

**Title of Meeting:** Health Overview and Scrutiny Panel  
**Date of Meeting:** 15<sup>th</sup> December 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 June 2022 to November 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**

Further to the enactment of the Health & Care Act 2022 the following has happened since June 2002:

- Social care charging reforms delayed by two years following the Autumn 2022 Budget.
- Secondary legislation has yet to be passed for local authorities to be inspected by the Care Quality Commission, this will assess how the Local Authority discharges its duties under Part 1 of the Care Act (2014). An interim framework was shared in October, however a date for the final framework has not yet been shared.

- Since 31<sup>st</sup> July a mandated set of data has been required from registered social care providers submitted via the capacity tracker. Legislation has not yet been laid before parliament to fine providers, although this was proposed to come into effect in November.
- Clinical Commissioning Groups (CCGs) were abolished and replaced by statutory Integrated Care Boards ICBs who took on the commissioning functions of CCGs and are responsible for developing integration and collaboration, and for improving population health across the system. Integrated Care Partnerships (ICPs), statutory joint committees established by ICBs and their partner local authorities in the system have also been established.

**4.1.** The consultation on 'Changes to the Mental Capacity Act Code of Practice and implementation of the Liberty Protection Safeguards' closed on 17 July 2022, at the end of November 2022 the DHSC were analysing the consultation feedback. Based on the government timings for any amendments to the Draft Code of Practice to be made and for the LPS bill to move through parliamentary stages to pass into law, the earliest date that LPS will be implemented is late 2023.

**4.2.** In June 2022 the government published the draft Mental Health Bill for pre-legislative scrutiny, to modernise the Mental Health Act for the 21st century. A final bill is likely to be placed before Parliament for approval in 2023.

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

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

## **6. Key Issues**

### **6.1. National reform**

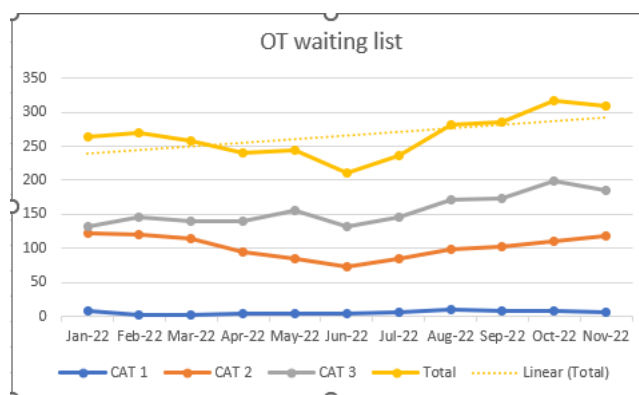
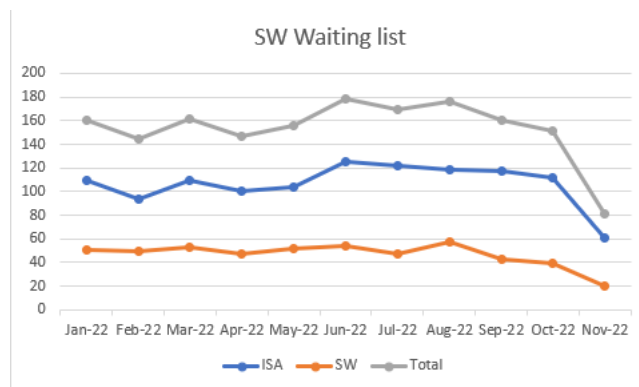
As noted at section 4, the proposed reform constitutes significant changes to the law and related guidance and although elements have been delayed we await confirmation of dates changes will take effect, the change required remains a challenge; and still puts significant pressure on Local Authority adult 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, as a result of disability, long term condition or frailty associated with growing older.

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

The community SW and OT teams have been experiencing increased pressures. However, through efficiency improvements we have managed to reduce the SW waiting lists and whilst the OT waiting list has continued to rise in terms of the number of people waiting the overall waiting time has not significantly increased.



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

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

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

### 6.3. Hospital Discharge

ASC continues to follow the hospital discharge guidance: [Hospital Discharge and Community Support Guidance, published 31 March 2022<sup>1</sup>](#) as updated on 1 July 2022 to reflect the changes introduced by the Health and Care Act 2022. Section 91 of the Health and Care Act<sup>2</sup> revokes procedural requirements in Schedule 3 to the Care Act 2014 which require local authorities to carry out long-term health and care needs assessments, in relevant circumstances, before a patient is discharged from hospital; it also introduces a new duty for NHS trusts and foundation trusts to involve patients and carers (including young carers) in discharge planning.

This 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, The Integrated Care Board (IBC) 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 forms part of several work programmes plans and activities within the

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

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

Portsmouth & Southeast Hampshire Urgent Care System to manage the current pressures at Portsmouth Hospitals University Trust (PHU).

Part of this work involved the consolidation of community beds across health and care, with NHS Solent now running the Jubilee Unit (formerly PCC run, located on the top floor of Harry Sotnick House Nursing Home) to provide a 'Discharge to Assess' (D2A) reablement service. This 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.

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 focus on the principle of 'home first'.

Staff who transferred from PCC to NHS Solent, as part of the change from Southsea to Jubilee, have adapted well to the changes, and closer working with NHS colleagues has resulted in positive outcomes for Portsmouth residents leaving hospital with support needs in a rapidly changing environment. However, with the introduction of Criteria to Reside (CtR) within PHU, and the Primary Care offer in Portsmouth not yet fully recovered from the impact of the pandemic, there is a greater need for support for Portsmouth citizens post an acute stay; in terms of increased numbers of people requiring support with higher levels of care and support needs. In addition, following a recent reduction in available care home beds in the city, and with the real possibility of further reductions in the coming months (linked to business decisions, quality and/or regulatory action), there is a real likelihood of increasing delays to discharges for people from PHU and an increased number of placements outside of the city. We will seek to mitigate these risks through increased investment of non-recurrent funding to facilitate timely review of individuals on the D2A pathway to support release of provider capacity (beds, staff, and available hours of home care). Note this will only be possible where individuals' needs' have reduced post-acute stay; support is no longer needed; or not eligible for ongoing ASC support.

Longer term, as a 'place-based system' and at an ICB level, we aim to improve our admission avoidance strategy to support people to remain within their communities through early intervention, signposting and appropriate support to reduce more intensive investment through D2A.

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

The Integrated Learning Disability Service (ILDS) has continued to support individuals with their COVID-19 vaccinations. This integrated approach to care

and support has helped keep this very vulnerable population well throughout the pandemic.

Long Covid - The ILDS has been supporting service users who have had Covid to see if they are living with the effects of long COVID and provide appropriate support to individuals affected. Long Covid monitoring is ongoing, with the offer of support to manage symptoms for affected individuals.

The ILDS has continued to work with its network of providers to ensure business continuity. The key issues for providers have been managing staff absence, linked to Covid, and the ongoing challenge of recruitment and retention of staff across the sector

The ILDS continues to have high levels of referrals, with an overall caseload increase. There has been a significant increase in Transition referrals, and in those eligible for Continuing Health Care (CHC). This has placed a major strain on the service and has required investment in staffing from the City Council and Solent. Similar investment is also being sought from Portsmouth Integrated Care Board (ICB) to ensure sustainability.

Alongside recovery of services, the ILDS has continued with its developmental ambitions:

- A new 28 bedded supported living service in the city, Patey Court, opened in August 2022
- The plan for the “Highgrove” project in Drayton is also progressing, with a plan to develop extra care

In October a Community Engagement Event with Solent NHS was jointly hosted with a stand around the inclusive relation group and volunteer group. Service users were recognised for their valuable contributions in their respective service user group, they were able to share how being a volunteer has helped build their confidence, what it meant to them and the difference it had made.

The service has developed focus groups to gain qualitative feedback from families and service users around specific subjects, including the annual review process and support plans. To support service users to contribute their views we are implementing accessible communication approaches.

The team have also made significant contributions to conferences such as 'Medication without harm and safeguarding', and presented and shared information through the Learning Disability Partnership Board on aspiration pneumonia to support reduction in premature death of people with a learning disability.

## 6.5. Carers Service

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

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

The Carers Centre has been operating at pre-pandemic levels for the last 12 months and has embarked on several new work streams including:

- In September 2022, the new Carers Service website went live [www.portsmouthcarersservice.co.uk](http://www.portsmouthcarersservice.co.uk). This now provides a single point of access for carers who wish to communicate with us digitally and provides a comprehensive overview of carers services in Portsmouth. In addition to the website, we have a Carers Service Instagram page, designed to appeal to a younger cohort of carers. The Carers Service also continues to provide traditional methods of communication with paper copies of information provided when requested.
- Carers Count event; this was a one-day conference held in November co-ordinated by the Carers Service and delivered in partnership with Health and Care Portsmouth partners. Over 70 delegates attended including carers, health, and social care professionals, VCSE organisations and local councillors, the focus was on finding out what really matters to carers. We will be using this information to further develop the carers strategic plan for the city and inform the development of local services.

The demand for carers assessments and carers services remains extremely high. June, July and August have been the busiest three months, since we started keeping record, with over 100 referrals in June and July alone. This increased our waiting times with the longest average weekly wait extending to just over four weeks in October although this has since reduced to less than three weeks.

<b>Month</b>	<b>Number of referrals</b>
November 21	55
December 21	43

January 22	58
February 22	70
March 22	97
April 22	71
May 22	11
June 22	113
July 22	94
August 22	110
September 22	70
November 22	72

## 6.6. Independence and Wellbeing Team

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

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

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

This focus increases independence and consequently reduces demand on health and social care statutory services through early intervention.

A strength-based approach to working is used which:

- explores individuals own capabilities and strengths which enables them to make informed choices
- provides information and signposts/refers to other services
- supports people to access resources across the city
- facilitates inclusive activities, indoors and out, with a focus to utilise green spaces
- supports people to make informed healthy choices



- grows community capacity by providing training to front line workers and volunteers
- increases community cohesion
- grows the confidence and skills of the Portsmouth workforce to engage with the local community
- shapes and develops new initiatives and services to meet the needs of our customers
- means working with individuals and communities to help them find their own solutions (where possible)

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

#### Community Connectors:

- Currently still operating a waiting list for the service; however, this has reduced by almost two thirds over the last six months and now holds approximately 15 referrals.
- Following a successful pilot of the Community Inclusion Workshop (CIW), the CC service can offer both 1-2-1 support as well as the CIW group programme of intervention which has contributed to a reduction in the waiting list.
- 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.
- A case has been made to request additional funding, to increase capacity to meet increased demand.

#### Community Development:

- The Community Development service has a default position of co-production for the new projects and is actively working to embed co-production across of its work, consequently project development is done collaboratively with the community, stakeholders and residents, with an outcome of residents' voices being heard, feeling valued and meaningfully contributing to the design and delivery of local solutions.
- The recruitment of a Project Officer has increased capacity to support existing and new sessions across IWT community projects.
- A CDO has been appointed to work in Extra Care schemes to develop health and wellbeing activities. Through co-production with Extra Care Housing residents and housing staff, we will be delivering seated chair



exercise to enable residents with mobility issues to participate in physical activity.

- Attendance across all projects has increased and has almost returned to pre-Covid levels.
- CDOs continue to work with community partners; we are working with the Victoria Park Project to develop 'taster sessions' for healthy activities and gardening within the park i.e. nature walks, community gardening, yoga, tai chi and walking/running.
- Nature Watch sites have been established throughout the city with regular sessions now delivered.
- The Stacey Centre mini-orchard is being handed over to the centre to manage, freeing capacity to develop new green projects and/or deliver additional sessions within existing projects.
- CDOs continue to engage with Asian, Black, and other ethnically diverse people and are expanding to support other marginalised groups to either engage in IWT projects or to support them to develop their own community groups or projects. Recently, a CDO has supported a resident to set up her own group: Abilities for Life, for people 25+ with disabilities.
- A Community Cookbook has been produced in conjunction with FiLiA (a women led volunteer group) and the IWT Cross Cultural Women's Group (CCWG). The book was launched in November 2022 and profits raised are being used to self-fund CCWG and facilitate other projects for women as per agreement with FiLiA.
- The Ethnic Grow Project piloted a shared lunch using produce grown by the group. Due to its success a monthly lunch club now runs at a venue provided by Personal Choice (a community interest organisation).
- A new 'Men in Sheds' group is being developed in Drayton; following a request from women in the community for a 'Women in Sheds', we are exploring how this location could be a shared space.
- Chop, Cook, Chat is well supported by a reliable group of volunteers, with all 6 weekly sessions fully booked. We are currently recruiting additional volunteers to deliver another session to meet demand. IWT have been invited to feature on Radio Solent (in 2023) to talk about the work we are doing.
- In collaboration with the Carers' Centre and carers, we are considering how we can facilitate a monthly Saturday morning board game/social group for carers who are unable to attend weekday Carers' Breaks sessions.
- Healthy Walks continues to grow in attendance and new volunteers have been recruited to meet demand. IWT have been approached by Radio 4 who are doing a piece on the benefits of walking on 8<sup>th</sup> December 2022. They will follow this up with the University of

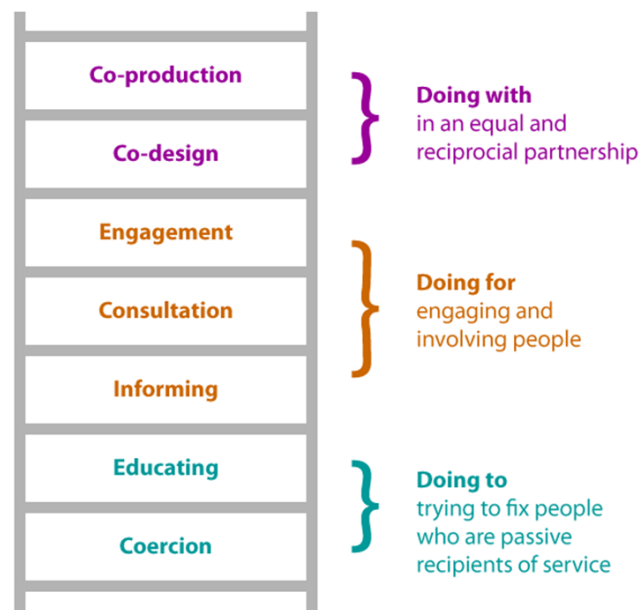
Portsmouth who are doing a study on the amount of exercise needed to maintain wellbeing.

- A Community Team Lead was recruited and is working on developing facilitation and delivery of community development (while the Front Desk project is on hold).
- Community Builder post was advertised to coordinate Community Capacity building, however we did not secure a candidate, so are reviewing the job profile.

## 6.7. Participation and Engagement

In Adult Social Care we are clear 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'.

We continue to build on work to make co-production our default in ASC with activity taking place across ASC, at all levels of the Ladder of Co-production from the 'Educating' rung upwards.



Pockets of good practice include:

- Activity undertaken by the Integrated Learning Disability Service who consistently involve people with lived experience in recruitment, commissioning, and outreach activities.
- The Portsmouth Autism Community Forum is an independently led group of people with lived experience and professionals which is supported by ASC, all the activity of the forum is co-produced.

Due to the breadth, diversity, and demand pressure in some service areas across ASC the adoption of co-production and related activity is currently inconsistent, however we are confident that through our approach and agreed priorities we can achieve more consistency and establish a range of creative approaches which will help change our culture.

We have contributed to developing a guide to co-production, led by Southeast ADASS (Association of Directors of Adult Social Services) in partnership with the Institute of Public Care, and are producing a Co-production and Engagement Strategy.

Operational priorities for the next 6 months include:

- Support to teams - all ASC Teams will be provided with a session run by the Engagement Lead exploring current engagement and co-production activity, new opportunities and what teams need to achieve this.
- Recruitment - involvement of people with lived experience will be embedded into the ASC recruitment process; this will be underpinned by the development of a 'How to guide' and training and support to recruiting managers.

## **6.8. Management Information Service**

Annually in September NHS Digital issues a letter to provide information on the mandated national adult social care data returns. The Department of Health and Social Care (DHSC) has now confirmed that the quarterly Client Level Data collection will be mandatory from 1st April 2023, with the first quarter submission in July 2023. DHSC is currently working with NHS Digital to complete the burden assessment for this collection, a communication of this assessment was promised by the end of 2022.

Going forward Liberty Protection Safeguards (LPS) will replace the Deprivation of Liberty Safeguards (DoLS). Although we do not have a date, this will have a lead time of at least six months, during the interim the DoLS data collection will continue until LPS is implemented, which will bring parallel reporting for a year with increased reporting under LPS.

Over a number of years the resource to support analysis and reporting within ASC has been removed, however to support ASC to respond to mandated requests, produce data required for regulated ASC assurance (proposed from April 2023) and draw on performance and management information to effectively run ASC business we have established the Information Management and Data Programme; this covers a programme of work to address the challenges associated with multiple data sources, the need to produce timely accurate reporting and create reports for non-technical staff. 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 (ASC Finance) Insights dashboard.

Securing specialist resource remains a challenge, particularly ensuring appropriate access to business analysts and technical expertise for the programme to develop. Resignations over the last 14 months have exacerbated risk in capability and capacity, consequently we appointed temporary capacity to support the Python reporting platform on a 6-month contract, however we have returned to a position where the Python reporting platform cannot be updated due to lack of technical resource. To move to a consistent business/data analyst position, additional resource is needed to enable the continued development for the ongoing validation changes for the Patient Level Data Set (PLDS) for Continuing Health Care (CHC) and to complete the upcoming Client Level Data (CLD) submissions, consequently we are seeking to secure a Python resource by early Spring 2023.

Subject to senior management approval the next phase of work for CLD will be targeted workshops to discuss the key areas of contacts, referrals, assessments, and reviews.

The solution of a Data Warehouse has been identified; this will provide a more accessible and configurable reporting solution that can be maintained without a Python resource and will allow data to be displayed in a more meaningful way. Corporate IT have agreed to support the technical infrastructure required however ASC will need to provide the reporting resource, as well supporting the design and implementation so it is fit for ASC purpose. An external company with experience in data matching and transformation is being consulted, which should help with the implementation.

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

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

Portsmouth City Council Portsmouth City Council is registered with the Care Quality Commission (CQC) for the delivery of 7 regulated services

- 3 services are registered for the delivery of accommodation for persons who require nursing or personal care
  - Harry Sotnick House
  - 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 scheme / service has a Registered Manager (RM) who is registered with CQC, as well as a variety of staff relevant to the service provided. All services are subject to inspections from the CQC in line with their registered activity. With the exception of Ian Gibson Court, which is part of the Housing, Neighbourhoods & Buildings, (HNB) directorate, all services sit within Adult Social Care (ASC). All staff within services receive mandatory training as required.

Harry Sotnick was inspected by CQC in May, with the report published in June, and received an overall rating of good. Russets is our only service rated as Requires Improvement; and was last inspected in 2019 (pre pandemic). The Community Independence Service is rated Outstanding; however, the CIS service is currently being reviewed along with similar services operated across Health and Care Portsmouth Partnership, with a proposal to decommission CIS and consolidate a more streamlined offer in early Spring 2023.

Since October Harry Sotnick House has provided a D2A offer, led by Solent NHS. Staff were brought across from Solent's Jubilee House building, following a planned decommission, and PCC staff were transferred into Solent to provide a consolidated workforce. Staff are co-located at the Southsea Unit.

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

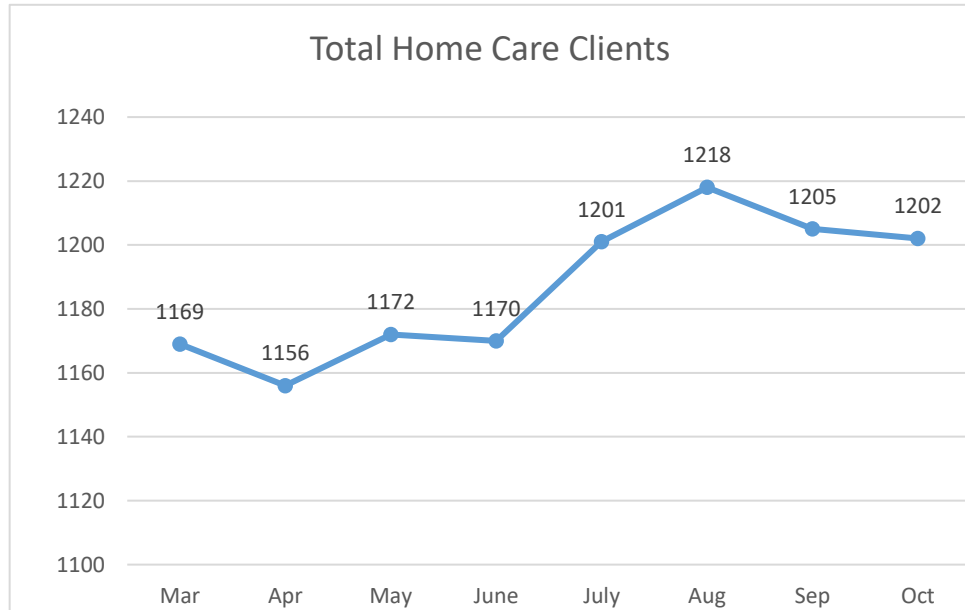
The ASC 'quality assurance & learning framework' for regulated services includes a requirement that we audit standards across our regulated services, part of this process involves informal inspections. These are completed by the Head of Regulated & Provider Services annually with support from key individuals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

## **7. Demand**

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

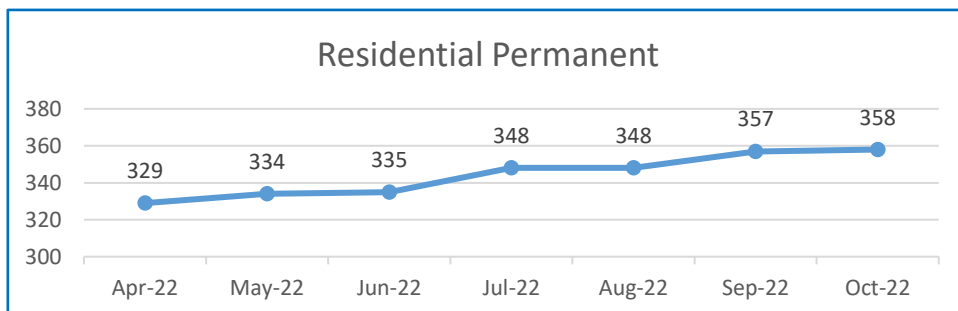
### 7.1. Domiciliary Care Services

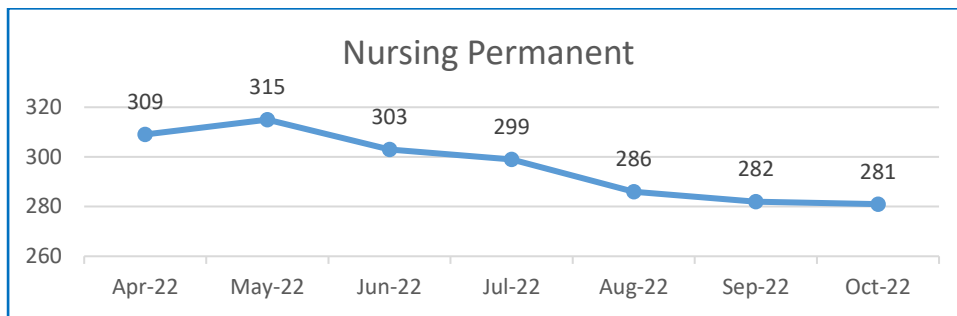
The number of domiciliary care clients has gradually risen over the past 6 months.



### 7.2. Residential and Nursing Care

The cumulative total of clients receiving support in residential, or nursing care remains consistent; however, during the past 6 months we are seeing a gradual increase in residential care placements and a reduction in nursing care placements.





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

The data for the period 01 June 2022 to 30 November 2022 when compared, on a pro rata basis, to the figures submitted in the June report to HOSP show a similar number of referrals, a slight decrease when furtherers and reviews are excluded, with a marked increase in applications granted (% change since last time shown in brackets after reported figure).

Descriptor	No.	Change against previous
Referrals Received (all Referrals)	684	0.5% fewer
Referrals Received (excluding Furtherers & Reviews)	455	8% fewer
DoLS Granted	225	234% increase on previous
Average Time between Referral & Authorisation	52.6 days	reduction of 9.9 days

There has been a reduction in time between referral and authorisation, and a small increase on cases to be allocated.

Status of referrals 1/12/22	No.	Change against previous
With Triage	2	n/a
To be Allocated	63	n/a
To be Triaged	0	Decrease of 14 cases
Total to be Allocated	65	Increase of 1 case

Our Liberty Protection Standards (LPS) Implementation lead is working with stakeholders across Adults and Children's Services, scoping the areas of work, stakeholders and workstreams required to deliver LPS in Portsmouth. The lead has also delivered a number of briefings to managers and staff across ASC to support understanding and what the change will mean.



#### **7.4. Mental Health Act Assessments (July to September)**

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

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

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

Our Solent NHS Trust partner has reduced the number of acute mental health beds available at The Orchards, St James Hospital (from 20 to 16) for a short period of time to ensure safe staffing levels are maintained. They have been affected by the national Registered Mental Health (RMN) nurse and psychiatrist recruitment challenges. This has resulted in a small number of out of area placements for Portsmouth residents and the occasional discharge delay from QA Hospital while a mental health bed is found. The situation is being monitored closely by the Trust.

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

The AMHP team have received only 1 request for the Treasury's "Mental Health Crisis Breathing Space" programme during the quarter. 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 post treatment. This low take up is reported in regional and national AMHP leads network, and reflected across the country



	July 2022	August 2022	September 2022
<b>Number of MHA Requests Made:</b>	86	72	69
<b>Number of Hampshire Residents:</b>	34	20	14
<b>Number of Under 18s:</b>	3	1	3
<b>Outcome -Community Support arranged.</b>	13	12	10
<b>Informal Admission to Hospital.</b>	4	4	8
<b>Section 2.</b>	32	27	24
<b>Section 3.</b>	14	6	5
<b>No Further Action.</b>	23	22	22

### 7.5. Adult Safeguarding

Safeguarding concerns received by the MASH were similar in number for April to May (Q1) and June to August (Q2) of this year, with a decrease on previous in Q1 and a slight increase in Q2.

Risk was reduced or removed in most cases with desired outcomes being mostly met.

Q1 saw a significant decline in police referrals compared with previous reporting periods, with a marked increase in Q2; however, only 5% in both quarters met the S42 criteria, significantly less than concerns received by other referrers into the MASH.

<b>Activity summary of safeguarding activity into the Adults</b>		
<b>MASH</b>		
<b>Reporting periods in 2022</b>	<b>Q1</b>	<b>Q2</b>
<b>Safeguarding concerns received by MASH</b>	527	538
<b>Change from previous period</b>	-3.5% <sup>1</sup>	+0.2% <sup>2</sup>



<b>% met S42 criteria to commence enquiries</b>	39%	43%
<b>Enquiries Concluded</b>	574	351
<b>Risk removed or reduced (% of cases)</b>	98%	97%
<b>Desired outcomes of Adult at Risk met</b>	97%	96%
<b>PPN1s<sup>3</sup> received by MASH</b>	197	310
<b>Change from previous quarter</b>	n/a	+57%
<b>% PPN1s met s42 criteria to commence enquiries</b>	5%	5%

<sup>1</sup> Compared with the average quarterly number the year previous (2021)

<sup>2</sup> Compared with Q1 2022

<sup>3</sup> Concerns raised by the police

In addition to statutory safeguarding work, the Adult MASH has developed a Business Plan, with a focus on developing resources for service users, re-establishing relationships with partners and providers post-pandemic, and standardising documentation to ensure all 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.

The team has also played a significant role in response work to keep people safe in services, working in partnership with colleagues across the health and social care system, including quality resource to strengthen the continuum from quality through to safeguarding.

In October the Portsmouth Safeguarding Adults Board lead its first conference on safeguarding in Portsmouth, which was well attended by stakeholders. During November a peer review of safeguarding was undertaken by Southeast ADASS, a written report detailing observations will be provided; this will be reviewed with and acted upon appropriately.

## 7.6. Complaints

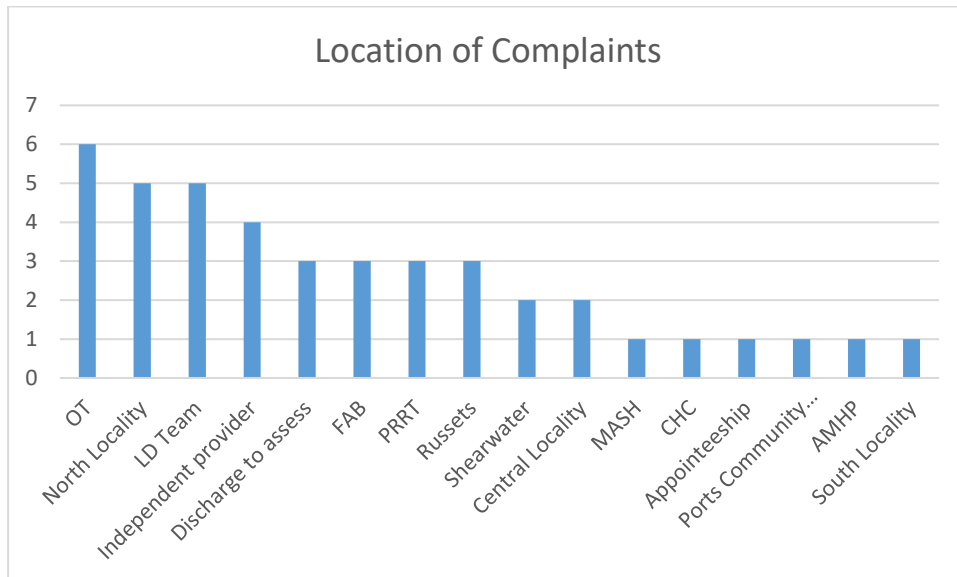
The Complaints Managers have continued to operate in a hybrid way, offering in-person, telephone and online support throughout the Covid Pandemic.

For the period 1 June 2022 to 30 November, there were 42 statutory complaints made about Adult Social Care, compared to 28 in the previous year. Included within this period are 4 complaints involving an independent provider, compared to 1 in the previous year.

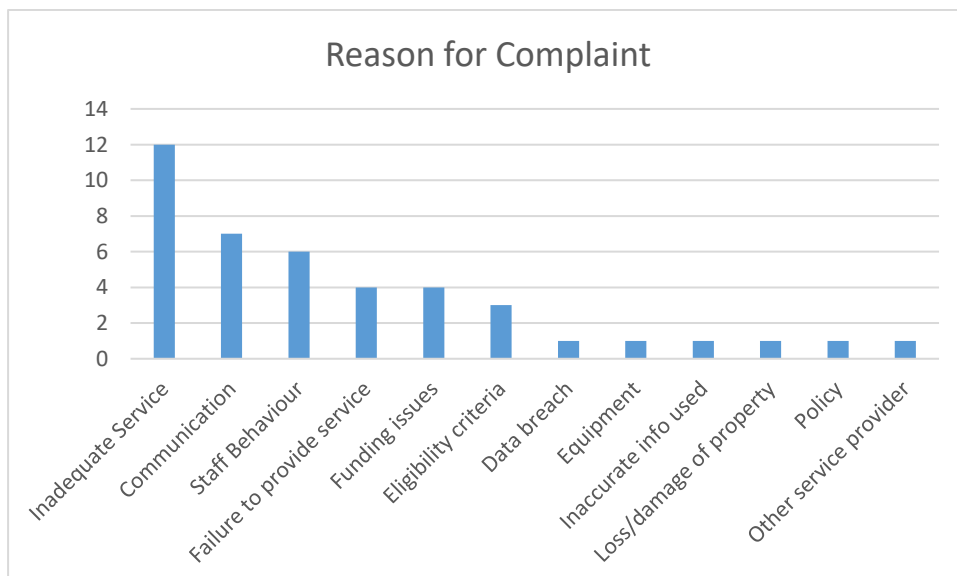
In addition to statutory complaints, there were 11 customer contacts and 2 contacts that were responded to under different procedures.

Based on number of service users open to Adult Social Care on 5 December 2022 (8,362), the 42 complaints received represent less than 1% of all the people receiving a service from adult social care.

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



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



Performance on 20-day responses have decreased to 19% from 28% last year.

Performance on 10-day responses has also decreased with 57% of responses being sent within 10 working days compared to 68% last year. However, there were fewer complaints for the same period last year.

There are 6 outstanding complaints for the period 1 June 2022 - 30 November 2022.

What are we doing to address our change in performance?

We are reviewing our processes to support the improvement of response times, including how we follow up with those leading the compliant response, their managers and submission of highlight reports for scrutiny at ASC monthly Governance Board.

Two complaints were investigated by the Local Government and Social Care Ombudsman (LGSCO). The ombudsman found fault with one complaint and recommended we did the following:

- calculate the approximate cost Ms X would have incurred had she received reablement services, deduct this from £service paid for and refund Ms X the difference
- consider the information Ms X provided about the service she received from the second personal assistant and amend the invoice as necessary,
- ensure officers conducting needs assessments/advising service users, act in line with the Care Act.

The second complaint centred on the Council failing to take decisions about significant items of expenditure properly, resulting in a family spending money inappropriately. The council was not found at fault for this complaint.

44% of complaints were upheld to some degree, a decrease from 60% last year.

Adult Social Care received 14 compliments. Shearwater received the most compliments (3).

In total for this period, we recorded 39 Councillor/MP Enquiries for Adult Social Care.

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

Some examples of how ASC has learned from complaints:

- Following a complaint related to an initial payment being taken incorrectly the finance team has reinforced the importance of ensuring

correct information is obtained and appropriately checked prior to submitting a request for payment.

- Following a complaint about the quality of service at Shearwater, the manager highlighted the following learning: ensure that accurate recordings are used to enable robust information to be shared/handed over, and for staff to consider the wording they use and how this could be misconstrued when reflected upon. If the Assistant Unit Manager (AUM) has numerous tasks to complete, some of which may be urgent or immediate priorities, support should be requested from an AUM from a different unit.

## 8. ASC Strategy

December 2021, the Adult Social Care Strategy was launched a summary is provided [here](#).

In summary the intention of the strategy:

- 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.

What we have done in the last 6 months to deliver on the strategy:

- developed team plans, aligned to the strategy, across the Directorate to support teams and individuals to understand their part in delivering the strategy
- worked on embedding our values so they are core to our approach and practice
- continued to challenge ourselves on how we engage meaningfully with citizens
- worked towards developing standardised business information, intelligence and reporting to support us to understand how well we are delivering our business against the available resources and in line with the strategy

- started work on a local account, for publication early spring 2023 so we can be transparent and show citizens what adult social care has done in the year 2021/22
- worked with health partners in Portsmouth to support timely safe discharge from hospital
- developed and introduced the Supported Living Toolkit, to encourage best practice
- opened new supported housing for people with a learning disability
- moving forward on an accommodation strategy for people being supported by adult social care
- submitted reports regarding; discharge to assess; meals delivery; our integrated service for adults with mental health challenges; ASC complaints; Liberty Protection Safeguards to the Portfolio meeting, held in public on a bi-monthly basis

As it is 12 months since the strategy's launch, we are undertaking a review as part of the Directorate's Business Planning Cycle. This will take stock of how well we are meeting our vision and will consider any revision that may be needed to ensure it remains focussed, real and aligned to the Council Plan.

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

ASC has continued to review the quality of its service and prepare for a new duty, given to the Care Quality Commission (CQC), to independently review and assess how local authorities' Adults Services are performing in delivering their Care Act functions.

The Care Quality Commission (CQC) shared an interim framework for ASC Assurance in October 2022, which is being used to shape our approach to assurance and enhance existing quality assurance undertaken within the service. The date for publication of the final version of the framework has not yet been announced.

All staff have been briefed via a monthly 'ASC Live' (hosted on MS Teams) on what we know about assurance; in addition, a briefing paper was submitted to Health, Wellbeing and Social Care Decision meeting.

As sector led improvement has a key role in ASC, we have developed good relations with other councils in the region, in particular Medway and Reading Councils. Every six weeks assurance leads, Principal Social Workers (PSW) and Directors of Adult Social Services from the respective councils meet to update, share, and build on their approaches. This is further enhanced through engaging with two regional ADASS networks, the PSW and Performance network.

We continue to work towards the proposed launch date for assurance of ASC in councils of 1<sup>st</sup> April 2023; this is subject to secondary legislation early 2023 and confirmation.

## **9.1 Service Assessments**

During November a peer review of the safeguarding Adults Board and related work was undertaken by respected colleagues from Southeast ADASS (Association of Directors of Adult Social Services). This objective feedback will be used to shape service plans.

The practice quality assurance framework has been developed with a renewed focus on case audits and practice groups, with the refreshed approach launching in the New Year. This will support us to better understand quality of practice so we may focus on areas that would benefit from investment, for example training, review of process or knowledge share.

## **9.2 Updated Strategies**

Work is now underway in producing and updating several strategies that are key to the operation and delivery of adult social care services:

**Workforce** - we are finalising research which includes understanding the current baseline, breadth of the workforce and factors that impact on the workforce (internal and external) e.g., increased focus on strength-based practice, changes in national policy and competition for certain roles locally, regionally, and nationally.

We have defined our aspirations and are developing our approach to enable us to move towards developing and launching the strategy, to strengthen and grow a sustainable workforce.

**Accommodation** - this strategy is interdependent to work on current and future demand, and the impact of different ways of working on managing demand, consequently it is in early stage of development. In the meantime, micro elements of the strategy have been developed, including accommodation for respite and extra care. These discrete elements will feed into the broader accommodation strategy.

**Market Shaping** - From January 2023 ASC will have a dedicated resource to lead the development of a social care Market Position Statement (MPS). This will inform care providers currently operating in Portsmouth, and those considering investing in services in Portsmouth, what provision currently exists in Portsmouth, deficits, the council's commissioning intentions for ASC and what people needing ASC support in Portsmouth want in the care market. The publication of the MPS will support ASC to meet its Care Act market shaping responsibilities which includes building capacity to meet population need, of a range of diverse services of a good quality.



**Prevention Strategy** - the work on our prevention strategy is at the planning stage with a focus on the ASC 'front door', including how we identify, and record 'contacts' and detail the non-statutory support offered or signposted.

### 9.3 Quality Assurance

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

In our last report to HOSP we outlined the four key areas of focus of assurance as:

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

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

- Annually, councils with adult social services responsibilities (CASSRs) are required to submit eight statutory data collections, one of which is the Adult Social Care Survey. This reports on feedback to mandated questions from people being supported by services funded by ASC. To assist ASC to engage and seek feedback in an inclusive way that support future engagement and coproduction, we have sought and been granted permission to add an additional question to the mandated dataset; this question focusses on the way individuals would find it most accessible to engage e.g., face to face, telephone, digitally etc. This will help ASC to plan more effectively to optimise engagement and feedback from individuals accessing services.
- All staff who are professionally qualified to practice have undertaken their continued professional development (CPD) and returned their annual submissions to register in their professional field so they may continue to work in their registered role (social workers, occupational therapists, and allied health professionals).
- Using practice and finance data we have developed a draft pack of performance and management information, initially for senior managers, which is reviewed monthly. Once finalised this will be rolled out to managers across the directorate to support with management of

resources and to focus on areas that will make a difference to individuals being supported e.g., to support timely reviews etc.

#### **9.4 Other Activities**

- We have continued to engage, where possible, with Care Quality Commission (CQC) and the Department of Health and Social Care (DHSC) on the emerging inspection framework
- A monthly strategic meeting has been established with the CQC Area Inspection Manager with the DASS and members of the senior management team focussed on quality and safeguarding; this facilitates a shared understanding of risk, mitigation and engagement with registered care services hosted in Portsmouth.
- We routinely meet and liaise with our peers across the local ADASS network to support our service development and share good practice.
- In July two new members of staff joined the senior management team, one in the new role of Head of Service for Quality Assurance and Performance, and the other as Head of Service for Adult Social Care and Support.
- We have established the role of Principal Occupational Therapist, to provide professional leadership for occupational therapy, nurture collaborative partnerships and solutions and drive preventative, personalised, strengths-based, social care services, and practice with a focus on enablement and optimising the independence and wellbeing of our population.
- Following consultation with staff, we have introduced monthly ASC Live events via MS Teams. This has enabled staff to have direct updates on developments and areas of interest, with the opportunity for questions. As the events are recorded those who are unable to attend can watch later. Events have included an update on directly provided care services, assurance for adult social care and has provided a platform to be transparent, say when things have not gone well, apologise and share how we have worked with those affected to bring about change.
- In addition, there are regular newsletter updates for the directorate and a monthly practice update from the Principal Social Worker and Principal Occupational Therapist, with the latter counting towards continued professional development.
- We are working on producing a local account for publication in Spring 2023. This is an annual report designed to give residents a clear picture of the achievements we have made in adult social care; how we are performing, the changes and challenges we are facing, our plans for future improvements and the difference we have made to people we support. This supports us to be more transparent and accountable.

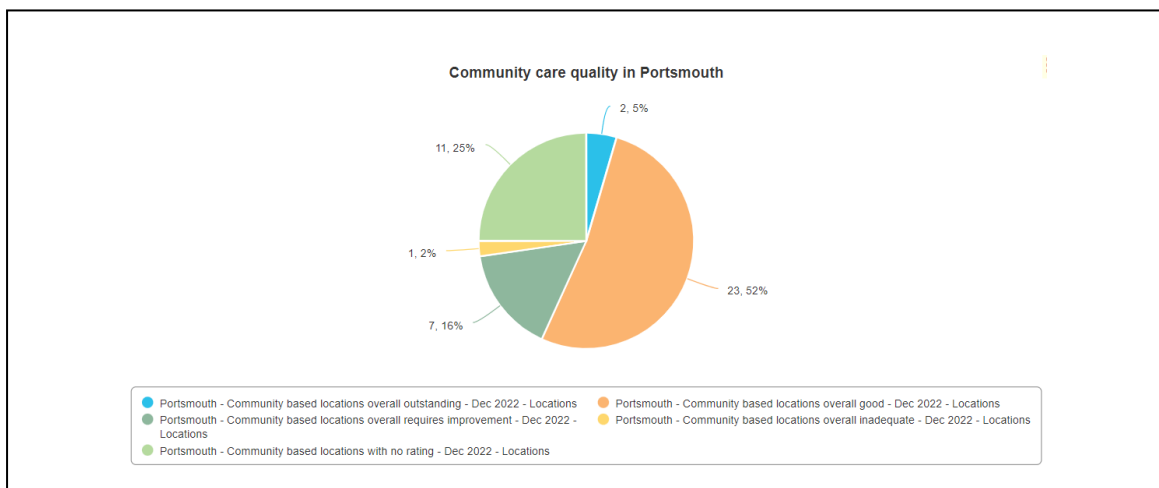
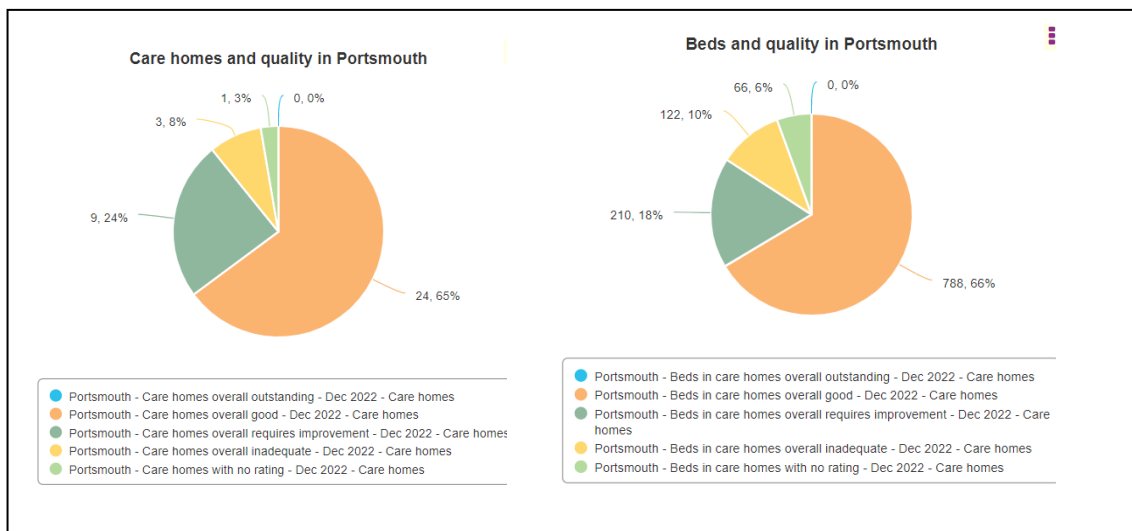
#### **10. Governance**

ASC maintains a risk register; this is monitored via the monthly ASC Governance Board. This register assists ASC to have an overview of risk to understand nature, level, likelihood and impact of risk, with Board allowing an opportunity to understand the lessons learned from adverse events and oversee them being incorporated into practice.

The current risks being monitored fall into the following themes:

- ASC Reform - although the cap on care has recently been paused until 2025 there remains a significant amount of preparatory work, including how we can support individuals to undertake light touch self-assessments through a digital solution, changeover to LPS from DoLS, introduction of assurance etc (in addition to significant demand in BAU)
- Demand - increases in referrals, caseloads, safeguarding and wait times for assessments and reviews continues which places pressure on the service and wellbeing of individuals working in the service, as well as having an impact on individuals currently being supported and those waiting to be assessed for support.
- Resources - availability of competent trained skilled workforce both within the council and wider health and care system is an increasing challenge, for now and future succession planning (a real risk when considering the age profile of workers) this poses a risk to how well we can discharge our statutory duties and discharge our duties to safely meet the needs of vulnerable adults.
- Increased demand related to admission avoidance and hospital discharge, with risk around people being discharged from hospital without reablement support results in higher levels of need as well as higher volumes of people requiring support, both of which have a significant impact on our already pressured ASC budget and stretched resource; with additional winter funding for discharge to assess being passed to the NHS, this potentially places further risk on the budget.
- Cost of living - impact on Portsmouth residents with care and support needs and ability of care providers to continue to deliver services safely within their available resources.
- Governance - namely the challenges of efficiently retrieving and effectively analysing data, inconsistent use and understanding of data and lack of workflow in SystemOne (our ASC recording system).

- Sustainability of the Care Market - in Portsmouth 65% of care homes (includes care with nursing) are rated good, and less than 60% of registered community care provision (home care/domiciliary care) are rated good or outstanding. Taking account of quality, CQC rating, workforce challenges, and cost pressure there is a risk of capacity in the city not being sufficient to meet need. This could create further risk of not being able to care for residents needing support within the city, and where there are pockets of capacity in the city having to pay a higher unit cost to commission services, creating additional budget pressure.



We are seeing significant budget pressures from commissioning care and support services and are planning for pressures into 2023/24 linked to cost of living.

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