Portsmouth CITY COUNCIL

Adult Social Care Market Position Statement **2025-27**

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Section 1
Introduction

"We all want to live in a place we call home with the people and things we love, in communities where we look out for one another, doing the things that matter most.'

Social Care Futures Vision[1]

What is a Market Position Statement?

The Care Act (2014) places a duty on local authorities to promote a diverse and high-quality market for care and support services, to meet the needs of people in the local population.

A Market Position Statement is our message to the market, setting out our understanding of the current supply in existing markets, levels of demand, what's needed, the services we have in place, and what will be required going forward.

The Market Position Statement is for:

- Providers currently working with Portsmouth City Council
- New providers looking for opportunities in Portsmouth, and
- Other organisations, such as health, community health providers, and voluntary and community organisations working with Portsmouth City Council.

This Market Position Statement is an update to the one previously published in 2024 and it summarises the current and future needs for adult social care services in Portsmouth and business opportunities in the care market in Portsmouth.

We want this document to be used as a tool to inform, spark debate, encourage new ideas and welcome proposals of doing things 'differently'. We hope that by providing clarity on the overall outcomes we wish to achieve, the types of partners we wish to work with and details on how interested partners can contact us, we can build on our strong foundation of partnership - working with new and current providers and partners, with the aim of creating a market that provides the most appropriate solution to meet the needs and outcomes of people living in Portsmouth.

Our Market Position Statement will be published, reviewed and updated regularly.

[1] socialcarefuture.org.uk

Section 2

Context

This section sets out the context in which we want to collaborate, plan and commission. It includes important drivers of the future approach to meeting needs in the city and the challenges in terms of our resources available to meet them.

Strategic context

Our agenda remains determined by the **Care Act 2014** and subsequent guidance. Additionally, we have a policy and legislative Government reform programme including:

- **The Health and Care Act 2022**: this gave the Care Quality Commission (CQC), the independent regulator of health and social care in England, a new responsibility to independently assess care in a local area, this responsibility applies to local authorities, meaning we will be 'inspected' by the end of 2025, followed by a published report on our performance.

- Proposals for reforms to the Mental Health Act 1983: these are set out in the draft **Mental Health Bill**, with the measures in the bill intended to strengthen the voice of patients subject to the act, add statutory weight to patients' rights to be involved in planning for their care and in choices about treatment, increase the scrutiny of detention to ensure it is only used when necessary, and only for as long as necessary, and limit how the act can be used to detain autistic people and people with a learning disability.

  Some of the key themes that have emerged, so far:

  - Concerns about current community mental health and crisis services
  - Better consideration of family members' views when determining whether an adult requires a mental capacity assessment
  - Potential consequences of preventing the detention of people with a learning disability and autistic people
  - Calls to introduce a statutory decision-making test for children and young people
  - A statutory right to an advance choice document
  - For the bill to be strengthened to address racial disparities
  - Extend to other professions the police's powers to detain people under the act.

  We anticipate this legislation coming into force, however there is no confirmed date.

- The Hampshire and Isle of Wight Integrated Care Board (HIOW ICB) supports the **10 Year Health Plan for England: fit for the future - GOV.UK**: this plan emphasises prevention, digital innovation, and personalised care, to ensure the NHS remains effective for future generations. In 2024, the Hampshire and Isle of Wight ICB published its **Renewed Ambition for the Future**, laying out its plans to better support local people to live healthier, longer lives, with improved access to the right care, in the right

place and at the right time. The goals and priorities are very much in line with those in the 10-year plan. This publication came ahead of changes to the ICB's function and structure, which are now in progress, as like other ICBs across the country. These changes will also lead to the removal of the Integrated Care Partnership (ICP), a statutory joint committee, formed between the Integrated Care Board and the local authorities within the Hampshire and Isle of Wight Integrated Care System.

As well as national policy and legislative reform, our work continues to be shaped by local system priorities:

- Adult social care plays a critical role in supporting timely hospital discharge and the wider urgent care pathway, ensuring people receive the right care in the right place at the right time.

- We lead on commissioning home-based and residential care for health within the local authority, working closely with NHS partners through mechanisms such as the **Better Care Fund** and joint commissioning boards. These partnerships enable us to develop integrated services that improve outcomes, reduce health inequalities, and support the delivery of place-based care. Our contribution is central to the **Hampshire and Isle of Wight Integrated Care Strategy** and the shared ambition to create a more coordinated and preventative health and care system.

- Portsmouth has been selected to join the first wave of the **National Neighbourhood Health Implementation Programme (NNHIP)** which will reshape how care is delivered in our communities. This is a new initiative from NHS England and the Department of Health and Social Care. It will help local areas to deliver neighbourhood health systems that will better meet the needs of local people.

Adult social care strategy

Vision

"As part of the community of Portsmouth, Adult Social Care promotes health and wellbeing for all, helping people to build on their strengths, through advice, support and care enabling them to feel safe and able to contribute to their communities."

Outcomes

There are six outcomes listed in our Adult Social Care Strategy[2] that we are focused on delivering, and against which we can be held to account:

- **People are supported to live a fulfilling life at home and can have care and support when needed**. We aim to support people to stay in their own homes where

[2] Adult Social Care Strategy 2024 - 2027

possible. Where people cannot, we aim to provide a flexible and extensive range of housing and support options that are designed around their needs and preferences, both in terms of environment and support. People will be involved in planning for their futures where that is possible.

- **The support people receive is personal to them with helpful information, shared planning and easy-to-understand steps.** People's needs will be assessed in a way that is much broader than in terms of what they are struggling with or what service social care can provide or purchase. It will involve seeking an understanding of someone's values, aspirations, abilities, and interests. Assessment will attend to outcomes that matter to us all: relationships, purpose, independence, belonging, feeling valued, having choices. Crucially it will not be about fitting people into services but designing and adapting services to fit the person. It will feel collaborative.

- **People have access to preventative support that enables them to optimise their independence and wellbeing**. People will be able to know about and access support that keeps them well and independent, whether in terms of things already in the community, or flexible low-level services that offer support before crisis point is reached. There will be a drawing on and building of the assets in the community and strengths of the person and all services will have a focus on developing independence.

- **We work across the city with partners providing support where needed in a safe, supportive community and home**. There will be an open, collaborative, relational approach with partners. Providers will be clear about the direction of travel and receive feedback. There will be improved contact.

- **Carers feel valued and recognised and valued for the contribution they make to the city.** Carers will be listened to and involved in measuring the quality of services. They will be better supported in terms of breaks. There will be an improved approach to carers' assessments.

- **Our support is flexible, resilient and cost effective with a continual focus on positive experiences, learning and improving quality.** Careful management of limited resources will support and not inhibit the delivery of outcomes for the person involved. We will be clearer, and more outcomes-focused with both individual assessments and contracts. We will work with residents who draw on care and support to design services and support plans, to decide what is important to measure and how to measure it. Providers will feel that they have input into commissioning and that innovation is encouraged.

Priorities

Our priorities are reflected in the 2024-26 improvement plan for Adult Social Care, and include:

1	**Continuing to embed strengths-based practice in every stage of our work (assessment, care planning, and delivery)**
2	**Developing our approach to commissioning to ensure that it supports a strengths-based approach to practice and care**
3	**Increasing opportunities for people to use direct payments through encouraging growth in micro providers**
4	**Increasing breadth and focus of co-production to include business activities such as development of our local account and input into the future ASC strategy; and work towards co-production being the default in practice, commissioning and our business**
5	**Working with carers to expand and shape our Carers Breaks offer**
6	**Working to the Care Quality Commission's (CQC) framework for assessing local authorities and moving to a business-as-usual position of continuous improvement against the framework**
7	**Managing within our budget (following publication of the 2023/24 Local Account, which summarises our performance, where the money comes from and how it is spent, we will be inviting feedback ahead of preparing the 2024/25 Local Account)**
8	**Further developing and improving our reablement offer.**

The local context

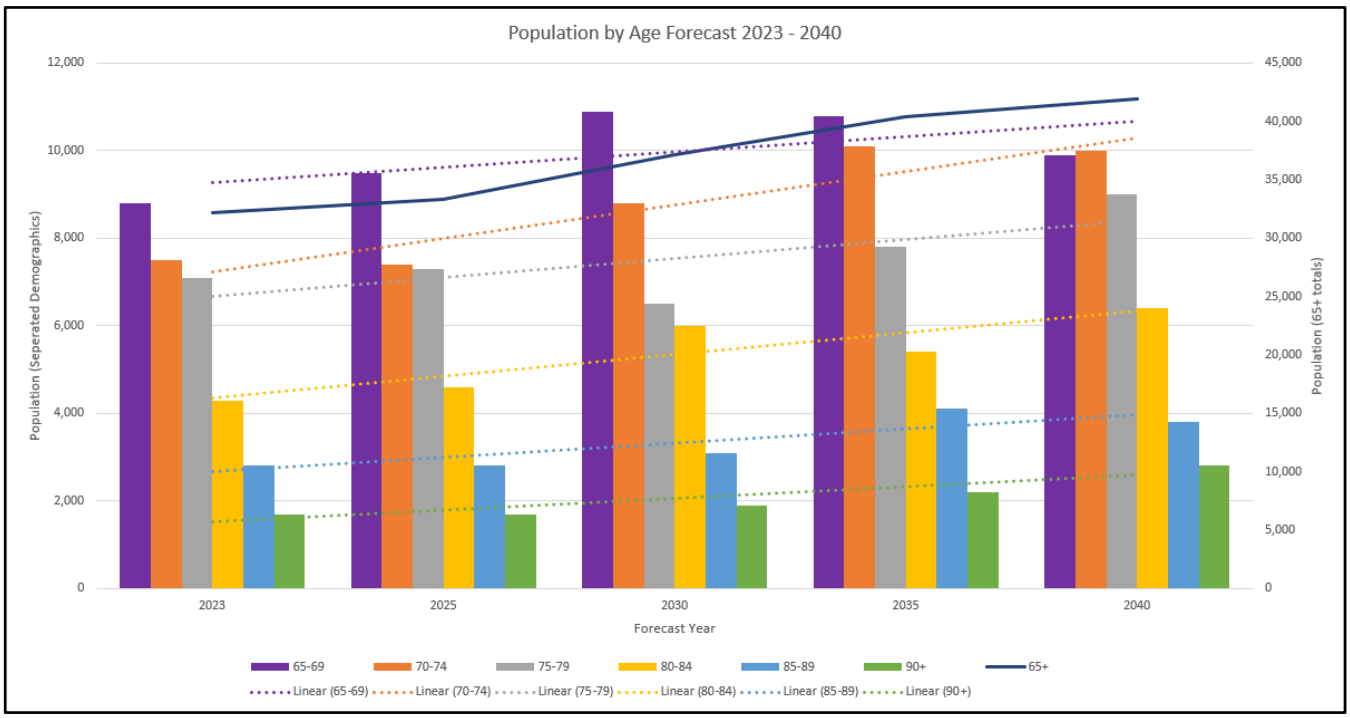
Challenges

Adult social care in Portsmouth faces several challenges:

- According to the Projecting Older People Population Information (POPPI) website[3], Portsmouth's population is changing and growing. The number of people aged 75+ is set to increase by 30% by 2040. The number of people aged 80+ is set to increase by 65% by 2040.

Year	2023	2025	2030	2035	2040
% increase in total population aged 65+ (compared to 2023 baseline)	0%	3%	16%	25%	30%
Total population aged 75+	32,200	33,300	37,200	40,400	41,900

In contrast, between 2021 and 2030, the Portsmouth working age adult population aged 18-64 years is projected to increase by 1% (roughly 1,300 people). By 2043, the working age adult population is expected to return to a similar total number to 2021.



- More people have long-term physical and mental health conditions; more people have multiple conditions, and many are living longer with those conditions.
- Due to improved healthcare, more young people with complex health conditions and/or disabilities are living into adulthood.

[3] Projecting Older People Population Information System

- Unfilled vacancy levels in the workforce are high, with around 250 vacancies across the city in 2023/24[4].
- Pressures in the NHS have a financial impact on social care.
- Providers are subject to increasing economic pressures and challenges regarding workforce.

At the end of the 2024/25 financial year, there were 937 people with a learning disability receiving support from Portsmouth's Integrated Learning Disability Team (ILDS). This is an increase from 750 in 2021 and 910 in 2023. Additionally, there are far more people with complex needs. Both increasing numbers and complexity provide a challenge to capacity and budget that is replicated nationally.

Dependency rates in terms of people needing help with domestic and care tasks are expected to rise by 34% from 2023 to 2040. Similarly, the number of people expected to be diagnosed with dementia is expected to rise by 40% from 2023 to 2040[5].

There are increasing numbers of people with mental health issues, people made homeless and people with substance misuse issues.

There is clear evidence that as the population continues to age, there is an increasing complexity of need. The key need descriptors for ‘complex needs’ include:

- A dementia diagnosis and/or behaviour that challenges which presents in the form of physical challenge and requires multiple highly trained staff to support appropriately
- Individuals with nursing needs who also have a learning disability, autistic people or Acquired Brain Injury
- Need for specialised equipment for an individual to maintain and improve their wellbeing along with staff who are competent and confident with this. Examples include oxygen/other breathing equipment, pressure mattresses or bariatric equipment.

Portsmouth is ranked 59th of 326 local authorities for deprivation[6], where 1 is the most deprived. Evidence shows that those living in the most deprived areas face the worst healthcare inequalities in relation to healthcare access, experience and outcomes. Portsmouth ranked in the bottom 10% of local authority areas in England for health in 2021.

[4] Adult Social Care Workforce Data
[5] Projecting Older People Population Information System
[6] Director of Public Health Annual Report: Portsmouth Population Health Summary 2021/22

Section 3
Our Position statement

We have a focus in all of our CQC commissioned services (which include care in someone's own home or in a care home, or reablement). The statutory guidance that accompanies the Care Act 2014 says:

> **"The importance of preventing or delaying the development of needs for care and support and the importance of reducing needs that already exist.** At every interaction with a person, a local authority should consider whether or how the person's needs could be reduced or other needs could be delayed from arising. Effective interventions at the right time can stop needs from escalating and help people maintain their independence for longer."[7]

Domiciliary care

Current provision

The council currently has a Dynamic Purchasing System (DPS). There are currently 62 providers on the DPS, of which 47 are active providers (i.e. have packages of care). The contract is also used by our colleagues in the NHS Continuing Health Care (CHC) team, and the contract has a separate lot for providers which specialize in providing care for people with complex needs.

Supply of domiciliary care in the city currently exceeds demand, resulting in multiple offers of care for most referrals. As a result, a decision was taken to close the DPS to new providers. The current supply surplus is likely to be due to the success of sponsorship schemes, which has eased recruitment issues in the sector. The situation is not unique to Portsmouth and seems to be a picture found in many urban areas.

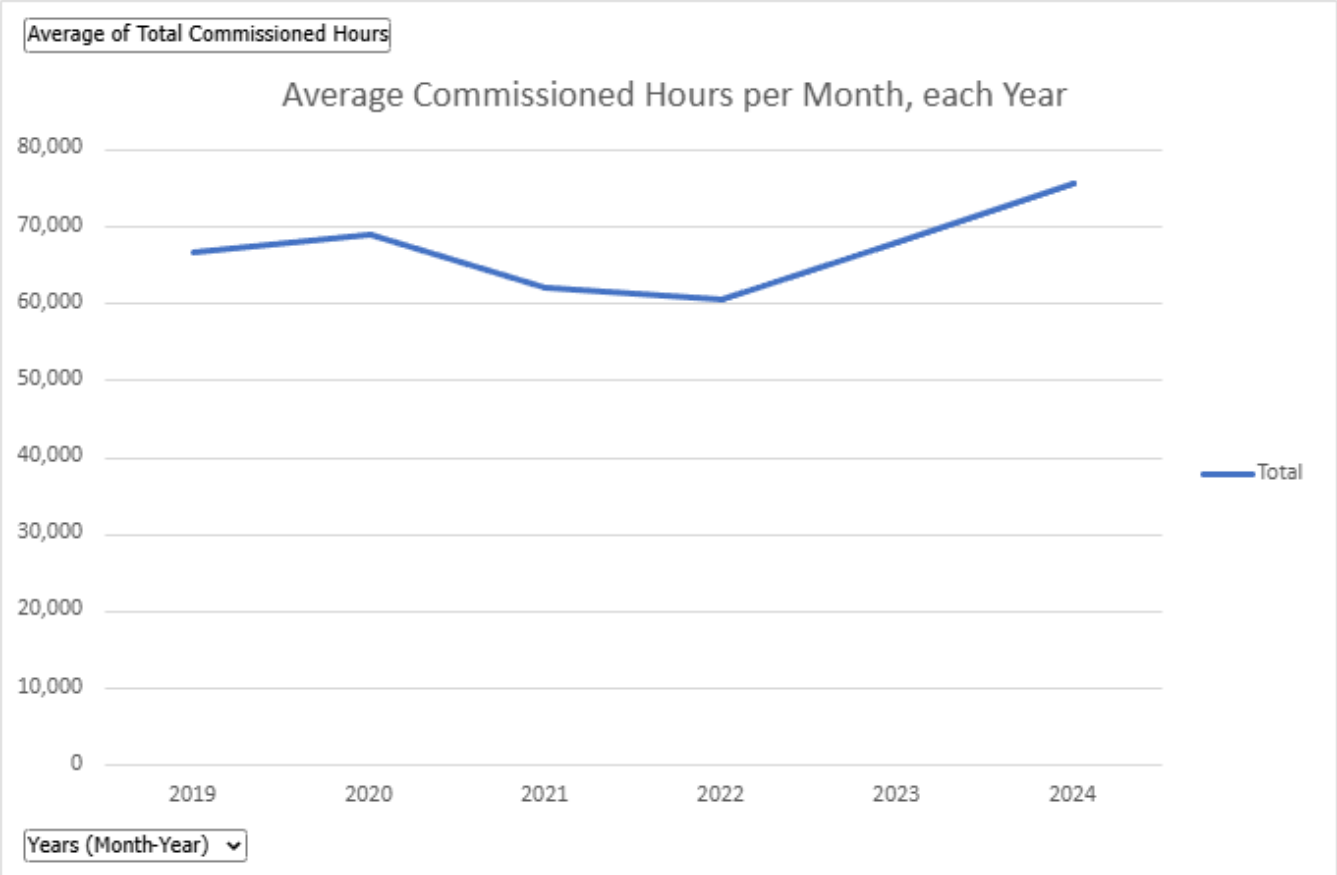
Portsmouth has strong working relationships with domiciliary care providers in the city, many of which are local providers who have been providing care to residents for many years.

Key figures

- In January 2025 there were 1,034 clients in receipt of 21,155 hours of domiciliary care per week. This includes standard domiciliary care, sitting services, social inclusion and sleeping/waking nights.
- The average size of a package of care has been steadily increasing and currently sits at 17.9 hours. This is most likely a reflection of the increase in complexity, with residents leaving hospital being 'medically optimised' rather than 'medically fit'.
- The average duration of a package of care in 2023-24 was 172 days for older people and 272 days for those with a physical disability.
- Older people are the main users of domiciliary care, but it is also used by people with learning difficulties, physical disabilities, mental health challenges, and neurodivergent people.

[7] Care and support statutory guidance - GOV.UK

- Many people also have significant health challenges, and the CHC team commissions services through the council's framework.
- The average number of commissioned hours has risen steadily over the past few years (with a dip during the coronavirus pandemic), as illustrated in the diagram below:



Future need

The ageing population combined with the drive to support people to stay in their own home for as long as possible means that the need for domiciliary care will continue to rise in future years. This will be accompanied by an increase in complexity of need, and for providers to remain viable, they will have to adapt their service offer to support people with higher levels of need. This will mean support for more people with dementia (including behaviour that challenges) and with multiple long-term conditions.

Assuming we continue to commission in a similar way, based purely on anticipated growth in the older population, the number of commissioned hours of care that will need to be delivered are predicted to grow as follows:

Year	2025	2030	2035	2040
Estimated no. hours of domiciliary care per annum required age 65+	1,030,800	1,143,200	1,240,100	1,302,500

Portsmouth City Council intends to re-commission domiciliary care within the next two years. Re-commissioning is being driven primarily by two factors:

- Providers have indicated that there is an over-supply of provision in the city, which is threatening viability.
- A benchmarking exercise with neighbouring authorities revealed that the fixed rate (£24.40 currently) being paid by Portsmouth City Council is significantly higher than that being paid by neighbouring authorities.

A first provider engagement event was held in February 2025 to explore possible commissioning options. Further engagement events are planned to help inform the approach that will be taken forward. Areas of innovation which the council may be looking to explore are:

- The use of care technologies
- 'Virtual' visits - for example for medication prompts, where appropriate
- How domiciliary care providers might support delivery of reablement services in the city
- How to support providers in driving up quality.

Message to Market

We aim to have a new contract in place by July 2026. Current and future providers of domiciliary care in Portsmouth are urged to register on the In-Tend portal where all communications regarding the tender opportunity are advertised.

Information about In-Tend can be found here:
https://www.portsmouth.gov.uk/services/business/procurement/find-contract-opportunities-using-intend/

Extra care

Current provision

The aim of extra care schemes is for people to live autonomously in their own homes while being able to access ‘on-site’ care and support as needed. It can also allow for two-bed apartments in which people can live with their spouse or partner, even if their partner does not have care and support needs themselves. Extra care schemes often include community activities and shared communal spaces such as restaurants or leisure areas.

There are currently four Extra Care schemes in Portsmouth, totalling 243 units of housing, of which the council currently has nomination rights for 211. Housing 21 is the landlord for all current schemes; the care provider is commissioned by the council through a competitive tender process.

The tables below give more information about the current extra care schemes.

Extra care schemes: Size and number of units available to adult social care		
	Total no. units	**No. PCC extra care units**
Brunel Court	55	47
Milton	65	40
Caroline Square	43	43
Maritime House	80	80
Total	**243**	**211**

Extra care schemes: Average number of commissioned hours of care				
	No. PCC extra care units	**No. units with residents in receipt of funded personal care**	**%**	**Breakdown of hours**
Brunel Court	47	33	70%	Up to 4 hours: 9% 5-10 hours: 33% Over 10 hours: 58%
Milton	40	30	75%	Up to 4 hours: 20% 5 -10 hours: 30% Over 10 hours: 50%
Caroline Square	43	32	74%	Up to 4 hours: 6% 5 -10 hours: 38% Over 10 hours: 56%
Maritime House	80	59	74%	Up to 4 hours: 12% 5 -10 hours: 24% Over 10 hours: 64%
Total	**211**	**154**	**73% (average)**	

The above data shows 154 residents living in extra care schemes with a package of care, this represents 73% of available flats. The remaining flats are occupied by individuals with no current package of care or are vacant flats. Currently as of September 2025 there are no vacancies in extra care and there is a waiting list of 10 across the schemes.

Across all four schemes, the average care package size is 15.7 hours per week. The average (mean) age of extra care residents with a care package is 70.9 years. Extra care schemes

have traditionally had age criteria (e.g. aged 55+) however newer developments have relaxed or removed these requirements completely so that younger individuals with care needs can live there - two of the four schemes in Portsmouth accept residents aged 18+ and two accept residents aged 55+.

Extra care was last awarded in May 2021 and there is currently a single provider delivering care in all four schemes. This includes both planned care, which is commissioned on an individual basis, and block hours to support the delivery of activities and onsite response to alarms 24/7.

Future need

Demand predictions for extra care are affected by the ageing population and, as with domiciliary care, the drive to give people the opportunity to stay in their own home for as long as possible. Extra care, with its onsite 24/7 care presence, offers a higher level of support than is generally possible in an individual home, and a real opportunity to allow people to maintain as much independence as possible despite increasing care needs.

A focus on reablement will be key to success with the council and the NHS continuing to promote and enhance opportunities for people to live as independently as possible, for as long as possible, in their own homes and only utilising care homes where this is no longer possible. Rehab flats will therefore also be an important part of our planning for extra care as we move forward, along with the ability for people to return home in a timely manner following discharge from hospital.

Predicted demand has been modelled on:

- A nationally accredited predictive tool, modified to reflect local variables such as the high volume of category 2.5 sheltered housing in Portsmouth
- An anticipated shift away from residential care towards extra care.

	2025	2030	2035	2040
Current extra care capacity	211	211	211	211
Population aged 75+	16,400	17,500	19,500	22,000
HEDNA forecast for affordable extra care - 29 units per 1,000 population aged 75+	476	507	565	638
-21% to reflect role of sheltered housing	376	400	446	504
Net effect on need	+165	+189	+235	+293
Additional demand, assuming 10% of people who currently go into residential care move into extra	+17	+20	+21	+22

care instead (average of 170 new placements per year, increasing with population)				
Net effect on need	+182	+209	+256	+315

This suggests the following additional demand for affordable units in the city, based on each scheme being 60 units:

- 2025 - 2030: three new schemes
- 2030 - 2040: two additional schemes

Message to Market

The council is in the early stages of developing a strategy for the development of new extra care schemes in the city, and would be interested to hear from any providers, especially registered providers, who may have identified sites for affordable extra care schemes in the city, or who may be interested in partnering with the council on such developments.

Opportunities will be advertised via the council's e-tendering portal, **In-Tend**. Providers who are interested should register on this portal.

Residential and nursing care

Current provision

Residential and nursing care placements are currently purchased by Portsmouth City Council on a 'spot' basis.

There are nine nursing homes in Portsmouth, providing 461 registered beds, with some of our residents placed in nursing homes outside of the city. We have 23 residential care homes in the city, providing 507 registered beds. This represents significantly fewer beds per 1,000 population than neighbouring authorities. Occupancy rates are high, generally between 93% and 95%.

There are two in-house residential care homes: Shearwater and Harry Sotnick House. Shearwater has three floors, with capacity for 20 residents on each; currently the second floor is used as a contingency resource. Harry Sotnick House has capacity to support 46 people on the ground floor, with 30 beds on the first floor designated as the 'Summerlee Unit', managed by Hampshire and Isle of Wight NHS Healthcare Foundation Trust and provides an assessment facility for people being discharged from hospital.

Challenges in meeting current clinical and behavioural needs:

- Lack of training and experience to support specific resident groups, such as autistic and neurodivergent people, those with challenging behaviour (including dementia), and

individuals who require support for their mental health (including substance misuse and alcohol dependency).

- Recruitment data from Skills for Care indicates 250 vacancies in the care sector in 2023/24.
- Many of the care homes in the city have been converted from the narrow Victorian terraces so prevalent in the city, with only six of the settings being purpose built. This means that many of the homes are characterised by narrow corridors and limited ground floor space. This can cause issues for some residents with specific needs such as those with a high risk of falls and bariatric residents, who need accessible rooms on the ground floor of a size that can accommodate large equipment.
- Care Quality Commission (CQC) registration: most homes across the city are CQC registered to support people aged 65+. There is an increase in admissions of individuals that are under 65 years requiring a residential placement.
- At the same time there is a view from providers that care homes are being asked to support increased complexity. People are moving to care homes at a later stage, and their stays are consequently shorter. In some cases, health tasks such as catheter management, insulin administration, PEG feeding are being assigned to non-clinical care workers, and this is a cause of some concern.
- The level of deprivation in the city means that there are not many self-funders, but a significant challenge is the number of beds spot or blocked purchased by other councils.
- Providers sometimes struggle with accommodating returns from a hospital stay within seven days of request.

Future need

Whilst the intention is to support people in their own home (whether this is their family home or extra care) for as long as possible, the increasing percentage of our elderly population, aligned with increasing complexity of need, means we will need to consider how we support and develop the residential and nursing care market locally to meet the diverse needs of the residents of Portsmouth, including those with a variety of specific needs.

The tables below indicate predicted demand based on population projections and, for residential care only, the potential impact of a growth in Extra Care capacity:

Residential care	2025	2030	2035	2040
Maximum no. placements required	194	194	194	194
Increased need based on forecast population increases in those aged 75+	+10	+51	+80	+96
Decrease from diverting lower-level residential need placements*	-17	-20	-21	-22

Net effect on need	-7	+31	+59	+74
Total no. placements needed	**187**	**225**	**253**	**268**

Nursing care	2025	2030	2035	2040
Maximum no. placements required	117	117	117	117
Increased need based on forecast population increases in those aged 75+	+7	+36	+57	+68
Total no. placements needed	**124**	**153**	**174**	**185**

Message to Market

The council would be interested in discussing with existing care home providers (with and without nursing) how we might support in a few areas:

- Recruitment and retention
- Training to support specific needs
- The use of care technologies

The council intends to put in place a framework, or other procurement vehicle, to achieve compliant spend and a clearer position for the market on what we need from residential and nursing care. Providers who are interested in tendering for this opportunity when it arises should register on the council's e-tendering portal, **In-tend**.

Whilst recognising that the economic viability of new residential and nursing schemes in the city is challenging, the council would be interested in speaking with any providers that may wish to discuss new services.

Day services for older people

Current provision

Our main day service provision is the Royal Albert, which is council-run and delivered. The service provides 30 places a day for people aged 65+ with a diagnosis of dementia or cognitive impairment. Additionally, there are three small independent sector providers offering similar activities, from whom services are spot-purchased. The purpose of day services has traditionally been viewed as keeping people safe and avoiding social isolation, without always having clear positive objectives in promoting independence and wellbeing, and a focus on outcomes.

Future need

The current approach of spot-purchasing services in an ad hoc manner has led to a discrepancy of costs for comparable services and a lack of consistency. Over the next year, the council intends to explore a new model for commissioning day opportunities in a way which continues to promote individual choice whilst providing greater commissioning oversight.

The council is in the process of developing a clear outcome-focused specification for independent sector day services, including public health outcomes that impact on need and vulnerability.

We would like to see a variety of accessible, affordable services as close as possible to where people live. The services should offer quality and person-centred support that avoids a 'one size fits all' approach but is as far as possible tailored to individual needs, helping people achieve greater independence, choice and improved wellbeing. In addition to buildings-based services we will also be looking at opportunities to connect people with appropriate activities and opportunities that already exist in the city.

Services should promote greater inclusion and participation with an expectation that people will be actively supported to be part of their communities, having access to community-based resources and everyday services such as support to use local leisure centres, cafes etc. and to use their own skills to choose their own day opportunities.

Message to Market

The council would be interested in speaking to providers about innovative approaches to day opportunities for older people, and what would be required for these to be sustainable and deliverable from a provider perspective.

Adults with a learning disability

Current provision

The Integrated Learning Disability Service (ILDS) is focused on delivering the vision, principles and outcomes previously determined by people with learning disabilities. - with a clear focus on the support and delivery of the:

- Health and wellbeing of people with learning disabilities
- Care and on-going support for people with learning disabilities
- Development of life skills and rehabilitation for adults with learning disabilities, with or without autistic spectrum conditions (ASC), within a clear eligibility framework.

The ILDS has several overarching aims:

- Support people to have valued, meaningful and satisfying lives

- Ensure the support provided achieves clear outcomes for the individual, promoting their independence, health, relationships, and community participation
- Support people to be active members of their communities, including the use of local services and facilities
- Provide support that is effective, efficient, and personalised.

The ILDS engages in co-production and collaboration with stakeholders through a variety of forums:

- **Learning Disability Partnership Board**: a well-attended and productive board which meets five times a year. The Board is an open forum for the discussion of new services, good practice, unmet need and to lobby for change and improvement. The Board publishes a quarterly email newsletter.
- **Portsmouth LD Provider Forum**: a well-established partnership group made up of the council commissioning team, ILDS and its providers. Supports a wide range of initiatives with a common theme of quality improvement.
- **Carers Forum**: recently established and facilitated by the ILDS. The forum has a dual purpose, allowing ILDS to get feedback on proposed changes and improvements to service, and allowing parents and carers a space to give feedback on their experience of services.
- **Learning Disability Champion**: the learning disability champion acts as a strong advocate for learning disability needs and services, both within and outside the local authority.
- **Service user engagement**: the ILDS has a range of service user engagement activity, all focused on service improvement. There are around 16 volunteers in various groups including: staff recruitment and induction, quality checkers, inclusive communications, training for professionals and Makaton.

1. Day services

PCC currently operates a Dynamic Framework for the provision of learning disabilities day opportunities. Providers who have successfully applied to be on the framework are able to supply individual packages of day services commissioned from the ILDS and apply for competitively tendered contracts when available. Providers can apply for entry onto the framework at any time, though applications will only be considered twice per year in April and October.

Services must be designed to support people to achieve meaningful life outcomes based around four key outcome areas:

- Health
- Independence
- Community
- Employment.

This outcome focus also supports longer term efficiencies as people become healthier, more independent and are supported to both contribute to, and gain support from their communities.

Part of the day service transformation has been to base services in more usual community settings but also to encourage people to actively engage with their community.

There are currently 14 providers on the framework and approximately 370 people using externally commissioned day services. 36 individuals use the PCC in-house service, SensePlus Portsmouth, which specialises in support for people with profound and multiple learning disabilities.

Following the recommissioning of the LD day service opportunities framework in November 2024, the range of services and providers available has expanded. Pricing and staffing structures have been simplified, and services have been brought under up-to-date contracting arrangements and costings, with a separation of transport costs. The framework will be in place for eight years from commencement date.

2. Housing and support

A new housing strategy is a key element of the learning disability transformation programme. In its development we are looking to address critical pressures and deliver a clear set of outcomes related to people's housing and support.

- **Change in shape, size and type of accommodation, care and support provision:** until recently we have had small, shared houses used by people with relatively complex needs and others for people with a range of differing levels of need. Small services involving 24-hour staff provision are not economically viable, due to lack of economies of scale with staffing ratios, and where there is a range of need there may be inefficiencies in care delivery, for example, sleep-in support maybe required for some but not all. Conversely, we had large shared residential care services that were comparatively inexpensive but generally didn’t deliver the outcomes people require towards independence over an extended period leading to institutionalisation. We have therefore moved away from large residential care accommodation and from the small services for people with complex needs. As a result of changes to the supported living pathway we now have a wide range of supported living arrangements. These are more effective in meeting individual's needs through person-centred support, focussed on meeting independence goals and outcomes; and this constitutes more than 80% of current supported provision.

- **Focus on independence:** we are promoting a culture of maximising independence within our support provision. The Local Government Association has demonstrated that the only sustainable way to achieve value for money in learning disability services is by maximising independence and social inclusion. Stakeholder events have reinforced the need to ensure that housing options are people’s homes, places that whatever the funding arrangements, people feel ownership of and take responsibility for. We support the principle that we should do nothing for people that they can do, or learn to do, themselves. We underpin this approach by agreeing clear learning goals with people and their providers and holding providers accountable for delivering the focused support required. Named worker oversight and the input of occupational therapy will be critical

to making this happen.

- **Supporting people to be part of their community:** the driving force for **Valuing People** was a recognition that, although patterns of service had changed, outcomes and realisation of rights often had not - many of the long stay institutions had been closed and people had been placed in the community, but they had not become a part of their community. Even today many people 'visit' the community, using community facilities, while remaining separate from it. We are committed to the belief that in every community there are places of welcome and that everyone has something to give. A significant feature of all the health and independence services has been the support for service users to contribute to their community. This has been extremely popular with service users who have developed and implemented new initiatives that have benefitted their communities and increased theirs, and others, appreciation of confidence and belonging. In terms of housing and support, where people live, means initiating contact with neighbours and awareness and involvement in whatever is going on or may be of interest in their community. Also, the importance of going to places to make friends so people's networks of friends and acquaintances grow and exploring outlets for people's active or latent interests.

3. Employment support

The Workwise Employment Support Service was created to combine previously separate employment support services for adults with a learning disability (LD) and autistic adults. The LD Employment Support Service has been delivered by The YOU Trust since 2016, while the Autism Employment Support Service was a pilot project funded by a one-off lump sum. This newly combined service aims to ensure continuity and enhance support for people with a learning disability and/or autistic people.

The service aims to provide a flexible and responsive approach to support autistic and neurodivergent people, as well as those with learning disabilities, in participating in various forms of work. The goal is to help these individuals to make a valued contribution to their community through employment. The service emphasises well-being, independence, and quality of life through person-centred support.

Key service outcomes

- Develop relationships with employers to create and identify job opportunities for LD/autistic individuals.
- Support individuals in securing both paid and unpaid employment, as well as self-employment.
- Provide continuous support to individuals in the workplace to ensure job sustainability, including mentoring and advocacy
- Work with other services and organisations, such as the Universal Support Team and the Health and Employment Lead, to enhance support for autistic people and people with a learning disability
- Offer personalised support, including career planning, CV writing, and job search sessions.

- Facilitate referrals from various sources, including self-referrals, healthcare professionals, and adult social care professionals
- Track the number of people with a learning disability and autistic people placed in paid employment, unpaid/voluntary employment, and self-employment.
- Ensure the sustainability of employment through regular follow-up and support.

4. Short breaks (respite)

Current short breaks provision consists of:

- Russets: an in-house residential and short break service resource for up to 17 adults
- An independent sector provider which provides residential breaks for six people in Portsmouth (who use the service or cannot access Russets)
- A small use of Shared Lives - this has in the past almost exclusively been used by people who already live with other Shared Lives families.
- Personal Assistants (PA), commissioned to support people at home.

These services are not suitable for some individuals, due to either the complexity of their needs, their need for a quieter environment, or the potential impact they may have on others.

Future need

Commissioners continue to develop and expand existing services in response to demand and to obtain value for money.

1. Day services

Demographics are changing and demand for support from the ILDS is increasing. We are therefore seeking to expand our range of day activities, both to meet increased demand and as an alternative to accommodation-based support and care - enabling an emphasis on achieving skills and outcomes that promote independence and reduce reliance on statutory services.

Growth areas for day services:

- Re-visit our approach to supporting individuals into work and explore how we can grow social enterprises
- Plan for additional provision for people with profound and multiple learning disabilities (PMLD) as part of SensePlus Portsmouth
- Explore alternative and more efficient transport planning for individuals attending day services, ensuring access is provided fairly and in the most cost-effective manner.

2. Housing and support

Supported living

The preferred model is for supported living with an element of Shared Lives provision, rather than residential care. Adult social care and housing teams have worked together to develop new supported accommodation. In Portsmouth there are now 272 people in supported living accommodation, 22 people supported by Shared Lives carers, and 34 people living and supported in nursing or residential care (which are commonly individual spot placements, joint funded with the NHS or funded under Continuing Healthcare). Though we prioritise placing individuals within the city, this is not always possible, legally or through individual choice - as a result, we have 55 people placed outside of the city.

We need to develop more services of appropriate size - small enough to reduce the risk of institutionalisation and stigma, but large enough to deliver economies of scale. We need to provide people with physical settings where they can have their own space but also avoid the possible social isolation that is a recognised risk within supported living services. We will continue to develop a range of provision types and sizes, but with a particular focus on medium size provision that allows people to own a space but also have the chance to socialise with others (e.g. 8 individual flats with communal areas, etc).

There is continued demand and pressure for accommodation and support and if we do not plan in terms of supported living, demand will outstrip capacity, leading to expensive residential placements outside of the city.

There is currently high demand for individual single bed flats, ideally contained within a single accommodation block with communal space for activities.

The council currently operates a Dynamic Framework for the provision of Learning Disabilities Supported Living. Providers who have successfully applied to be on the framework are able to apply for competitively tendered contracts which will be issued from time to time. The framework is currently closed to new providers but is expected to re-open in 2027.

Accommodation

Whilst the supported living framework is closed, we will still be looking to work in partnership with those able to provide accommodation for potential use in the supported living pathway. Adult social care and housing teams work closely together, and some accommodation can be sourced this way, but this is unlikely to meet demand within required timescales over the next few years.

We have building requirements for learning disabilities accommodation as follows:

- Single flats within same accommodation block
- Shared accommodation aimed at a range of support needs - this will need communal kitchen and living spaces to be available, and potentially space for staff sleep-ins (can be a smaller room)
- Mobility access, including wide doorways (ground floor or lift)
- Separate annex(es) as step down accommodation
- Avoid narrow corridors/hallways, steep stairways or hidden areas within structure

- Safe buildings - no dangerous structures such as spiked gates, balconies, easy access to rooftops
- Access to contained garden/outdoor space that is big enough for activities, growing vegetables, plants, having BBQs etc.
- Good access to public transport links but avoid noisy, busy commercial areas
- Located within Portsmouth (PO1-PO6)
- 121 space is also helpful, with ideally one or more smaller private rooms/spaces.

Prospective landlords would need to be able to let at reasonable rent levels for occupants, but a range of potential purchase and rental agreements may be possible to discuss.

Any new support provision for such accommodation will still be formally tendered through the council's procurement system and for learning disabilities only support providers on the current supported living framework would be eligible to apply.

3. Employment support

With a focus on accessing education and securing employment, we will be seeking to grow the employment support offer for people with a learning disability by:

- Promoting use of various vocational profiles
- Improving understanding and promotion of supported internships and apprenticeships
- Promoting information on creative reasonable adjustments, and
- Developing the self-employment offer and social enterprises alongside the agenda for micro commissioning.

4. Short breaks (respite)

Whilst there has been recent growth in demand and this was at a critical juncture in 2024/25, supply has currently stabilised and is meeting demand. If demand does significantly rise again, we may be in a position where we need to invest in additional short break services outside of Russets. Other initiatives (e.g. increases to Shared Lives, using PAs, holidays etc.) will increase choice for families but realistically are likely to have a limited impact upon overall demand.

There is an increase in demand for Shared Lives short breaks and day support for people who live with family. The service is expanding using the Accelerated Reform Fund (ARF) and aims to recruit an additional 10 households a year to exclusively provide short breaks and day opportunities.

Any such increase in provision would seek to increase choice for families but also ensure that individuals needs are met within appropriate environments. Tendering for such provision would help promote a cost-efficient delivery model. This would reduce demand upon Russets and allow them to better focus upon the provision of complex care.

Message to Market

1. Day services

We will be recommissioning all current service provision over the next few years, in accordance with procurement regulations. We will be looking for partners who can provide value for money services that meet our future demand, service user aims and objectives.

Providers interested in supplying such services to the council's residents to meet the above objections should apply to be on the Framework. For those providers already on the framework, tendering opportunities will be presented over the next 3-4 years.

2. Housing and support

We will:

- Work with service users, carers, and housing partners to develop a 5-year capacity plan
- Review our commissioning approach, while aiming to collect a set of partners we know well and stimulate sufficient competition to allow choice and efficiency
- Invest in resource to manage contract reviews and a procurement programme in a timely way
- Introduce and support assistive technologies that reduce the need for direct support
- Evaluate the appropriateness and quality of the physical housing portfolio
- Continue the programme of de-registration of residential services
- Continue to review placements outside of the city to ensure they remain appropriate and affordable.

3. Employment support

We intend to recommission our employment support offer during 2026/27. The model will be determined using learning from our outcomes reporting this year, and in consultation with all stakeholders. Interested partners will be able to keep in touch with developments via the Learning Disability Partnership Board (LDPB), through contact with the commissioner, or via the PCC Procurement website.

4. Short breaks (respite)

Risks remain around short-term rises or falls in demand for short breaks. However, falls are less likely due to general growth within the population that the ILDS serves, and we see a growth in referrals every year. Many of these are transition cases with families in critical need of short breaks services.

We would welcome contact from current and new providers around solutions to managing future demand and development of other short break options.

Adults with mental health needs

Adult social care has social workers as part of an Integrated Mental Health Team with local NHS partners. The NHS Long Term Plan along with the 10 Year Health Plan for England, established a framework for the next decade through three major shifts: hospital to community, analogue to digital, and sickness to prevention. With regards to mental health therefore, the aim is to deliver mental health services that go beyond diagnosis and treatment of illnesses, and towards an integrated person-centred approach. This should involve:

- Physical and mental health services, primary and secondary care, and health and social care working together to promote holistic wellbeing
- A culture shift that sees service users and families as equal participants in the design and delivery of services and all care pathways
- Much stronger engagement with the community and independent sector
- Recognition of the strengths of individuals and the necessity of addressing social needs that impact on a person's mental health.

Our three-year Community Mental Health Transformation programme began locally in April 2021 and is called No Wrong Door. This model is made up of local health and care partners, and recognises that mental health is also affected by the quality of housing, employment, family and personal contacts, leisure and cultural activities, technological solutions, and other community resources such as green spaces. It is not exclusively the responsibility of NHS services. Mental health services will collaborate with the community to ensure that care can be provided locally, and that support can be received in several settings for multiple aspects of a person's life. We are working to remove barriers between primary and secondary care, mental health and physical health, and health and social care, to deliver integrated, personalised, place-based and well- coordinated care.

Current provision

- **Adult mental health services**: we contribute funding to Hampshire and Isle of Wight Healthcare NHS Foundation Trust to deliver adult mental health services; these include Crisis Resolution Home Treatment; Assessment to Intervention; Community Recovery Team; Early Intervention in Psychosis
- **Positive Minds:** Offers a unique service for adults feeling low, worried, or hopeless. A team of practitioners offer 121 support and wellbeing groups, allowing people to connect through experiences and relate with others who understand how to encourage motivation and hope.
- **Advocacy services**: we contract for the provision of Advocacy services mandated by statute under Mental Health Acts 1983 and 2007, Mental Capacity Act 2005 and Care Act 2014, including Independent Mental Capacity Advocacy, Independent Mental Health Advocacy and Care Act Advocacy.

Of the adults with mental health needs known to adult social care:

- 132 are in receipt of services
    - 27 live in supported living settings
    - 3 live in supported accommodation

- 7 live with Shared Lives carers
- 4 are in receipt of direct payments
- 51 are in receipt of nursing or residential care.

1. Supported living

A housing and support strategy for people with mental health needs was developed in 2015, and due to plans set out in this strategy there has been a substantial shift from residential care to supported living since. Use of high-cost placements outside of city has been reduced and where a residential placement is made, there is now a clear plan to move to a more independent setting. As with learning disabilities, change in use of models has been matched by work to create cultural change, promote independence and focus on life skills.

The council currently has two supported living contracts which are tendered out on a cyclical basis. Combined these contracts are for 63 people with mental health needs, living in a broad range of property types including flats, and shared accommodation of up to six occupants each. Types of support range from floating support, to 24/7 staffed accommodation. During 2021, this capacity was increased significantly due to the introduction of a six-bed shared 24/7 supported living unit, plus an additional 13 supported single flats on a single site.

A sub-let scheme was developed in partnership with Solent NHS Trust (as was), Two Saints Housing Association and the council's housing team, offering tenancy-related, floating support before transfer to a council tenancy.

2. Residential care

Residential care is currently purchased by Portsmouth on a 'spot' placement basis. While there are many residential care homes in the city, there are currently only 54 residential care placements commissioned by the council for Adult Mental Health - there is limited specialist provision within the City and many of these are outside the city and are jointly funded with the NHS.

Future need

1. Supported living

Future aims for supported living:

- Develop an improved range and flexibility of accommodation and support options
- Provide support that focuses on recovery outcomes
- Have faster 'step down' to more independent accommodation
- Provide support and locations that promote social inclusion
- Develop the market for older people with challenging behaviour.

Though supported living capacity for our adult mental health pathway now outnumbers residential care placements commissioned, we would like to increase the proportion of supported living. As while capacity for residential care and supported living accommodation

across the city does meet our current demand, we would like to replace more of this accommodation with supported living, ensuring better value for money and increasingly person-centred planning and outcomes for individuals promoting independence and recovery.

2. Residential care

Whilst the intention is to support and care for people in their own home environment for as long as possible, the increasing percentage of our elderly population aligned with increasing complexity of mental health need does mean that there will be a need to consider how we support and develop the residential and nursing care market locally to meet the diverse needs of the residents of Portsmouth, including those with a variety of specific needs.

Message to Market

1. Supported living

We will be seeking partners in terms of those able to provide both accommodation and support within supported accommodation. Specifically, we have building requirements for mental health provision as follows:

- Single flats within the same accommodation block
- Shared accommodation aimed at high support needs - this will need communal kitchen and living spaces to be available, and potentially space for staff sleep-ins (can be a smaller room)
- Mobility access, including wide doorways (Ground Floor or lift)
- Separate annex(es) as step-down accommodation
- Avoid narrow corridors/hallways, steep stairways or hidden areas within the building
- Safe buildings - no dangerous structures such as spiked gates, balconies, easy access to rooftops
- Access to contained garden/outdoor space that is big enough for activities, growing vegetables, plants, having BBQs etc.
- Good access to public transport links but avoid noisy, busy commercial areas
- Located in Portsmouth (PO1-PO6)
- 121 space is also helpful, with ideally one or more smaller private rooms/spaces.
- Not too large - our latest research indicates that more than six units would likely be too large, unless it could be partitioned and accommodate both higher and lower needs and would be at high risk of not being able to fill voids.

Prospective landlords would need to be able to let at reasonable rent levels for occupants, but a range of potential purchase and rental agreements may be possible to discuss.

As with any new project, service users would be unlikely to all move in at the same time and this is more likely to take place over several months or more. Landlords should future-proof for general housing in case project fails.

Any new support provision for such accommodation will be formally tendered through the council's procurement system, InTend, and prospective providers should ensure they are registered to receive updates on potential opportunities.

2. Residential care

There is currently little demand for residential care in the city for supporting highly complex individuals - our capacity is currently sufficient, and providers can experience high void levels. A small number of bespoke placements will be commissioned within and outside of Portsmouth on a spot purchase basis.

Some demand does potentially exist however for lower level 24/7 care within Portsmouth, but ideally we would like to meet this by increasing supported living provision.

Autistic adults

According to prevalence and census data, there are between 2,000 - 4,000 autistic people in Portsmouth though this may be an underestimation of related needs in the city. Autism is not a disorder; it is a different normality which co-exists with the predominate neurotype.

The National Strategy for autistic children, young people, and adults 2021 - 2026 describes a vision around six areas of change:

- Improving understanding and acceptance of autism within society
- Improving autistic children and young people's access to education and supporting positive transitions into adulthood
- Supporting more autistic people into employment
- Tackling health and care inequalities for autistic people
- Building the right support in the community and supporting those in in-patient care
- Improving support within the criminal and youth justice systems.

A report from the All-Party Parliamentary Group on Autism The Autism Act, 10 years on (2019) made two key recommendations relevant to social care:

- Commit to establishing well-resourced specialist autism teams in every local authority
- Establish an autism social care commissioning fund for councils to set up and run new autism services and support.

In 2021, Portsmouth City Council co-produced 'If Not Now When?' - a report evidencing the need to actively address the social care needs of autistic people in Portsmouth. It was a recognition that there needs to be a step-change in the level of engagement and response.

The report found:

- Support through transition needs to be significantly improved. SEND data from 2018 identified 67 autistic children in Portsmouth primary schools, 14 in special schools and 52 in secondary schools who would require support through transition, including eligibility assessments for access to adult services

- Little support for: independent living, navigating services, advocacy, or finding appropriate housing.
- Little activity regarding adapting existing services or commissioning new ones
- Lack of support for physical, emotional, and mental health
- More support required for autistic people, their families and friends to access improved knowledge and understanding post-diagnosis
- Difficulties in accessing and engaging with mental health services
- Considerable stigma around autism and neuro-divergence.

Several recommendations were put forward and adopted by adult social care that included:

- Investment in supporting young people and their families through Transition
- A review of commissioned services to see whether existing services could improve or widen scope and whether further commissioning activity needs to take place to create services and/or supports
- Investing in support for autistic people to find and maintain employment
- Establishment of a virtual team and staff network across health, social care, criminal justice, voluntary sector providers, advocacy, acute settings and primary care, to share knowledge, working practices and improve cross-organisational working
- Ensuring community-based provision is linked with specialist adult care team and partners.

The **Portsmouth Autism Community Forum (PACF)** is an open forum for autistic adults, families and professionals. It meets bi-monthly and has an independent chair. Its main aims are to:

- Identify unmet need in the city
- Provide a focus for developing the support offer to autistic people
- Share good practice and information about events and new projects.
- Be involved in strategic action planning and service design.
- Feedback on service delivery and quality in the City.
- Establishing co-production as the default methodology for working and increasing numbers of autistic adults attending the Forum

Current provision

1. Supported living

Specialist placements have been commissioned on a bespoke ad-hoc basis through mental health services.

However, stakeholders have indicated support for a mixture of more specialist accommodation-based support, to meet demand at all levels, from floating support models of service delivery, to high support for those with additional comorbidities. Further research is required.

2. Community-based support

The community-based support hub at Room One offers support to individuals identifying as autistic, with or without a diagnosis. Its physical and service design were undertaken collaboratively with service users. Room One is a space managed by autistic people, for autistic people in Portsmouth. The space is a one-stop shop for autistic and neurodivergent adults aged over 18 in the PO1 - PO6 area, their family and friends, and the professionals supporting them.

3. Employment support

The Workwise Employment Support Service was created to combine previously separate employment support services for Adults with a Learning Disability (LD) and Autistic adults. The LD Employment Support Service has been delivered by The YOU Trust since 2016, while the Autism Employment Support Service was a pilot project funded by a one-off lump sum. This new combined service aims to ensure continuity and enhance support for LD/autistic individuals. The service aims to provide a flexible and responsive approach to support autistic and neurodivergent individuals, as well as those with learning disabilities, in participating in various forms of work. The goal is to help these individuals make a valued contribution to their community through employment. The service emphasises promoting well-being, independence, and quality of life through person-centred support.

Key service outcomes

- Develop relationships with employers to create and identify job opportunities
- Support individuals in securing paid and unpaid employment, and self-employment
- Provide continuous support to individuals in the workplace to ensure job sustainability, including mentoring and advocacy
- Work with other services and organisations, such as the Universal Support Team and the Health and Employment Lead, to enhance support for individuals
- Offer personalised support, including career planning, CV writing, and job search sessions
- Facilitate referrals from various sources, including self-referrals, healthcare professionals, and adult social care professionals
- Track the number of individuals placed in paid employment, unpaid/voluntary employment, and self-employment
- Ensure the sustainability of employment for individuals through regular follow-up and support
- A service commissioned to support autistic people into and to sustain employment
- Funding for developing training and videos for professionals.

Future need

1. Supported living

Our strategy is changing in response to increasing demand for a model of accommodation-based support. During 2025/26, we will be establishing our first supported living service for autistic people, making use of accommodation commissioned through our local authority housing department. This will be the start of a dedicated autism accommodation pathway of support to sit alongside our other support for autistic people.

With a focus on appropriate housing options in 2025/26 we will be:

- Learning about the housing needs of autistic people, with a view to particularly understanding upcoming needs
- Working with housing colleagues to ensure a range of housing options for autistic people, including a temporary accommodation offer, and to improve the experience of autistic people seeking accommodation
- Working with housing occupational therapists to understand how we can utilise this role for the benefit of autistic people.

2. Community-based support

Room One continues to expand its offer of support and range of resources and networking available, and both Portsmouth City Council and the local NHS see its provision as a key priority.

3. Employment support

With a focus on accessing education and securing employment, we will be seeking to grow the employment support offer for autistic people by:

- Promoting the use of various vocational profiles
- Improving understanding and promotion of supported internships and apprenticeships
- Promoting information on creative reasonable adjustments, and
- Developing the self-employment offer and social enterprises, alongside the agenda for micro commissioning.

Message to Market

1. Supported living

We will be looking for providers of accommodation-based support for autistic people during 2025/26. These will be small contracts at first, to deliver the support element only and will not require any housing management. Further details will follow in due course to be posted on our procurement website.

As the services expand, we will be looking for further partners for both housing and support elements. Housing is expected to focus on small, shared living arrangements at low or high levels of support, or individual flats.

2. Community-based support

Though Room One is currently council-run, we are keen to continue to develop our existing partnerships and expand the range and quality of support to autistic people. If relevant providers are interested in working in partnership towards this aim, then please contact us for further information.

In accordance with our strategic plan, our key priorities are to:

- Improve understanding of the lives and needs of autistic and neurodivergent people
- Improve the health and wellbeing of autistic and neurodivergent people, and
- Provide better care and support for autistic and neurodivergent people.

3. Employment support

We plan to recommission our employment support offer during 2026/27. The model will be determined by the learning and outcomes from this year's reporting and in consultation with all stakeholders. Interested partners will be able to keep in touch with developments via the PACF, through contact with the commissioner, or via the council's procurement website.

Adults with sensory loss

Sensory loss refers to difficulties with sight and/or hearing. The onset of sensory loss presents a range of challenges.

Current provision

The council's sensory team offers reablement and rehabilitation, as well as specialist equipment. It consists of a deaf and hard of hearing specialist and a vision rehabilitation officer. The wider sensory service consists of an eye clinic liaison officer (RNIB-funded), visual impairment specialist (library-funded) and the low vision clinics (ICB-funded). Electrical lighting installations are completed by other council services. The team is managed by our sensory professional lead. Sensory staff are members of the Local Authority Deafblind Interest Group (LAWDIG) - which ensures we follow national best practice and guidance to meet the needs of adults who are Deafblind (Section 78 of the Care Act 2014). The team will work with any adult who requests support due to sight and / or hearing loss.

Message to Market

There is a national shortage of interpreters and insufficient numbers are undertaking British Sign Language training, leaving people without the relevant support required when accessing health, social care and employment services.

We need local accommodation and support options and would be interested to hear from providers who can offer bespoke solutions.

Carers

The Care Act (2014) affords legal 'parity of esteem', meaning that carers have the same right as service users to assessment and support. We have a discrete carers service in Portsmouth which takes an early intervention and prevention approach, seeking to build on strengths, use community assets and prevent more complex needs developing. However, while we have a discrete service it is a clear expectation that the needs of carers are considered in every area of social care. The Portsmouth Carers Service has excellent cross-organisational relationships across health and care organisations at an operational level. At the beginning of 2025, a new Carers Strategy for Portsmouth was produced following consultation and in partnership with HIVE Portsmouth, Healthwatch, children's services, NHS Hampshire and Isle of Wight, Solent NHS Trust and the Queen Alexandra Hospital - partners who all own the plan and have shared responsibility for oversight of its implementation. Our priorities are:

- Improving targeted practical, psychological and emotional support for carers
- Supporting carers to live the life they choose
- Identifying, recognising and involving carers in decision making and planning
- Engaging with, listening to and co-producing with carers
- Measuring and reporting progress, maintaining flexibility to change plans if needed.

Current provision

Help to get a break:

- Provision of a carers sitting service including replacement care for medical appointments
- Short stay residential respite in a dementia registered setting
- Carers break fund payments of up to £150 per annum
- Program of carers breaks including cookery, creative writing, crafts and outdoor activities.

- Information, advice and gaining useful knowledge
- Emotional support, problem solving and risk-management
- Planning for an emergency
- Providing a community hub for a range of carer activity including peer support groups, training, cooking and events, which are run by partners from a variety of organisations across the city.

In 2024:

- 616 supported self-assessments were completed
- 11 self-assessments were completed

- 89 joint assessments were completed
- 139 carers accessed the sitting service in 2024
- On average, 2758, hours of sitting service were provided each month
- 339 direct payments were issued, of which 325 were for carers to access the carers break fund.

Future need

The Portsmouth Carers Strategy[8] has identified that we require a more tailored approach to our carers breaks provision and provide carers with the ability to have more meaningful breaks from their caring role. This includes the provision of direct payments for respite support. We are evaluating the existing carers breaks provision in Portsmouth alongside research into regional and national best practice to co-produce a new carer break offering that offers more bespoke support to better meet the needs of carers in Portsmouth.

Message to Market

We would be interested in hearing from anyone who may be able to offer potential solutions for carers short breaks. Please contact carerscentre@portsamouthcc.gov.uk.

Community, direct payments, and micro-enterprises

Current provision

Portsmouth is a city of communities, with a strong civic identity. An enormous amount of support is provided at various levels through individuals, faith groups and associations. We are also rich in physical assets which allow us to function as a catalyst to involving people - a good example being the Victoria Park project.

Within the council's adult social care service, we have a team called the 'Independence and Wellbeing team', which has a twin focus of community connection and community development.

Current activities to grow the market include:

- Development of a micro-provider marketplace
- Working with direct payment users to support the set-up of a peer network, Portsmouth Carers and Personal Assistants (PCPA). PCPA is a virtual space where service users and PAs, carers and micro-providers come together to support the employment and/or recruitment of care workers.
- Partner with HIVE Portsmouth, which can link people with community resources they can use and local NHS partners, who can refer people for social prescription.

[8] Portsmouth Carers Strategy 2025-2029

We are looking to move beyond exclusive consideration of service responses, and community connection is now part of our response team.

Future need

There appears to be investment in connecting people to assets within their community and development of schemes but a lack of emphasis and investment in community capacity building.

We need to support the development of micro-enterprises and at the same time make sure there are no unnecessary difficulties in using direct payments to access them. We need an approach to direct payments that demonstrates an understanding of their purpose, the context in which they flourish, a clarity regarding how they work and vitally, as part of this, the role of the social worker.

We will:

- Embed a strengths-based approach in our commissioning
- Work with HIVE Portsmouth to maximise coordination of effort
- Develop the marketplace of micro-providers
- Work with PCPA to develop of the offer of support for direct payment users/suppliers
- Review the way we offer direct payments and be clear about their purpose and how they work
- Review the resource and processes linked to direct payments.

Message to Market

The council would be interested to hear from individuals who might want to offer support services to those using direct payments by becoming a 'micro-provider'. If you're interested in becoming a micro-provider, or you're an existing micro-provider keen to network with others, please contact Nicky from our Independence and Wellbeing team on 07917 828257 or at micro-enterprise@portsmouthcc.gov.uk. There is also more information available on our website here: https://www.portsmouth.gov.uk/services/health-and-care/adult-social-care/adult-social-care-information-for-professionals/micro-providers/.

Section 4
Conclusion

The purpose of this document is to set out the current social care provision in Portsmouth and propose areas for development as commissioning intentions.

Adult social care in Portsmouth works to a comprehensive Strategy and a Business Plan. We are developing our commissioning approach in areas where the market is underdeveloped and does not match our priorities.

The main recommendation of this report is that, in line with the overall adult social care strategy, we develop a clear strengths-based approach to commissioning.

Application of a strengths-based approach to commissioning will have two key aspects:

1. **Embed co-production in the commissioning process:** from asking people what they need, to designing solutions and contracts that build in an ongoing collaborative approach, both in terms of the way we want commissioned services to demonstrate participative culture and practice and in terms of what we measure and how.

   Specifically, we can:
   - Link in closely with participative processes underway such as the Mental Health Transformation, and ensure that we respond in terms of what we commission
   - Look at Direct Payments and whether we can facilitate, not only individual take-up, but collaborative commissioning. We can support this work by developing a co-production strategy

2. **Further develop prevention:** the Care Act is based on a core premise that the way to deliver better outcomes and balance the budget is to get involved earlier in the 'care journey'. We have invested in additional commissioning resource to support us to develop in this area. We need to have a preventative approach to contracting and commissioning that will inform budget setting with the inherent 'invest to save' emphasis that is integral to that approach.

We recognise there is more to do to articulate what our commissioning intentions are over the next five to ten years. This statement will be refreshed and re-published on a bi-annual basis.