

**Title of Meeting:** Health Overview and Scrutiny Panel

**Date of Meeting:** 18<sup>th</sup> July 2024

**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 November 2023 to June 2024.

## 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.

In line with the requests from previous Health Overview & Scrutiny Panels, this biannual report will connect the work across Adult Social care with outcomes for Portsmouth residents.

## 4. National Legislation & Guidance

The Health and Care Act 2022<sup>1</sup> gave the Care Quality Commission (CQC), the independent regulator of health and social care in England, a new

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<sup>1</sup> <https://www.legislation.gov.uk/ukpga/2022/31/contents/enacted>

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

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

All 153 Councils with Adult Social Services Responsibilities (CASSRs) will be inspected between December 2023 and December 2025; to date 35 local authorities have been contacted `by CQC to start assessment activity, with the first three reports published on 17 May, each with a rating of 'Good'.

- 4.1. As reported to HOSP in May 2023, Hampshire & Isle of Wight (HIOW) Integrated Care Board (ICB) began undertaking a workforce review in February 2023 which is ongoing. It is expected to have a significant impact on the future shape and resource of ICBs; any deficit could place additional burden on Councils with Adult Social Services Responsibilities (CASSRs)
- 4.2. Following the recent announcement of a General Election to take place on 4<sup>th</sup> July 2024, there is no indication on progress to implement the draft Mental Health Bill<sup>2</sup> or the deferred Liberty Protection safeguards<sup>3</sup>. There has not been any confirmation of the implementation of the adult social care charging reforms, (deferred until October 2025 in 2022).

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

Portsmouth City Council has a strong history of integrated working relationships with all NHS partners in the city. We continue to work with five partner organisations across the city: NHS Hampshire and Isle of Wight Integrated Care Board, (ICB) Portsmouth Hospitals University NHS Trust (PHU), Portsmouth Primary Care Alliance, Solent NHS Trust and HIVE Portsmouth and together we make up Health and Care Portsmouth (HCP). As of April 2024, the ICB commenced a restructure process and we are yet to see the detail of how this impacts on our partnership working.

The 'Fusion' project will lead to a single community health and mental health provider organisation for Hampshire & the Isle of Wight (which includes

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<sup>2</sup> Intended to modernise the Mental Health Act 1983

<sup>3</sup> Designed to provide a more streamlined alternative to the Deprivation of Liberty Safeguards and the use of Court of Protection orders to authorise deprivation of liberty and purposes of care and treatment.

Portsmouth). Hampshire and Isle of Wight Healthcare will complete the integration in phases:

- Hampshire Children & Adolescent Mental Health Service, (CAMHS) transferred from Sussex Partnership on 1 February 2024
- The Isle of Wight Services temporarily transferred to Southern Health on 1 May 2024
- The transfer of Solent Services and the creation of the new Trust, Hampshire and Isle of Wight Healthcare NHS Foundation Trust, was due to complete on 1 July 2024, however this has been delayed following the announcement of a General Election. There is no current confirmed timetable.

Adult Social Care (ASC) and colleagues are in discussion with the ICB and the new provider to try and understand the implications of this for our partnership working and integrated team structure.

## **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.

Ahead of any long-term funding settlement, Councils with Adult Social Services Responsibilities continue to benefit from additional short term grant funds a number of which are set out below.

#### **Markets Sustainability Improvement Fund (MSIF)**

During 2024 ASC have been given money via the Market Sustainability and Improvement Fund (MSIF), with a continued focus on paying a fair rate for care, reducing waiting lists and workforce.

Given the rising cost of commissioning care, in particular residential and nursing placements for adults with care and support needs who are over the age of 65, the majority of Portsmouth's allocation has contributed towards paying a fair cost of care. In addition, proportion was earmarked to support managing and reducing numbers of people on waiting lists, and the length of time spent on a waiting list. Portsmouth is far from unique in having waiting lists, although it is worth noting that these are not permitted under the Care Act 2014, the statute which sets out core statutory duties (Part 1 of which we will be assessed against by CQC).

To satisfy the requirements of the grant we have to submit returns confirming the money from the previous year (c£3.4m) has been fully committed to ASC, the proportion spent on each area and updated metrics. Based on what we paid on average for commissioned CQC registered community and bed-based services during 23/4 the increases, when compared with 22/3 fees, ranged from 5.51% to 28.8%. For waiting lists there was a slight increase in numbers waiting. For context this is set against reduced waiting times and a significant reduction in the number of people waiting for assessments related to hospital discharge.

For 24/5 the grant allocation is just under £3.9m, the related capacity returns are due for submission early June.

### **Accelerated Reform Fund (ARF)**

The ARF is one off funding provided by the Department of Health and Social Care (DHSC) over 23/24 and 24/25. Funding needs to be allocated to projects that can deliver against 2/3 of 12 priorities identified by the DHSC. There will be a consortium approach across the 4 LAs and the ICB. Priorities have been agreed along with the programme management approach. They are:

- Priority 1: community-based care models such as shared living arrangements
- Priority 4 (focusses on unpaid carers): ways to support unpaid carers to have breaks which are tailored to their needs.
- Priority 8 (focusses on unpaid carers): services that reach out to, and involve, unpaid carers through the discharge process.

In Portsmouth we have undertaken some research with carers and families, and this has highlighted a need for a greater range of day support and short break options, supporting families to continue in their caring role alongside providing more choice on the type of short breaks available. Currently the bulk of our short stays are offered in a residential setting.

We have commissioned some work with Shared Lives plus to support us to develop our Shared Lives service. The aim of this project is to increase the number of shared lives carers, and also the range of services that they can offer. This will include day / evening options as well as short stays overnight. We have also identified a need to develop the service to be able to offer placements for young people leaving care, who would benefit from time living in a family environment before moving into more independent accommodation.

This project is also linked to our strategic aim of supporting adults to remain in their local communities. We have a number of shared lives carers approaching retirement age and so investment in the assessment and training

of new carer's is key. Some work has commenced but the investment provided through the ARF fund will enable the recruitment of a research officer post that will support with the advertising and recruitment of new carers.

ARF funding will also be used to commission training and development for new carers and to raise awareness of carers issues amongst health and care staff in Portsmouth.

This post will also link with carers to develop online resources to support carers to access information regarding what is available to support carers reference short breaks and community support services. It is also intended to provide information and advice to carers at the point their cared for person is being discharged from hospital. We intend to work with Shared Lives plus to support with this area of work.

We want to increase the options for carers accessing direct payments, to purchase services that will support them to continue in their caring role. This would include digital options to support carers. In addition, the work undertaken as part of priority 1 would support increasing the range of short break options through the development of the shared lives service.

The development of online information and advice and the provision of training to health and care staff will support priority 8. This is because carers will have access to information and advice linked to hospital discharge and health and care staff will have a greater understanding of carers needs at what can be a challenging time for them.

We have been allocated grant funding of £186,303 to support this work across 23/24 and 24/25.

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

### **Occupational Therapy (OT)**

The OT waiting list for non-critical assessments is approximately 8 weeks. All residents have a conversation with an OT duty worker on the same day they contact our service which ensures, where appropriate, immediate support can be provided.

The service continue with regular audits and observations in practice to assure that staff continue to make a difference to people's lives. The service has introduced a customer feedback form to evidence the impact of interventions and to learn if any improvements are needed to the service. This has now been running for six months and feedback on the service has been positive. Some examples of feedback include:

*"Wellbeing is improved and carer stress reduced now able to access shower"*

*"I feel more empowered, especially being able to get myself out of bed and being able to leave my property"*

There have been some case reflections and customer feedback which demonstrated what residents hoped to be able to achieve and how the occupational therapy intervention enabled them to do this. For example, one OT Associate Practitioner worked with a resident and his mum to identify their wishes and needs and adapted the shower room to make it a safer environment enabling him to remain independent with his personal care. Both provided feedback about the difference this has made to them.

Following a recent Medicines & Healthcare products Regulatory Agency, (MHRA) alert, policies and processes for the assessment, provision and review of bed rails and grab handles have been set up. The service has worked to develop risk assessments and information leaflets which have been shared and adopted by our neighbouring health and social care colleagues. This work is focussed on safeguarding the health and safety of residents.

The service promotes staff development and three Occupational Therapy Associate Practitioners (OTAP) are on the OT degree apprentice course, with the first graduate having recently passed their training and due to qualify as an Occupational therapist in July 2024. The service also has a comprehensive mentor and assessor programme and have been supporting Solent and Southampton colleagues in establishing apprentice support best practice. There is positive feedback from student placements within the team about the impact the team have on development.

### **6.3. Hospital Discharge**

#### **Adults Intermediate Care team (AICT)**

Following consultation earlier this year, a restructure has brought together colleagues in different areas into one team. This has enabled a greater presence within the acute hospital, and across intermediate care services, which has greatly reduced waiting lists and delays within hospital as a benefit to the residents of Portsmouth. However, we continue to see the waiting list in the community post-discharge grow.

The team are continuing to prioritise people who are in crisis or are at risk of harm, however, this can impact on waiting lists and assessment response times. As at June 2024 28 people were awaiting Care Act Assessments in the

community (being supported by temporary services) and 30 people awaiting their first review to ensure services are meeting their assessed needs.

The team work closely with colleagues in Solent to reduce duplication and unnecessary handoffs, focusing on options for a trusted assessor model, which would allow the professional that knows the person best to support the assessment and support planning process. We also continue to utilise some short-term ICB funding to strengthen our reablement offer and ensure the primary offer for hospital discharge is reablement via the newly created Community Rehab Service (CRS).

### **Portsmouth Community rehab Service (CRS)**

Portsmouth Rehabilitation and Reablement Team (PRRT) and the Community Independence Service (CIS) came together from 1<sup>st</sup> April to form the newly named Community Rehab Service (CRS).

The aim of the new service is to bring together the rehab and reablement offer across Portsmouth, to reduce the fragmented and inconsistent pathways for referrers and ensure consistency with a focus on independence for all Portsmouth residents. The service seeks to optimise individuals' independence, reduce reliance on more formal statutory services and promote an approach of prevention embedding the strength-based practice being rolled out across Adult Social Care.

The PCC budgets have been aligned across PRRT and CIS and a recruitment plan is being progressed, aligned to the new roles and responsibilities. The Section 113 agreement<sup>4</sup> has been updated and all staff affected will be written to in the coming weeks. Workshops have been ongoing to develop and involve staff in the new service design, which have included the development of a high-level process flow, agreement on roles and responsibilities across the new service and focus groups to redesign the referral/triage process, the assessment and allocation process, and finally the caseload management process. The change project will conclude in 2024.

### **Continuing Health Care (CHC)**

The ICB is nearing the end of the restructure of teams across Hampshire Isle of Wight, (HIOW) with the new structure from 1<sup>st</sup> August 24. Portsmouth has not changed and will begin to fill vacancies once this process has completed. The CHC team are working with other place based CHC teams, to align working processes.

Discharge to Assess, (D2A) has now ceased so a temporary funding pathway has been introduced for those residents who need support to leave hospital

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<sup>4</sup> [S.113](#)

but are not able to use rehabilitation. This reporting period has seen a surge in numbers across the various CHC and ICB funded pathways which has put pressure on the team where capacity is not able to meet demand. The consequence of this will be an increase to waiting lists for assessments which will be monitored within local governance boards.

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

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

Currently, there are 228 residents waiting allocation to a named worker; this represents 27% of the entire caseload. This is an increase since the last report, due to the continued increase in referrals alongside staff turnover. All posts have now been recruited to and we expect to therefore begin to achieve 90% allocation of cases within the next few months.

The service has achieved 86% of annual reviews of the residents we support. We expect this to rise even further above the 85% expected performance level with additional capacity for new staff, now in post.

We received our national NHS benchmarking audit feedback recently. This showed that the ILDS continues to provide an effective and efficient service as compared to the 75 other participants. The service receives a significantly increased referral rate (110% more than average Trusts), that are almost all appropriate, manages a significantly higher than usual caseload (160% more than average), and provides more clinical activity than most other Trusts. (220% more than average).

Alongside continuing fieldwork activity, the ILDS:

- Is progressing the development of a bespoke 7 bedded service for young people with complex support needs. We have identified a suitable property, Redbridge House, and an appropriate peer group. We await final agreement of the business case that anticipates savings upwards of £500,000 in support costs across ASC and the ICB.
- Continues with the introduction of the “safe places” scheme within the city. We will soon be moving into the 2<sup>nd</sup> year of the project.
- Continues to host a provider partnership forum that champions quality improvement initiatives. More recently this has started working with a newly appointed LD community pharmacist to help better respond to



medication errors across services. This has already led to marked reduction in medication errors across providers. We will now also focus on Digital Inclusion.

- Have refreshed our commissioning framework for supported living and have agreed the contract call-off pipeline with the first contract going to market imminently.
- Continues to refresh the commissioning strategy for local day opportunities to improve quality, cost efficiencies, capacity and sustainability.
- Have established a project group looking at local short break (respite) provision, with an ambition to develop a new service offer that reflects the wishes of our community, is cost efficient, and introduces more choice. We have begun to engage with stakeholders and providers.
- Is actively engaged in planning how Learning Disability services may be configured and delivered upon the formation of the Hampshire and Isle of Wight NHS Healthcare Foundation Trust. This was planned to be formed in July only ratified by the Secretary of State but the recent announcement about a national election is likely to delay this process. Currently the ILDS are working alongside colleagues from the IoW Trust and Southern Health to map the services we each deliver as well as undertaking a review of our combined services using a national quality tool.

## **6.5. Adult Mental Health (AMH) Support Services**

The Portsmouth Mental Health Hub was launched in April 2023 and has just released it's one year 1 evaluation. The Hub came about as a result of a large piece of coproduced work driven by the NHS England, (NHSE) 'Community mental Health Framework for Adults and Older Adults' first published in 2019.

Due to the pandemic, work started in 2021 with professionals from health, social care, housing, the voluntary service and people with experience of mental health services. 'Discovery' meetings led to design and development phases to March 2023. The Hub was launched, initially as a phone helpline, with ambition to develop further.

Some of the outcomes from the first year:

- Total calls answered - 3535 - All callers are connected to as many services as they require and given an action plan to support recovery. The plan is sent to the caller so that they know and understand the next steps. They can also call back as many times as they need to.
- Total people helped - 2984
- Area of most demand - Southsea.
- Top answer for how did you know about the Hub - GP Practice.
- Callers waiting less than a minute to be answered - 85.5%

- Was the Portsmouth Mental health Hub helpful - 99%. Callers also gave specific feedback including - *I'm so glad I called; I feel like my day has not been wasted - thank you for being honest and realistic about my support options and not sending me back to places I have already been - Brilliant, thank you so much for your support, I will definitely call back if I require further support.*
- Female callers 57%
- Male callers 42%
- 1% did not want to disclose
- The majority of callers were between 26 and 45 years old, next were 45 to 65, then under 25's and finally over 65's.

Staff were also surveyed anonymously;

- Effective communication with teams - 81%
- Enthusiasm about role - 98%
- Confident to solve problems - 89%

Learning is clear that with an emphasis on co-production where the voices and experience of service users are heard alongside those of staff and carers, we are able to create services that truly meet the need of the community.

Forward Plan:

- Improve access for 16 - 25-year-olds, the data is low for this group.
- Improve access for over 65's, the data shows only 8% of individuals from this group are accessing the Hub.
- Streamline and simplify the referral process to enhance service efficacy and service user experience.
- Expand access routes by extending beyond a telephone line, such as live chat functionality and an ambition for in person drop-in services.

## **6.6. Carers Service**

The carers service has continued to receive high rates of referrals, both from professionals and residents and staffing pressures have led to an increase in waiting times.

The carers service has continued to develop:

- Created new carers support groups for parent carers
- Started a creative writing group for carers
- Launched a 'Portsmouth Carers Create' book project
- Trialled a monthly Saturday opening to support working carers

The carers service is currently developing the multi-agency Portsmouth Carers Strategy, with the aim of publication in summer 2024. The service

continues to develop contingency plan recording and have recently embedded the plans into the new ASC support plans and created a mechanism to record these on the shared care record.

Comment received from someone caring for their husband and accessing our sitting service and emotional support from their named keyworker:

*"Thank you, Vicky, it has proved to be a lifeline I didn't know I needed, but do and really appreciated.*

*You have been kind considerate and mostly all very efficient.*

*Thank you for everything."*

## **6.7. Independence and Wellbeing Team**

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

The 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.

### **Community Development Service**

For the period January - May 2024:

- Portsmouth residents participated in 15 different projects facilitated by the Independence & Wellbeing Team.
- Changes to projects:
  - The Reading Friends Group had initially been set up in partnership with PCC Library Services and following successful embedding of the project, the group is now fully facilitated by the Library Service.
  - The Refugee Badminton Group was piloted, however lack of funding meant the pilot could not be expanded into a regular group.
  - Following feedback from community members and partners, Yoga in the Park has been renamed to Stretch & Relax in the Park to appeal to a wider audience who may previously been discouraged from attending a yoga activity.

- New partnership with Minstead Trust to facilitate training sessions to support and upskill individuals with learning disabilities at their allotment.
- Average monthly attendance from the previous reporting period has increased by 19%.
- Ongoing outreach with local community groups and partner organisations to further develop community-based activities.

<b>January - June 2024</b>	<b>No. Individuals</b>	<b>No Sessions</b>	<b>Attendance</b>
<b>Total</b>	381	369	2315

Chop Cook Chat x 7 groups.

Carers Breaks x 3 groups (2 weekly and 1 monthly)

Stretch & Relax in the Park *(in collaboration with Victoria Park Heritage Project)*

Healthy Walks x 19 routes *(in collaboration with Ramblers Walking for Health)*

Diversi-Tea Lounge *(in collaboration with Personal Choice)*

Cross Cultural Women's Group

Paulsgrove Men's Group

Community Allotment x 4 groups *(with the Mental Wellbeing Group delivered in collaboration with the Hawthorn Ward, St James' Hospital and the Minstead Gardening Group in partnership with the Minstead Trust)*

Autism & Neurodivergence Group

Ethnic Grown Project *(in collaboration with the Landport Grow Zone)*

Treadgolds Garden Group *(in collaboration with Treadgolds Museum)*

Naturewatch x 2 groups

Extra Care Housing x 6 groups

Rock Out

Seated exercise (in partnership with the You Trust and Extra Care Housing)

***Explanatory Note:***

- *Attendance data is based over a 5-month period as opposed to the previous reporting period of 9 months.*
- *Inclement weather during the winter/spring seasons can lead to a decrease in the number of people participating especially in relation to outdoor activity sessions.*

**Community Connectors**

Please see reports in Appendix 1.

EDI data is available in Appendix 4.

**6.8. Participation and Engagement**

We believe, that to meet the challenges of delivering on our vision and strategy for Adult Social Care in the city, power must be distributed more

evenly between people who use services, those with lived experience, people providing assessment/support and leaders.

Development over recent months include:

**Work with our Corporate Engagement Team** with a focus on stakeholder mapping and mapping of community resources which will form the basis of our community engagement strategy. Work is also underway to develop a more structured approach to co-production. This will include the development of checklists and guidance to support staff in areas of our business such as recruitment, service design and development, project work and policy and strategy development.

**Strengths-Based Practice Programme: Better outcomes for everyone**

The Care Act places a duty on Local Authorities to consider the wellbeing of people with whom they are working and there is a fundamental link between the core duty in the Care Act –promote individual wellbeing- and a strengths-based approach. Local authorities are required to ensure that the wishes and feelings of all residents are considered. The views of individuals, their strengths and abilities and the context of their lives must be fully considered when assessing care and support needs.<sup>5</sup>

In order to assess the level of compliance with the Care Act requirements, Portsmouth City Council, Adult Social Care, has commissioned Alder Advice. Alder Advice specialise in helping councils to analyse how embedded strength-based practice is in their organisation and how to embed the approach as business as usual.

The primary aim of the project<sup>6</sup> is to adopt strengths-based approaches to support all citizens needing support to live their best lives by 2025. This will be delivered under a programme of work focussed on three strands of Practice, Processes & Systems, and Culture and Leadership, and developed through engagement and coproduction with staff, experts by experience, carers and other stakeholders.

The programme of work will produce a number of deliverables, one of which will be an implementation plan to be presented in draft format, to ASC Portfolio Board, in October 2024.

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<sup>5</sup> [Strengths-based approach: Practice Framework and Practice Handbook \(publishing.service.gov.uk\)](#)

<sup>6</sup> More detail on this programme is available in Appendix 2

## 6.9. Management Information Service

Following the previous HOSP report ASC have now implemented the final element (Services) of Client Level Data (CLD), the new statutory collection report mandatory from 1st April 2023<sup>7</sup>.

We have made 4 submissions of CLD to DHSC covering April 2023 to March 2024, with each submission improving on the previous, following the implementation of each new element. This will enable us to improve analysis of our service delivery and performance.

Our focus now is on improving the quality of the data we submit to the DHSC. Whilst we are making full submissions the limitation of our client recording database (SystemOne) significantly impacts our ability to introduce support mechanisms for staff when they record information such as process pathways and mandatory recording fields.

Our new analysts have now been in post for 6 months and have provided ASC with significantly improved capability to extract and analyse the data we record to improve the business intelligence and move towards our objective to make evidence based data informed decisions.

Our data warehousing project is ongoing which will further improve our reporting capabilities by enabling us to link up stand-alone data sets used within the department.

## 6.10. Residential Services

Portsmouth City Council is regulated by the Care Quality Commission (CQC) for the delivery of three residential services and Shared Lives; Harry Sotnick House, Russets and Shearwater are registered for the delivery of accommodation for persons who require nursing or personal care. Portsmouth Shared Lives Service is registered for the provision of personal care. All services are subject to inspections from the CQC in line with their regulated activity.

### **Harry Sotnick House (HSH)**

The care and nursing team specialise in offering long term dementia care and bed based reablement for older people with mental health and physical health needs, provided in a homely and caring environment.

HSH was inspected by CQC in May 2022, and received an overall rating of Good, this was reviewed in July 2023. HSH continuously evaluate and

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<sup>7</sup> [Client-Level Adult Social Care Data \(No. 3\) - NHS Digital](#)

improve the services and practices to meet the evolving needs of our residents and uphold the highest standards of nursing care.

Recent areas of engagement between HSH and the NHS Solent Academy of Research and Improvement include:

- Participation in clinical trials and research studies to improve care practices, treatments, and interventions.
- Sharing anonymized resident health data to contribute to large-scale studies and improve understanding of health trends.
- Joint training programs to ensure nursing home staff are up-to-date with the latest healthcare practices, techniques, and technologies.
- Opportunities for nursing home staff to pursue continuous professional development through courses and workshops offered by the academy.

### **Shearwater**

The unit specialises in dementia care for older people, offering accommodation and support in an enabling way to maintain independence, choice, and control. The service was last reviewed by the CQC in July 2023 and retained a Good rating.

A recent development is an offer of respite/short stays to informal carers requiring a break from caring. This is a partnership with the Portsmouth Carers Centre who refer potential individuals following a carer assessment.

### **Russets**

The unit provides full time residential care for up to 7 people and respite care for up to 10 people with learning disabilities, in one adapted building.

Russets was last inspected in December 2022 and is rated as Requires Improvement and is awaiting an inspection under the new single assessment framework. The service also completed a Provider Inspection Return (self-assessment) in August 2023.

Russets is part of the offer to adults with a learning disability in Portsmouth, providing short breaks and longer-term accommodation with care and support. The staff team aim to create a positive environment which promotes independence and choice, where people are offered experiences and opportunities to assist them with achieving their aspirations, and goals in life. Russets currently have 6 permanent residents and have supported 58 people for short breaks in the last 12-month period. A total of 2,458 beds were occupied, based on the need of each person and the budget available. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

### **Portsmouth Shared Lives Service**

Shared Lives carers use their own homes as a base and have the knowledge and skills to support an individual; the safety, dignity, independence, and rights of the individual are maintained at all times.

As a registered service last inspected 19<sup>th</sup> February 2020, Shared Lives was and was rated Good. Following a change of registered manager, the service was reviewed November 2022 and remained rated as Good. The service completed a Provider Inspection Return in February 2024 and is awaiting further inspection.

Shared Lives is a unique service for adults who need some support to live an independent and fulfilled life, in a family environment.

The service has recently engaged with Shared Lives Plus to support the development of the service, using some of the resources provided through the ARF grant. This involves recruitment to accelerate the growth and expansion of the service. This will enable the service to support more people in Portsmouth to live safe and happy lives, within a home environment.

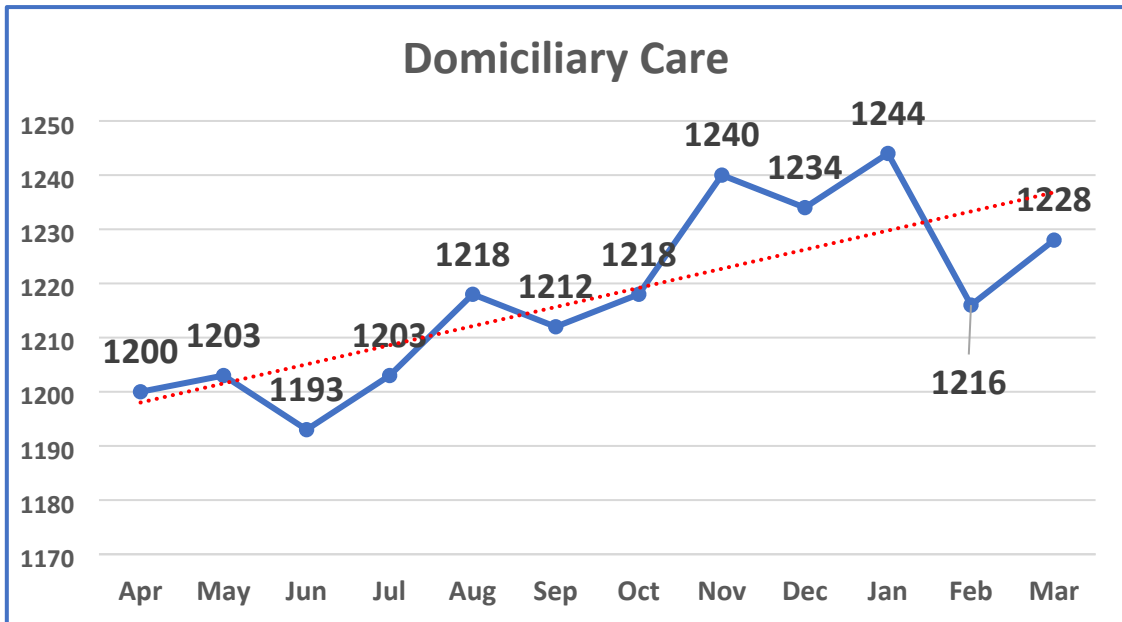
## **7. Demand**

The figures below are snapshots of Portsmouth residents with care and support needs who are in receipt of care and support in the month. The figures include Adult Care and Support (people with a physical disability and/or older people), residents with a Learning Disability and residents with Mental Health needs that are funded exclusively by PCC or joint funded with other agencies. The figures do not include care provided that is exclusively funded by health services (such as Continuing Healthcare provision).

### **7.1. Domiciliary Care Services (including Day Care)**

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



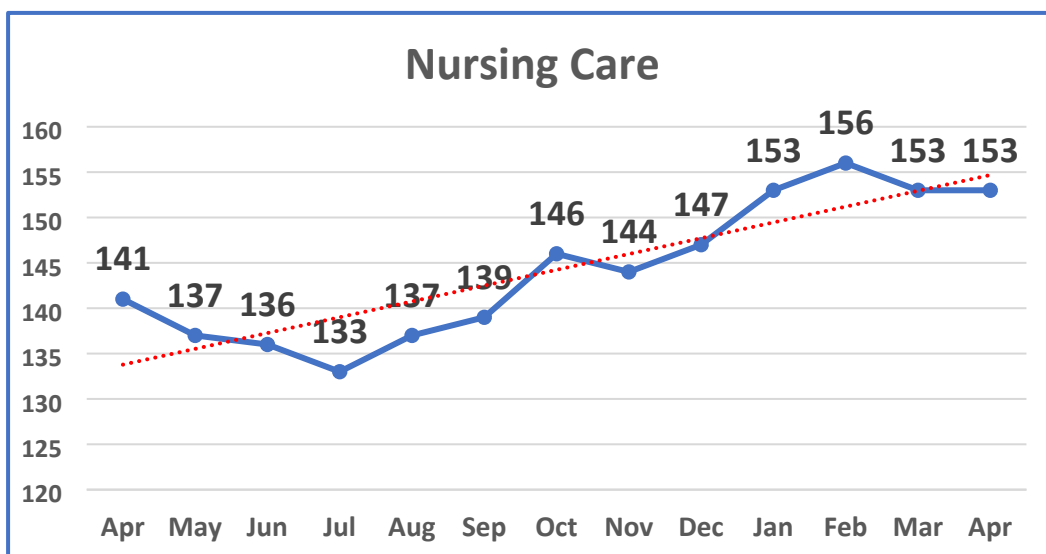
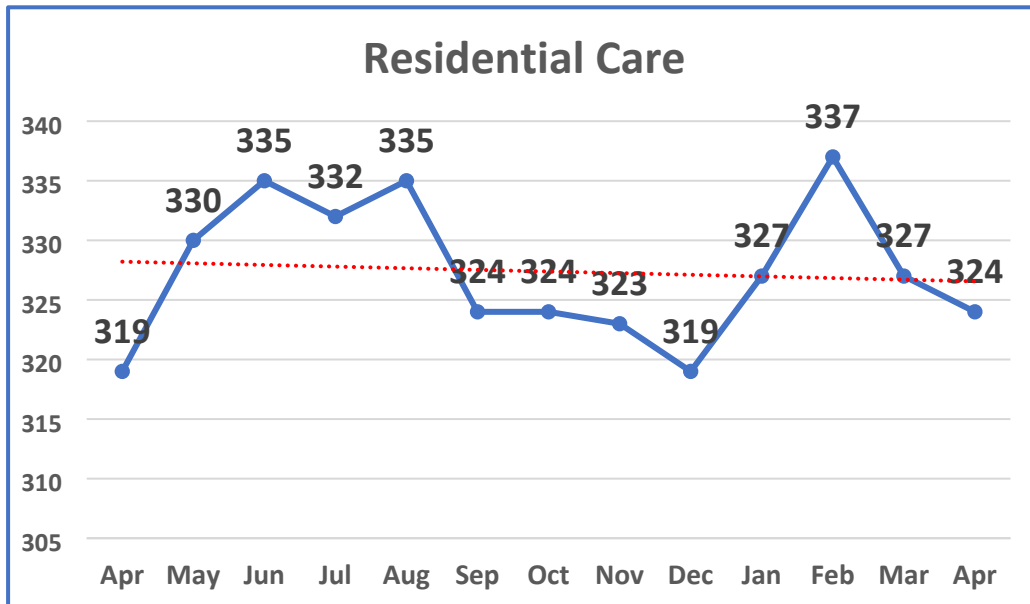
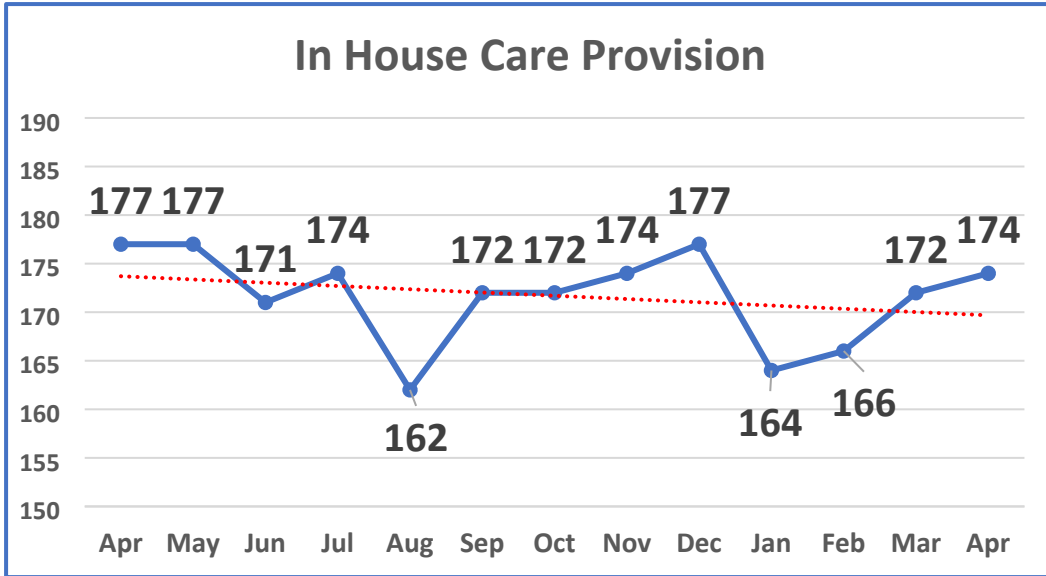


## 7.2. Residential and Nursing Care

Apart from occasional fluctuations the number of residents supported by 'In house' care provision has remained broadly the same for the last six months.

The overall numbers of residents in external residential care placements has remained broadly similar for the last 6 months but has increased slightly from the start of the year, although Adult Care and Support Services (including residents with a physical disability and/or older people) has seen a significant increase in placements, equating to an additional expenditure of £1m per annum, compounded by rising costs of placements.

There has been a significant increase on average, over the year, of people supported in nursing care, equating to additional expenditure of £800k per annum. This is further compounded by rising costs of commissioning placements.



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

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

Descriptor	No.	Change against previous
Referrals Received (all Referrals)	772	73% increase
Referrals Received (excluding Furthers & Reviews)	508	67% increase
DoLS Granted	320	105% increase
Average Time between Referral & Authorisation	44 days	Decrease of 12 days

Status of referrals 31/5/24	No.	Change against previous
With Triage	0	Decrease of 14
To be Allocated	37	Increase of 11
To be Triaged	23	Increase of 17 *
Total to be Allocated	60	Increase of 14

\* Due to referrals from QA Hospital (QAH).

The team continue to manage the flow of DoLS referrals and allocations in line with Mental Capacity Act timescales. The team are engaging with NHS colleagues to manage some issues with referral timeliness.

The workshops run by the team in Childrens services to increase understanding in regard to MCA with 16- and 17-year-old have been completed.

As highlighted in Section 4.2 of this report, DoLS is expected to continue until 2025 as a minimum. The Department for Health & Social Care, (DHSC) are re-writing codes of practice and other aspects of proposed legislation although this work is likely to have been further delayed due to the general election.

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

There are ongoing challenges with delays to assessment. The team are continuing to monitor issues of obtaining warrants, the online system introduced by Her Majesty's Court Service (HMCS), has delayed access to urgent warrants due to reduced spaces.

It has become more challenging to locate doctors to carry out assessments. There is a recruitment challenge for most NHS Trusts at this time. There are additional complications due to delays in accessing private ambulance cover; consequently, this can delay admissions and create additional pressures.

These issues are monitored regularly by the Integrated Care Board (ICB) who are responsible for the management of the contract with Secure Care UK and monitor bed availability. In addition, there is an escalation process within PCC to monitor this ongoing situation for those who are resident in Portsmouth.

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

Referral rates have increased over the course of each month although the AMHP service experiences surges at times where the inability to proceed with an assessment means that increases the number being managed. The increase in referrals since 1<sup>st</sup> Dec 2023 is 45%. Where required the service deploys AMHPs on a supernumerary basis which supports a flexible response to meet increased demand on the service. There has been a small increase in referrals for individuals under 18.

The team are often thanked by relatives for their work in enabling those who are unwell to be admitted to hospital. For those subject to assessments feedback is more difficult to obtain mostly because people are so unwell at the time of the assessment; the team have attempted other methods such as seeking feedback from care coordinators and other services that support the person with limited success. Below are 2 examples of feedback from a parent and one from a Service user.

*" the AMHP who came to see xxxx was really good. Calm and supportive of our situation as parents and once the assessment was over and xxx had been taken to hospital gave us lots of information, time and reassurance making things easier for us to manage".*

*"I was proper bonkers when I was assessed so although I didn't want to be in hospital and was pretty angry about it I know it was the right thing. I am sorry that I was so out of order. I'm better now".*

The AMHP team have received 1 referral for the Treasury's "Mental Health Crisis Breathing Space"<sup>8</sup> programme during this reporting period; additional guidance for AMHPs was issued following a legal judgment on eligibility. The programme helps take the pressure off people with debt issues while they are receiving crisis treatment and up to 30 days post treatment. This low take up is reported in regional and national AMHP leads networks and reflected across the country.

## **7.5. Adult Safeguarding**

The Adult Safeguarding Team received 2,586 safeguarding concerns in 2023-24, a 12% increase on the previous year. 50% of safeguarding concerns received met the statutory criteria for enquiries, (Section 42 of the Care Act 2014).

1,086 safeguarding enquiries concluded in 2023-24. Where enquiries concluded, the outcomes were:

- In 97% of cases, risk identified during the enquiry was reduced or removed on conclusion.
- 72% of adults were asked for their desired outcomes for the enquiry, and when desired outcomes were expressed, 95% of these were fully or partially achieved.

In addition, the team received 954 Police reports (PPN1s), and 1,667 'Other contacts' including concerns rejected at point of receipt, and requests for advice and guidance.

Due to increasing workload and fluctuation in resource in the team, contingency measures have been put in place to mitigate risk associated with a backlog of referrals. Moderate and high-risk cases are being identified for allocation within 72 hours, but there is a delay in triage of concerns that do not appear moderate or high risk. The team are working towards a model of immediate allocation of enquiries to key workers/agencies, where the criteria for enquiry is met.

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<sup>8</sup> [Guidance on mental health crisis breathing space](#)

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

## **7.6. Complaints**

The Complaints Manager has continued to operate in a hybrid way, offering in-person, telephone, and online support. The ASC Governance Board receives monthly exception reports, in addition to the quarterly and annual complaints reports. This ensures knowledge of themes and trends and supports service improvement and better outcomes for residents.

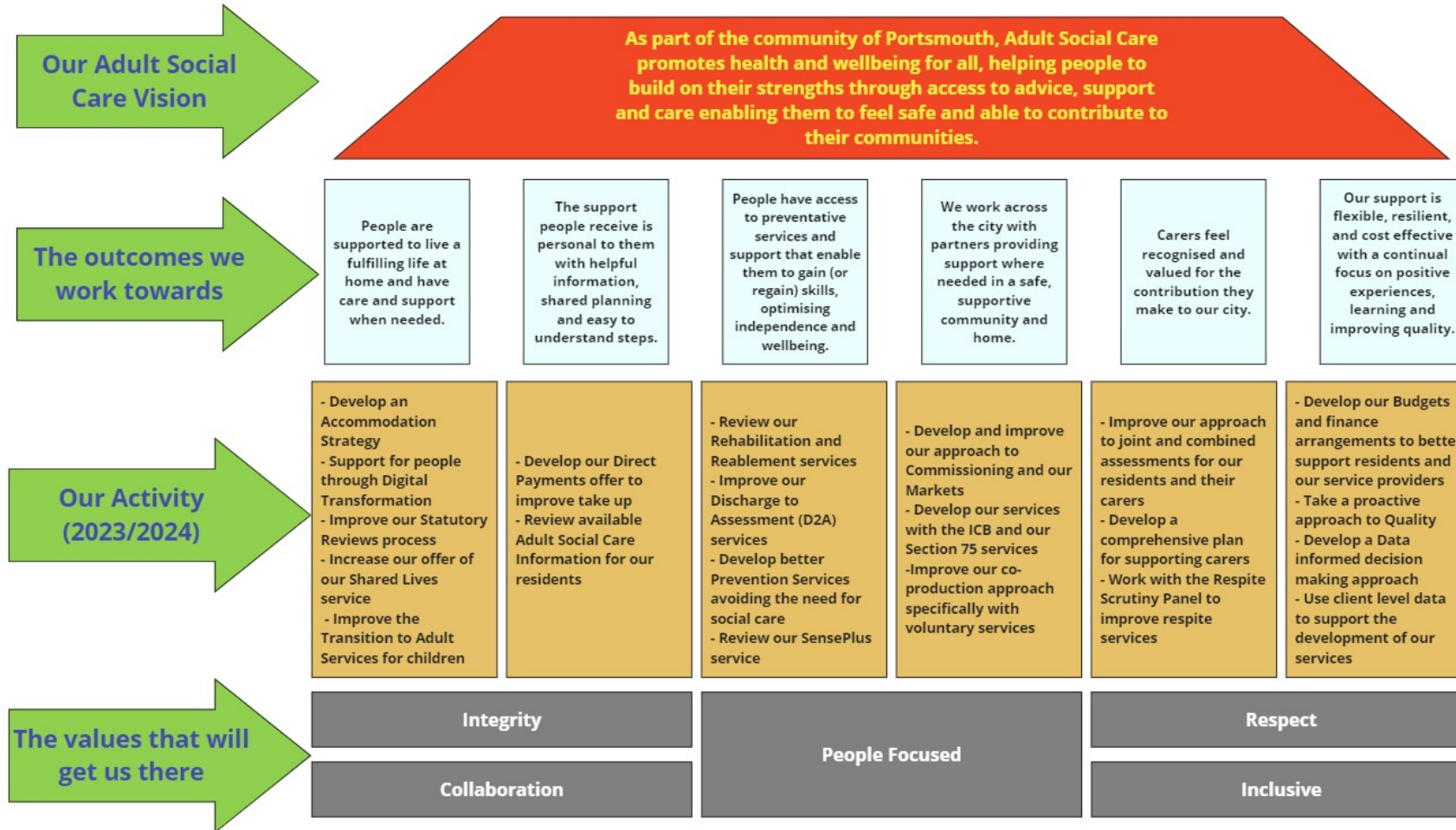
The Complaints Manager offers weekly complaints clinics where staff can meet with the Complaints Manager to discuss any cases or concerns and seek guidance.

For the detail of the Complaints Report for the period 1 December 2023 to 31 May 2024, please see Appendix 3.

## **8. ASC Strategy**

Adult Social Care's Senior Management Team have signed off the ASC 2024-2027 strategy. We have developed our Business Plan for 2024/25 which details the specific activity we are undertaking to achieve the outcomes set out in our updated 'strategy on a page' (an infographic summary of our strategy as shown below).

The strategy and business plan are being shared across the Directorate to support the development of local plans and activity to deliver the strategy.



## 8.1 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.

Significant progress has been made on the Carers strategy and the Autism strategy, which are now undergoing consultation with stakeholders. We plan for these to be published towards the autumn of 2024.

Work has also progressed significantly on the accommodation strategy with the recruitment of a senior commissioning manager in Adults Care and Support to develop the approach for older people and people with physical disabilities. This will be brought together with the mental health and learning disability accommodation strategies to create an overarching approach. This work has been developed with significant contribution from the Housing Directorate.

We continue to work on other strategic approaches including, our Medium-Term Financial Strategy, and our workforce and will continue work in 2024/25 on developing strategies for prevention and engagement/coproduction strategy.

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

As updated in Section 4 of this report, assurance of the first 3 local authorities has now concluded with the publication of their reports by the Care Quality Commission (CQC). A further 32 councils have been notified of inspection and are at a point in the process ranging from preparing the initial Information Return, submitting the Information Return to being given a date for assessment, or are being assessed. CQC aim to complete assessments of all 153 Councils with Adult Social Services Responsibilities (CASSRs) by the end of December 2025.

In March our self-assessment was shared with Cabinet, and HOSP, setting out how well we are performing against each of the 9 Quality Statements. This is our measure of how compliant we are in meeting out statutory duties under Part One of the Care Act 2014, the legislative framework against which councils will be inspected. The self-assessment was informed by people working in the Directorate, from front line staff to senior managers, engagement with formal stakeholders and partners and input from residents of Portsmouth.

The self-assessment has informed an improvement plan, which we have aligned to the outcome and activity pillars in the Directorate Business Plan. Work is already well in progress for some areas, such as Strength Based



Practice. The improvement plan has supported the Directorate to prioritise the areas we need to strengthen, including process, policy and resource and inform where practice may need change.

To support staff to be prepared and feel confident meeting with inspectors we have taken up an offer from the Local Government Association. Four sessions for front line staff, a session for Team Managers, and a feedback session for the Senior Management have been scheduled for the beginning of June.

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

### **9.1. Stroke Recovery Support**

There was an amendment to the budget at Full Council in February 2024 that was accepted by the Leader and Cabinet that extended the funding for the current Life After Stroke service from December 2024 to 31<sup>st</sup> March 2025.

The Health Overview & Scrutiny Panel received a [report](#) from Hampshire & Isle of Wight Integrated Care Board, (ICB) in March 2024 on the ICB's intentions for stroke recovery in Hampshire and the Isle of Wight. The report gave details of the ICB's intentions as at March 2024:

- NHS Hampshire and Isle of Wight Integrated Care Board is working with the Wessex Integrated Stroke Delivery Service to develop a detailed ICSSM service model and associated business case.
- This work is already underway and will be completed in Quarters 2/3 of the 2024/25 financial year as part of the local care transformation programme, (Quarter 1 is on the specialist neuro pathways).

The ICB work detailed above will govern arrangements for a stroke support service in Portsmouth after March 2025.

### **9.2 Modern Slavery**

ASC and PCC procurement have supported research into Modern Slavery in the ASC Supply Chain. This was a national piece of work with Nottingham Rights Lab with the Local Government Association and two other local authorities. This has informed a publication, 'Establishing modern slavery risk assessment and due diligence in Adult Social Care: A commissioning officer's guide'<sup>9</sup>, which has been published nationally and has supported ASC to plan

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<sup>9</sup> [Establishing modern slavery risk assessment and due diligence in Adult Social Care: A commissioning officer's guide](#)

the management of modern slavery risks in Portsmouth. Some of the activity has included:

- Updated training and practice learning with ASC staff
- Updated Training with independent social care providers in Portsmouth.
- Raised awareness in the public domain with an article in Flagship Nov 23, providing information on how to spot the signs of modern slavery
- Connections with the police who are also providing awareness sessions for providers.

### **9.3. Quality of Practice & Quality Assurance**

The Principal Social Worker and Principal Occupational Therapist have designed and launched a framework to assess the quality of the case work through audits. This is objective and can be applied consistently, so we may hold up good examples, learn and prioritise work and support to understand why practice may not meet the required standard. The expectation is for each worker to undertake a minimum number of audits per year.

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

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

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

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

The update below talks to the above focus areas.

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

- building on existing good practice the Engagement Team have been working with ASC to map stakeholders across the city with a particular focus on customers and the voluntary sector, in order to form a

'directory'. This initial step is the foundation to producing an Engagement Strategy for the Directorate, which will support to build good relationships, communicate effectively and foster collaboration and participation.

- Further developed our new case audit tool and improved reporting for quality assurance monitoring and analysis. The tool continues to be embedded by supervisors, with a plan to quality assure the tool, process and outcomes in the autumn.
- Having recruited our 2 new analysts (in November 2023) we have further developed our monthly data 'Insights' pack which now includes improved reporting for:
  - incoming work volumes (Helpdesk and Response Team)
  - contact, assessment, service provision and review data (following the 'journey of the person' through the service)
  - Deprivation of Liberty Safeguards (DoLS)
  - Adult Mental Health Professionals
  - Care home capacity and CQC ratings.

This has supported managers to understand how ASC is operating, any risks and been used to inform change and improvement. Front line staff have positively engaged and delivered the change e.g. increased the number of planned reviews undertaken.

- Improved our submissions to South East Association of Directors of Adult Social Services performance dashboard so we may benchmark and learn.
- Following the report on the ASC Leadership Review, by Partners in Care and Health (Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS) <sup>10</sup> we have invested in permanent commissioning and temporary transformation resource to bring needed capacity and expertise.
- In March we commissioned post qualifying supervision practice training in collaboration with Brighton and Hove, West Sussex, and Southampton councils. Each council has 7 places on the course. This training is delivered by Research in Practice; 5 training sessions over 5 months to support supervising practitioners consolidate the learning. This is overseen by the Principal Social Worker; for the course to be financially viable we need to engage with the other local authorities to collaborate on the next cohort of training which starts in September 2024.

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<sup>10</sup> The Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS) are Partners in Care and Health (PCH), working with other well-respected organisations.

PCH helps councils to improve the way they deliver adult social care and public health services and helps Government understand the challenges faced by the sector.

## 10. Governance

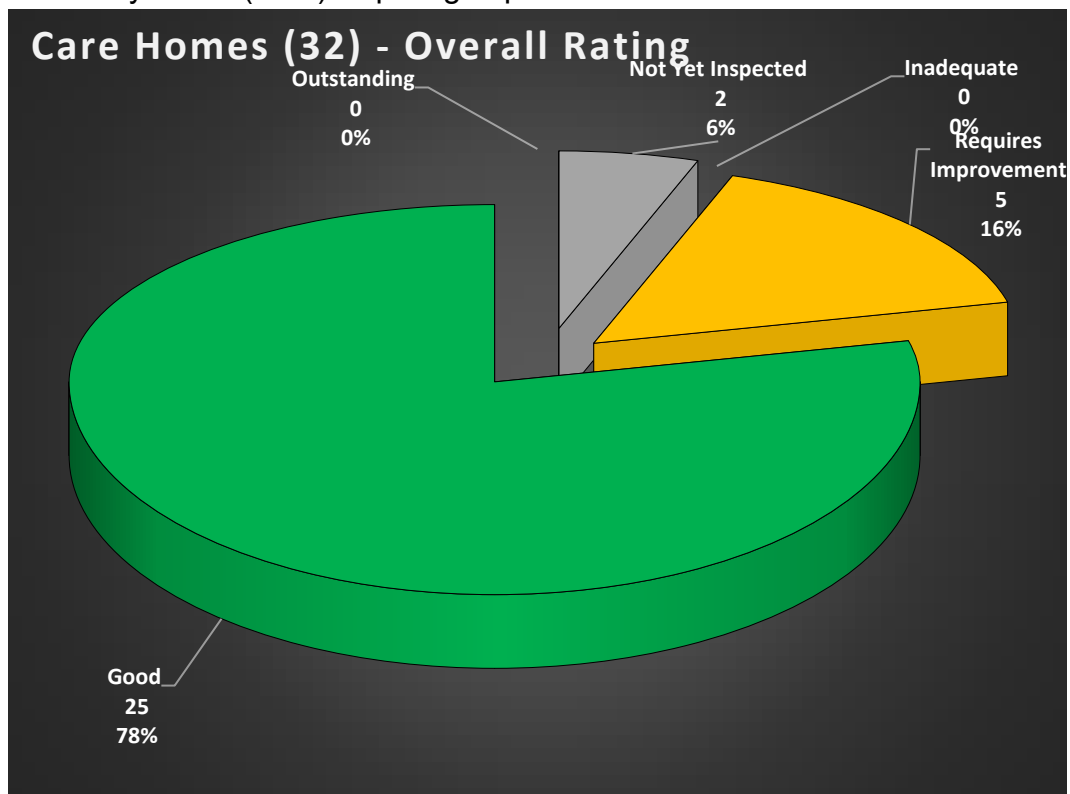
ASC have an established monthly Governance Board which reviews 'Management Insights'; data that focusses on key areas of the business including waiting lists, assessments, reviews, safeguarding etc. which supports to drive performance. The data has supported us to improve on areas such as timeliness of reviews, assessments and safeguarding risk. The Board also monitors and updates the Directorate risk register and considers any risks that may need to be escalated corporately.

ASC has a clear governance framework, project management tools and resources with a monthly scheduled Portfolio Board to maintain oversight and assurance around current ASC projects.

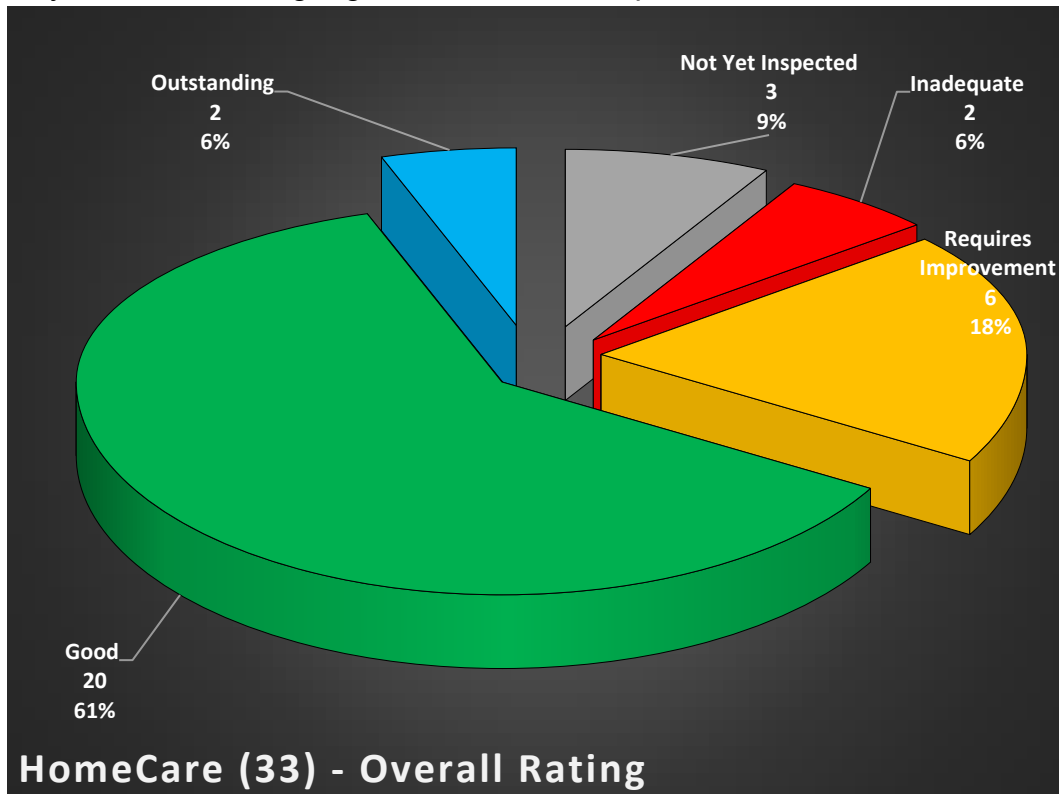
The service publishes regular papers to the Cabinet Member Decision Meeting and briefs opposition spokespeople monthly.

## 11. Market Sustainability and Quality

Sustainability of the Care Market - in Portsmouth 78% of care homes (includes care homes with nursing) are rated good (an improvement of 3% since the last report). Homes previously rated inadequate have been deregistered by CQC, the regulator, meaning we have no inadequate homes in the city and 5 (16%) requiring improvement.



67% of registered community care provision (home care/domiciliary care) are rated good or outstanding (21% improvement since the last report). This category of registration also includes care provision in extra care, which accounts for the 2 Inadequate ratings. To support improvement and delivery of safe care professionals from multi disciplines, across the health and care system are working together with the care provider.



Taking account of registered capacity, quality, CQC rating, workforce challenges, and increased cost pressures there remains a risk of capacity in the care and nursing homes in the city not being sufficient to meet need. Where there are pockets of capacity in the city, we continue to pay higher rates to commission services, which together with increased demand and complexity is creating additional budget pressure. We will be introducing a new approach to sourcing placements in the autumn placing responsibility to one team which will support consistent commissioning at a micro level and support us to develop a better understanding of cost and cost drivers.

During 2024 to support independent social care providers we have:

- delivered regular governance sessions, facilitated by the Quality Improvement Team, with a focus on supporting good governance, appropriate risk assessment and understanding areas of practice for example mental capacity
- started to review the training and support offer for care providers.
- invited Grey Matters learning to present to care providers to increase awareness of PCC subsidised learning.

- reviewed the provider forums operated in Portsmouth through consultation with providers; the outcome is that we will retire one forum run by the QIT and replace with a forum dedicated to care homes that will run in a similar way to the well-respected domiciliary care forum.

We will continue work on developing a partnership board with a focus on training. This, in partnership with sector and system, will inform training commissioned by PCC, shape the support offer across the system and ensure providers are proactively signposted to available resource.

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