

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

1. Purpose of Report

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

2. Recommendations

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

3. Overview

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

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

4. National Legislation & Guidance

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

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

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

5. Health & Care Portsmouth

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

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

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

6. Key Issues

6.1. National reform

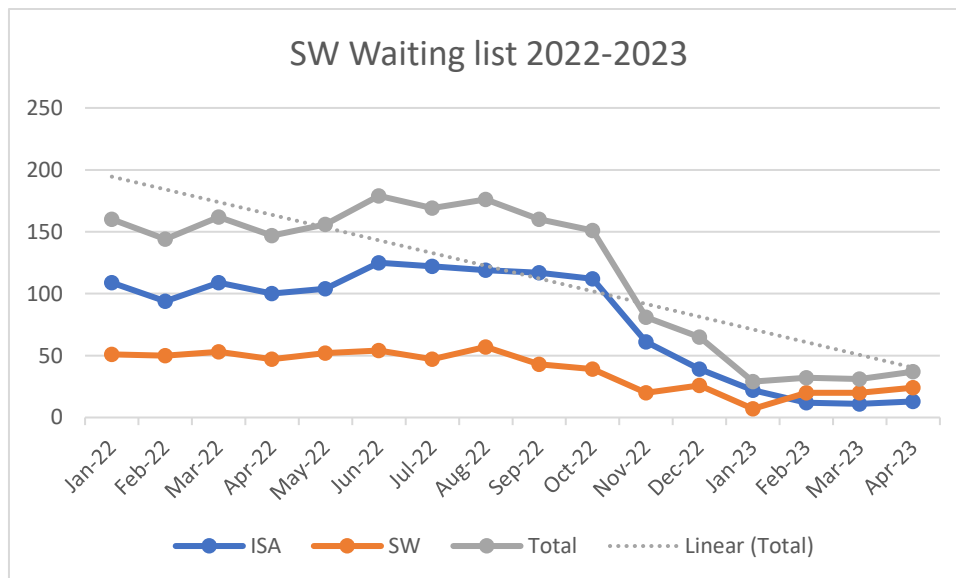
Proposed reform constitutes significant changes to the law and related guidance and although elements have been delayed there are still requirements placed on local authorities, which places pressure on resource.

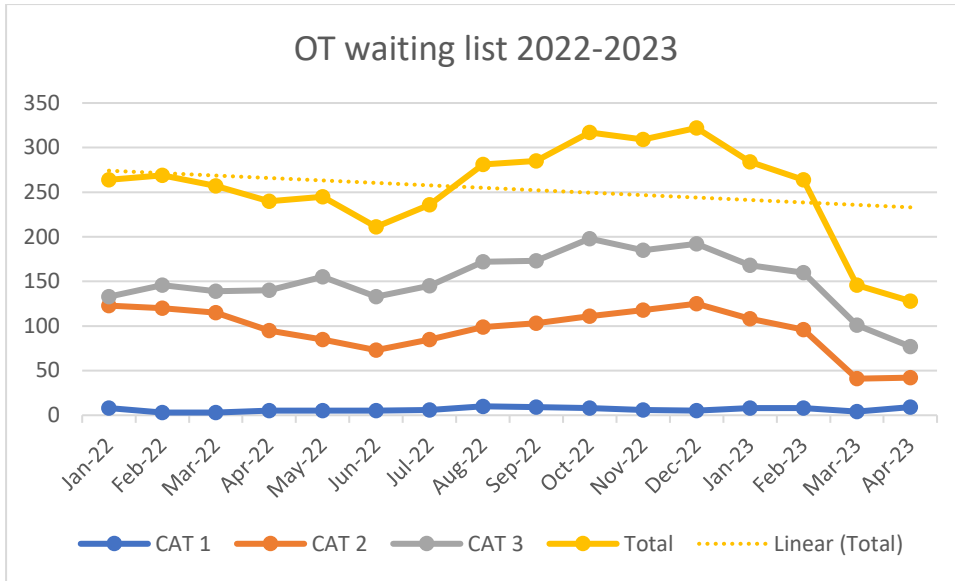
6.2. Adult Care and Support

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

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

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





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

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

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

6.3. Hospital Discharge

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

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

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

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

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

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

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

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

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

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

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

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

6.4. Work with People with a Learning Disability

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

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

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

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

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

Alongside continuing fieldwork pressures, the ILDS are also:

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

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

6.5. Carers Service

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

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

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

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

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

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

Facebook

Nov 22-Apr 23- 26,544 post views

Nov 21-Apr 22 -16,396 post views

68% increase

Instagram

Nov 22 - April 23 - 3054 post views

May 22 - Oct 22 - 1975 post views

55% increase

Website

Oct 22 - Dec 22 - 204 visitors

Jan - Mar 23 - 512 visitors

151% increase

6.6. Independence and Wellbeing Team

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

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

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

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

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

Community Connectors (CC):

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

Community Development:

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

New activities are:

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

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

6.7. Participation and Engagement

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

Achievements over recent months include:

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

6.8. Management Information Service

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

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

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

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

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

6.9. Regulated and Provider services

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

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

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

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

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

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

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

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

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

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

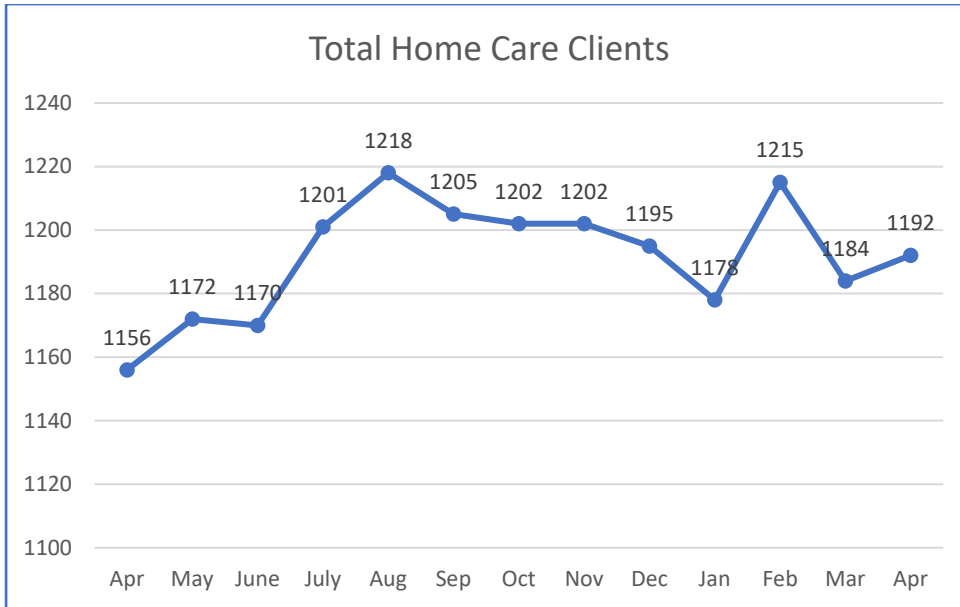
The ASC 'quality assurance & learning framework' for regulated services includes a requirement that we audit standards across our regulated services, part of this process involves informal inspections. These are completed by the Head of Regulated Services and the Nominated Individual annually with support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

7. Demand

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

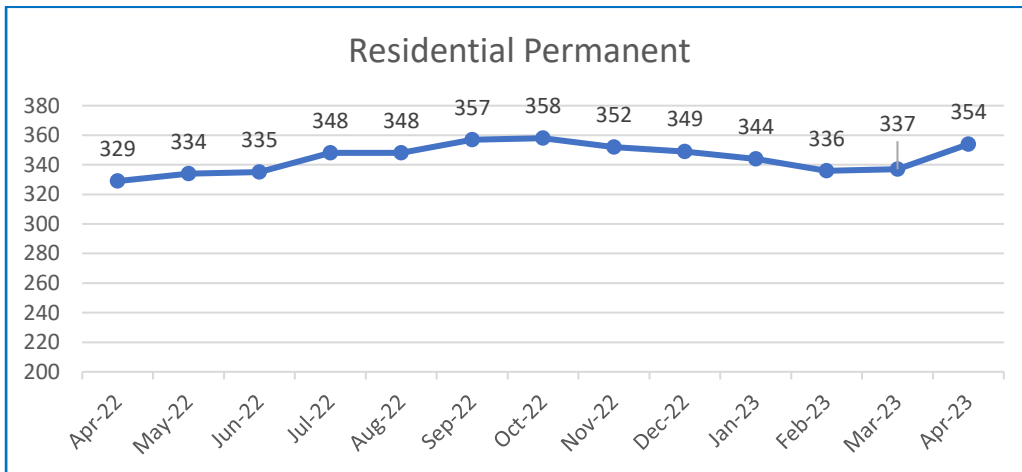
7.1. Domiciliary Care Services

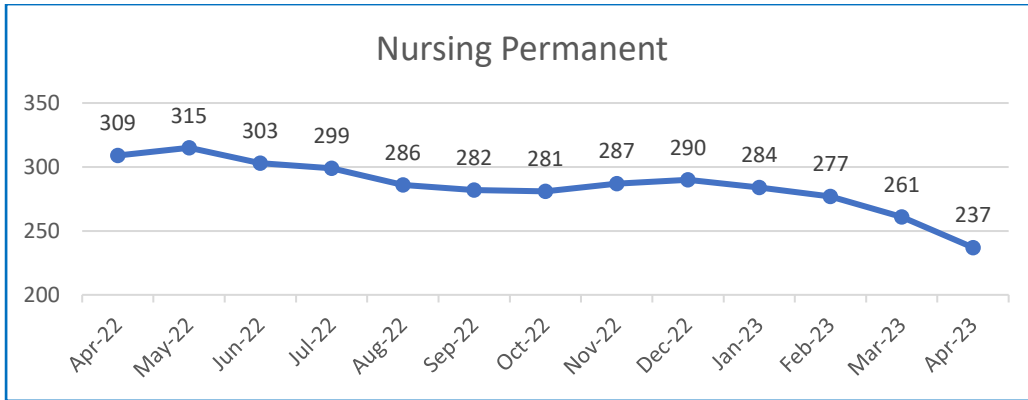
The number of people receiving care in their own home has remained around 1200 over the past 6 months except for a brief 'spike' during February.



7.2. Residential and Nursing Care

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





7.3. Stroke Association Update

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

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

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

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

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

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

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

7.4. Deprivation of Liberty Safeguards (DoLS)

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

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

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

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

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

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

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

7.5. Mental Health Act Assessments (October to March)

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

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

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

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

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

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

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

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

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

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

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

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

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

7.6. Adult Safeguarding

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

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

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

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

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

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

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

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

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

7.7. Complaints

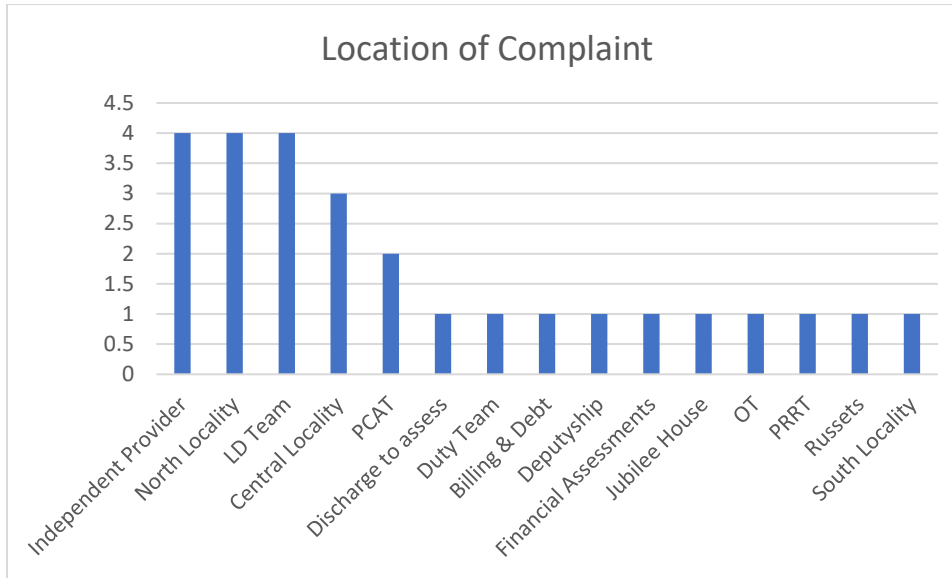
The Complaints Managers have continued to operate in a hybrid way, offering in-person, telephone and online support.

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

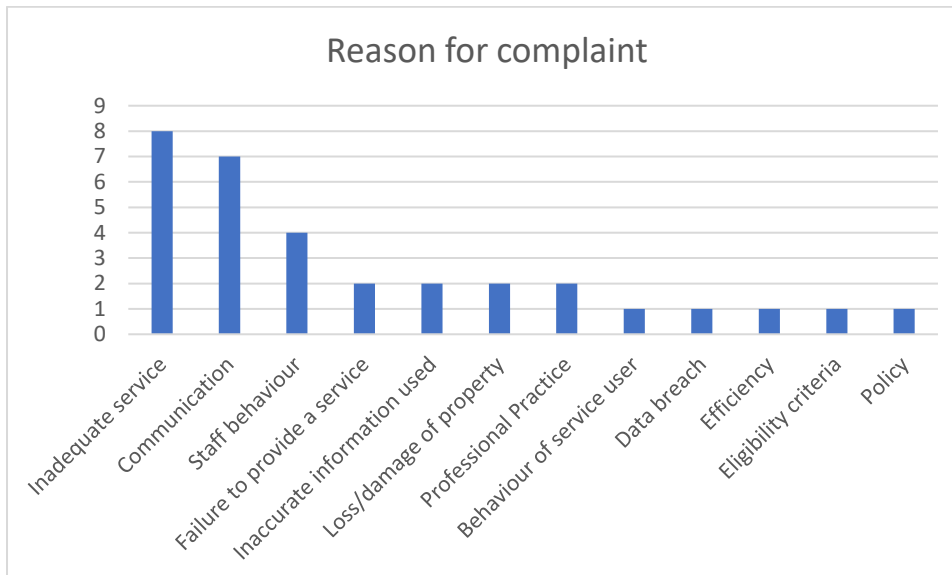
In addition to statutory complaints, there were 4 customer contacts, 8 possible complaints and 2 contacts that were responded to under different procedures.

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

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



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



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

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

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

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

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

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

38% of complaints were upheld to some degree.

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

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

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

Some examples of how ASC has learned from complaints:

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

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

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

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

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

8. ASC Strategy

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

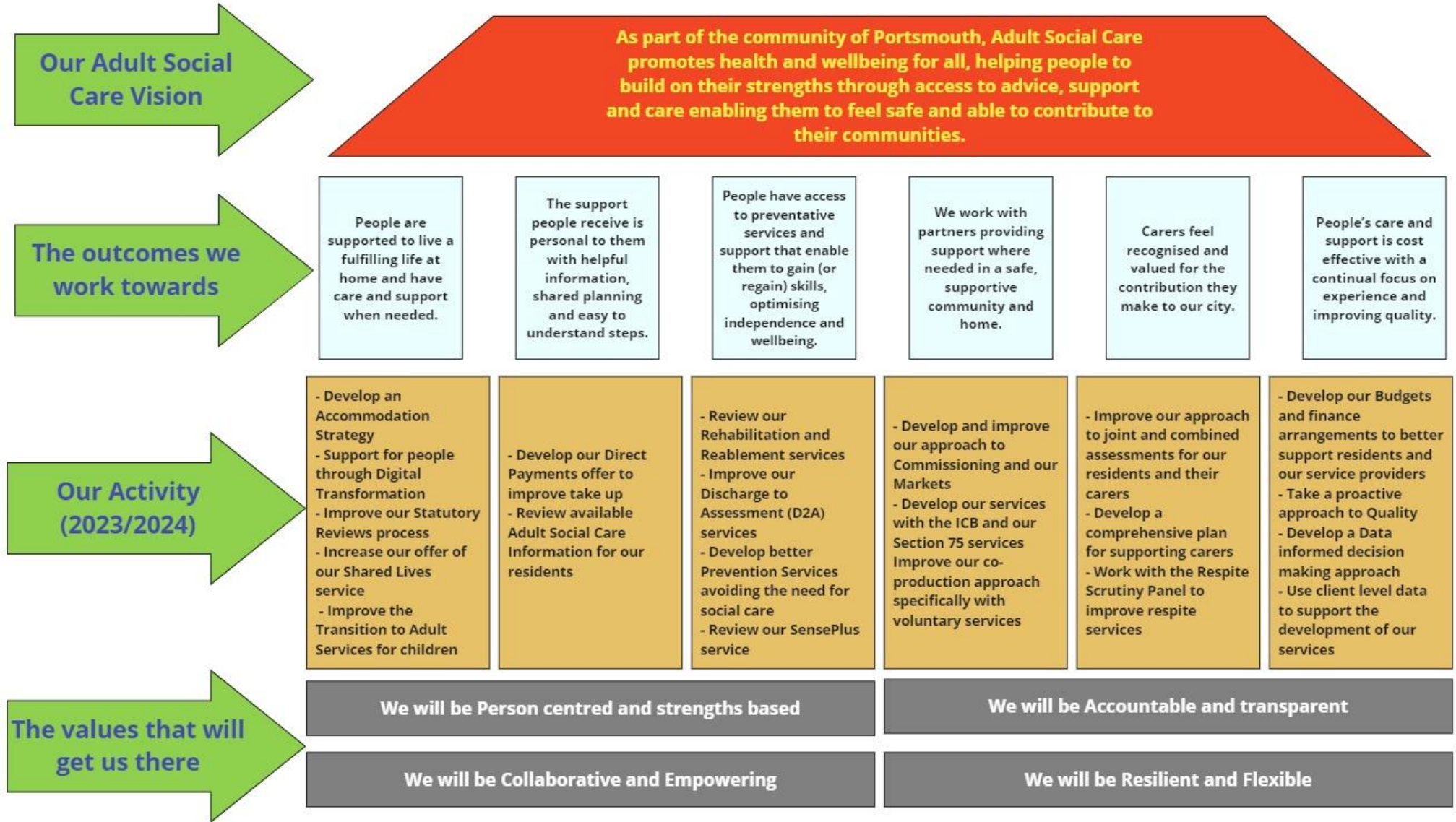
We have revised our vision and developed a set of 6 outcomes that we aim to achieve through our strategic approach. We have also developed a Business Plan to set our working objectives for the year ahead.

In summary the intention of the strategy is to:

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

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

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



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

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

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

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

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

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

An indicative timeline of activity was shared earlier this year:

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

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

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

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

- Care provision, integration, and continuity
- Assessing needs

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

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

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

9.1. Service Assessments

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

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

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

9.2. Updated Strategies

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

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

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

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

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

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

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

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

9.3. Quality Assurance

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

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

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

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

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

9.4. Other Activities

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

10. Governance

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

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

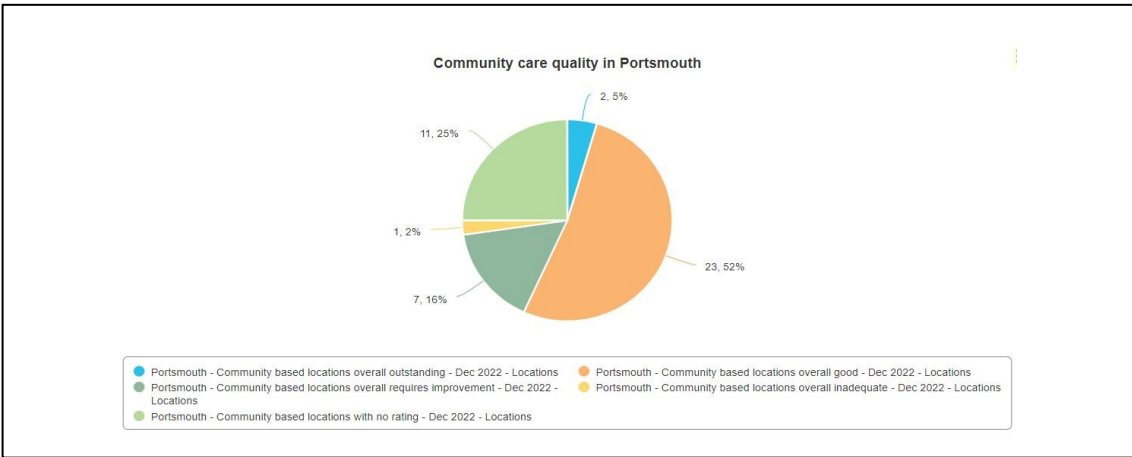
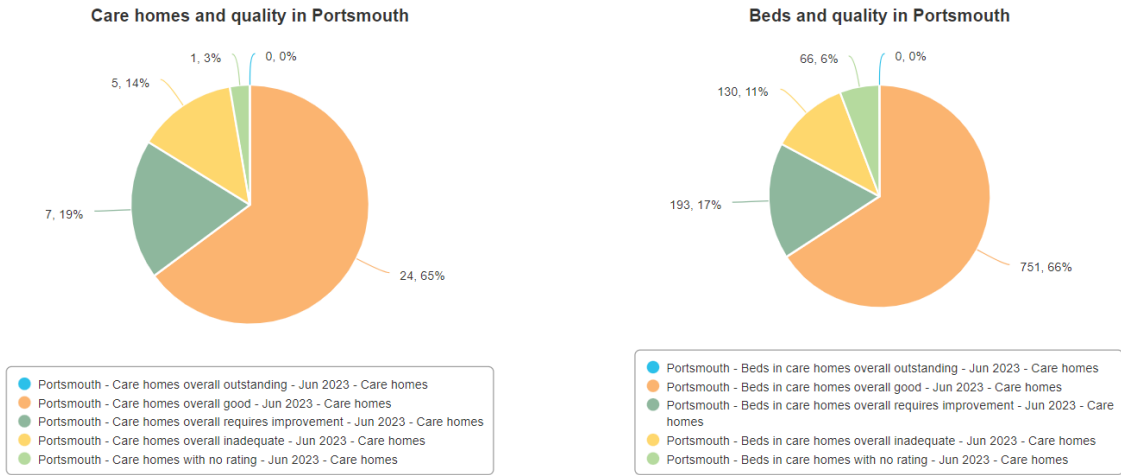
The risk register continues to provide an overview of risk to with Board allowing an opportunity to understand the lessons learned from adverse events and oversee them being incorporated into practice.

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

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

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

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



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

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

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

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

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

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

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