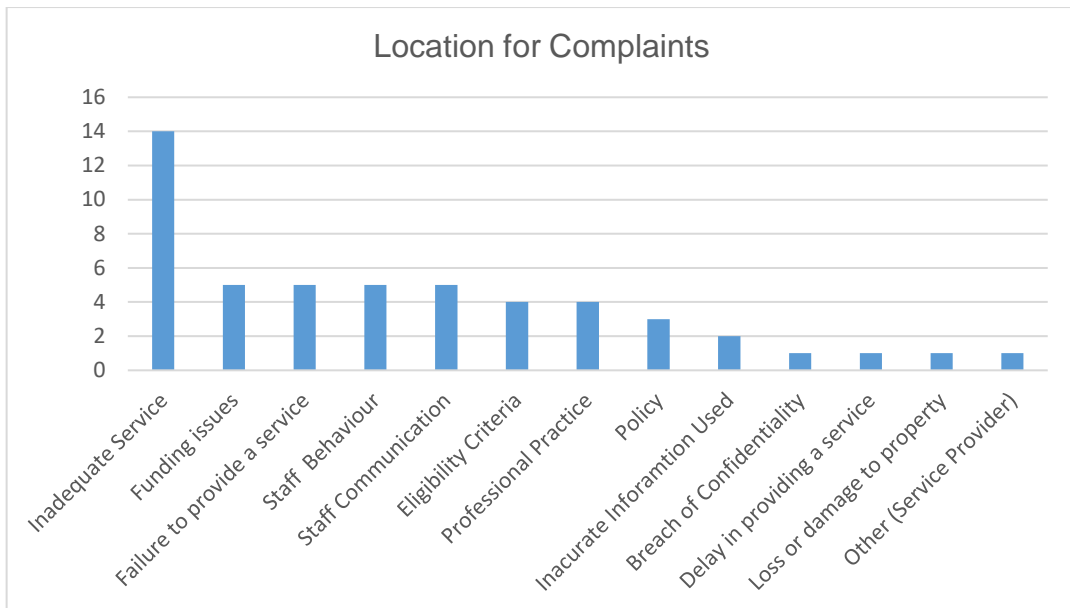
The number of service users open to Adult Social Care on 31<sup>st</sup> March 2020 was 6,687. The 52 complaints received therefore represent less than 1% of all the people receiving a service from adult social care.

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



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





Performance on 20-day responses have improved to 79% from 66% last year. Performance on 10-day responses has also improved with 60% of responses being sent within 10 working days compared to 48% last year.

One complaint was investigated by the Local Government Ombudsman and Social Care and Social Care and Housing were found at fault in relation to how it assessed a Disabled Facilities Grant application.

59% of complaints were upheld to some degree, an increase from 40% last year.

Adult Social Care received 16 compliments this year compared to 19 in 2019/20. Shearwater received the most compliments (4).

In total for this period, we recorded 44 Councillor/MP Enquiries for Adult Social Care, a large increase from 10 last year.

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

Some examples of how the department has learned from complaints received in 2021/22 are shown below.

- Following the introduction of a new corporate finance system on 12th April 2021, as a result of a complaint about care payments being allocated to the service user's deferred payment account and not the client contribution account, the support team identified an error in the system which was resolved.

- Another complaint has led to our Continuing Healthcare Manager ensuring staff provide the advocacy leaflet and inform individuals about the advocacy service.
- As a result of a complaint about a S42 report not being sent to the service user's representatives, our MASH team carried out a review of its processes around sharing outcomes of enquiries with family members, so that this does not occur again.

## 8. Strategy

During September 2021, the Adult Social Care Strategy was presented to colleagues in ASC and the wider Council, the Leader and partners. An infographic summarising the strategy is available [here](#).

The intention of the strategy is for.

- citizens to understand what adult social care is and does in Portsmouth, and to hold ASC to account
- social care staff to know how their work supports our citizens and have a clear sense of purpose
- staff across the council to understand adult social care and its contribution to the Portsmouth vision and city plan
- the council to demonstrate how we manage our limited resources – putting our time, money and energy into the best possible outcomes and achieving the best value for money.

Since publication of the strategy, some of the work undertaken to progress its aims has included:

- Developing a pathway for young people needing transition
- Developing Discharge to Assess to help people leave hospital in a timely way
- Working as part of the community response to avoid unnecessary conveyance / admission to hospital
- Developing a Direct Payments model to increase the control residents have over their care arrangements
- Increasing supported housing for people of working age with mental health needs
- Increasing supported housing for people with a learning disability
- Developing extra care housing for people living with dementia

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

ASC has undertaken considerable activity to support our quality assurance throughout the service. This is partly in preparation for the new CQC Inspection framework that is to be published shortly (with a start date of April 2023).

### 9.1 Service Assessments

ASC have undertaken two assessments to support our understanding of the current position regarding services and organisational quality. The tools are the 'Towards Excellence in Adult Social Care (TEASC)' tool and 'A Regional Self-Assessment Tool'. Both tools are used across the Southeast ADASS (Association of Directors of Adult Social Services) and Principle Social Worker networks in the region and assess our quality and level of service compliance.

These tools have supported us by providing a gap analysis. This enables us to focus our attention on specific areas of work we need to address to improve and ensure service quality as follows.

## **9.2 Updated Workforce, Accommodation, Market Position and Prevention Strategies**

Following the hiatus in service planning caused by the COVID-19 pandemic the service is now working to update key strategies to ensure we have services that are better able to meet our needs over the next few years. These strategies are being developed through co-production with appropriate agencies and staff and are to address anticipated needs and demands of our residents.

## **9.3 Quality Assurance Framework**

The service is implementing a Quality Assurance Framework. This focuses on demonstrating current good quality practice and identifying areas of required improvement. The four key areas of focus are:

- Feedback and the experiences of users, carers, and other stakeholders
- Operational processes including quality supervision and practice observation.
- Performance Management using a set of key performance indicators (based upon national and local reporting requirements)
- External assessment (such a peer review, audits and CQC Inspections).

## **9.4 Other Activities**

- We are engaging wherever possible with CQC and the Department of Health and Social Care (DHSC) as part of the consultation process for the new inspection framework
- We are liaising with our peers across the local ADASS network to support our service development and share good practice.
- We have recruited a Project Manager with experience in quality assurance and inspection processes to drive forward our improvement and service transition as required.
- We have our new Head of Service for Quality Assurance and Performance starting in July 2022.
- We are consulting with our staff and will provide regular updates in a variety of formats to keep this update on our progress.

## 10. Governance

ASC continues to maintain a risk register as part of service governance and this is monitored via a governance board to ensure that risks to the service and lessons learned from adverse events are incorporated into practice. The current issues being monitored include:

- The impact of the cost-of-living increase on Portsmouth residents with care and support needs.
- Challenges with providing data returns to DHSC and preparing for inspection.
- Concerns over the adequacy of funding for social care reforms. A recent County Councils Network/Newton report indicated a projected £10bn gap between government estimates of the cost of implementing the care cap and sector estimates. The report also estimated a requirement for 4000 extra staff in England.
- Challenges with recruitment of experienced and qualified staff and ability to succession plan, 30% of ASC managers and 35% of ASC staff are 55+.
- Demand means there is a wait for assessments due to staffing capacity and the increase in safeguarding referrals has impacted on response times in the service.
- With the greater throughput of Portsmouth residents through the acute Hospital, there is a greater need to review care arrangements after discharge, an increase in referrals for people who do not fit the criteria of more specialised services. An increase in referrals where arrangements for an individual as a child in need of care and support ends and the need to provide admission avoidance work within already stretched resources.

In 2022/23 we anticipate significant budget pressures from providers of care and support, based on the cost-of-living challenges and the need to plan for pressures in 2023/24.

ASC has also established a Portfolio Board to maintain oversight and assurance around the number of projects ongoing and prepare for the significant programme of reform referenced in Section 4 which require a project management approach.