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Shadow Health and Wellbeing Board

Wednesday, 27th March, 2013 at 5.30 pm

Conference Room 3 - Civic Centre

This meeting is open to the public

Members

Councillor Rayment, Cabinet Member for Communities
Councillor Bogle, Cabinet Member for Children's Services
Councillor Stevens, Cabinet Member for Adult Services
Councillor Baillie, Opposition Member
Councillor Turner, Opposition Member
Dr S Townsend, Clinical Commisioning Group
Dr S Ward, SHIP PCT Cluster
Mr H Dymond, Local Health Watch
Mr C Webster, Director of Children's Services
Ms M Geary, Director of Health and Adult Social Services
Dr A Mortimore, Director of Public Health

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BACKGROUND AND RELEVANT INFORMATION

Purpose of the Board

The purpose of the Southampton Shadow Health and Wellbeing Board is:

- To bring together Southampton City Council and key NHS commissioners to improve the health and wellbeing of citizens, thereby helping them live their lives to the full, and to reduce health inequalities.
- To ensure that all activity across partner organisations supports positive health outcomes for local people and keeps them safe.
- To hold partner organisations to account for the oversight of related commissioning strategies and plans.
- To have oversight of the environmental factors that impact on health, and to influence the City Council, its partners and Regulators to support a healthy environment for people who live and work in Southampton

Southampton City Council's Seven Priorities

- More jobs for local people
- More local people who are well educated and skilled
- A better and safer place in which to live and invest
- Better protection for children and young people
- Support for the most vulnerable people and families
- Reducing health inequalities
- Reshaping the Council for the future

Responsibilities

The shadow board is responsible for developing mechanisms to undertake the duties to be placed on the health and wellbeing board from April 2013, in particular:

- Promoting joint commissioning and integrated delivery of services;
- Acting as the lead commissioning vehicle for designated service areas;
- Ensuring an up to date JSNA and other appropriate assessments are in place
- Ensuring the development of a Health and Wellbeing Strategy for Southampton and monitoring its delivery.
- Oversight and assessment of the effectiveness of local public involvement in health, public health and care services
- Ensuring the system for partnership working is working effectively between health and care services and systems, and the work of other partnerships which contribute to health and wellbeing outcomes for local people.
- Testing the local framework for commissioning for:
    - Health care
    - Social care
    - Public health services
    - Ensuring safety in improving health and wellbeing outcomes

Smoking policy – The Council operates a no-smoking policy in all civic buildings.
Mobile Telephones – Please turn off your mobile telephone whilst in the meeting.
Fire Procedure – In the event of a fire or other emergency, a continuous alarm will sound and you will be advised, by officers of the Council, of what action to take

Proposed Municipal Year Dates

2012	2013
21 November	23 January
	27 March
	29 May
	31 July
	25 September
	27 November

Access – Access is available for disabled people. Please contact the Democratic Support Officer who will help to make any necessary arrangements.

CONDUCT OF MEETING

BUSINESS TO BE DISCUSSED

Only those items listed on the attached agenda may be considered at this meeting.

RULES OF PROCEDURE

The meeting is governed by the Executive Procedure Rules as set out in Part 4 of the Council's Constitution.

QUORUM

The minimum number of appointed Members required to be in attendance to hold the meeting is one third of the membership

DISCLOSURE OF INTERESTS

Members are required to disclose, in accordance with the Members' Code of Conduct, ***both*** the existence ***and*** nature of any "personal" or "prejudicial" interests they may have in relation to matters for consideration on this Agenda.

DISCLOSURE OF INTEREST

Members are required to disclose, in accordance with the Members' Code of Conduct, ***both*** the existence ***and*** nature of any "Disclosable Personal Interest" or "Other Interest" they may have in relation to matters for consideration on this Agenda.

DISCLOSABLE PERSONAL INTERESTS

A Member must regard himself or herself as having a Disclosable Pecuniary Interest in any matter that they or their spouse, partner, a person they are living with as husband or wife, or a person with whom they are living as if they were a civil partner in relation to:

(i) Any employment, office, trade, profession or vocation carried on for profit or gain.
(ii) Sponsorship:
Any payment or provision of any other financial benefit (other than from Southampton City Council) made or provided within the relevant period in respect of any expense incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
(iii) Any contract which is made between you / your spouse etc (or a body in which the you / your spouse etc has a beneficial interest) and Southampton City Council under which goods or services are to be provided or works are to be executed, and which has not been fully discharged.
(iv) Any beneficial interest in land which is within the area of Southampton.
(v) Any license (held alone or jointly with others) to occupy land in the area of Southampton for a month or longer.
(vi) Any tenancy where (to your knowledge) the landlord is Southampton City Council and the tenant is a body in which you / your spouse etc has a beneficial interests.
(vii) Any beneficial interest in securities of a body where that body (to your knowledge) has a place of business or land in the area of Southampton, and either:

a) the total nominal value fo the securities exceeds £25,000 or one hundredth of the total issued share capital of that body, or
b) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you / your spouse etc has a beneficial interest that exceeds one hundredth of the total issued share capital of that class.

Other Interests

A Member must regard himself or herself as having a, 'Other Interest' in any membership of, or occupation of a position of general control or management in:

Any body to which they have been appointed or nominated by Southampton City Council

Any public authority or body exercising functions of a public nature

Any body directed to charitable purposes

Any body whose principal purpose includes the influence of public opinion or policy

Principles of Decision Making

All decisions of the Council will be made in accordance with the following principles:-

- proportionality (i.e. the action must be proportionate to the desired outcome);
- due consultation and the taking of professional advice from officers;
- respect for human rights;
- a presumption in favour of openness, accountability and transparency;
- setting out what options have been considered;
- setting out reasons for the decision; and
- clarity of aims and desired outcomes.

In exercising discretion, the decision maker must:

- understand the law that regulates the decision making power and gives effect to it. The decision-maker must direct itself properly in law;
- take into account all relevant matters (those matters which the law requires the authority as a matter of legal obligation to take into account);
- leave out of account irrelevant considerations;
- act for a proper purpose, exercising its powers for the public good;
- not reach a decision which no authority acting reasonably could reach, (also known as the "rationality" or "taking leave of your senses" principle);
- comply with the rule that local government finance is to be conducted on an annual basis. Save to the extent authorised by Parliament, 'live now, pay later' and forward funding are unlawful; and
- act with procedural propriety in accordance with the rules of fairness.

AGENDA

Agendas and papers are now available via the Council's Website

1 APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)

To note any changes in membership of the Board made in accordance with Council Procedure Rule 4.3.

2 DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS

In accordance with the Localism Act 2011, and the Council's Code of Conduct, Members to disclose any personal or pecuniary interests in any matter included on the agenda for this meeting.
NOTE: Members are reminded that, where applicable, they must complete the appropriate form recording details of any such interests and hand it to the Democratic Support Officer.

3 STATEMENT FROM THE CHAIR

4 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)

To approve and sign as a correct record the minutes of the meeting held on 23rd January 2013 and to deal with any matters arising, attached.

5 SOUTHAMPTON LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2011/12

Report of the Independent Chair of the Southampton Local Safeguarding Children Board detailing the 2011/12 Annual Report, attached.

6 JOINT HEALTH AND WELLBEING STRATEGY

Report of the Director of Public Health seeking approval of the final strategy and recommendation to the City Council Cabinet and Southampton City Clinical Commissioning Group, attached.

7 PROPOSALS FOR USE OF FUNDING TRANSFER FROM NHS TO SOCIAL CARE IN 2013/14

Joint Report of the Chair, Clinical Commissioning Group and Director of Adult Health and Social Care detailing proposals for use of Funding Transfer from NHS to Social Care in 2013/14, attached.

8 PROPOSALS FOR LOCAL MEASURES OF QUALITY PREMIUM 2013/14

Report of the Clinical Commissioning Group Chair detailing proposals for Local Measures of Quality Premium 2013/14, attached.

Tuesday, 19 March 2013 Head of Legal, HR and Democratic Services

SHADOW HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING HELD ON 23 JANUARY 2013

Present: Councillors Rayment, Bogle, Baillie, Turner, Dr S Townsend, Dr S Ward, Mr H Dymond, Mr C Webster and Dr A Mortimore

Apologies: Councillor Stevens

13. **MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)**

To approve and sign as a correct record the Minutes of the meetings held on 21st November 2012 and to deal with any matters arising, attached.

14. **JOINT HEALTH AND WELLBEING STRATEGY REVISED DRAFT**

The Board considered the report of the Director of Public Health detailing a revised draft strategy document following consultation processes and seeking approval of the revised draft for circulation to those who had participated in the consultation and for recommendation of the final strategy to the City Council Cabinet and the Clinical Commissioning Group Executive for adoption.

The following proposed schedule of amendments was circulated at the meeting. Reference was made to the need to include schools in the actions at page 8 which referred to alcohol and drugs and all references to NEET to be explained in full, together with a glossary of acronyms :-

Page	Amendment(s) proposed
Cover	*Delete the word* "Gaining" *from the title of document and in all other references to the title throughout*.
7.	*Add in additional paragraph under "Why this is important" heading* One in four people will have a mental health problem at some time in their lives. People can be more vulnerable to common mental health problems if they have poor physical health, are isolated, in debt or poor housing. There are a number of lifestyle choices that can improve mental wellbeing. These include: eating healthily, exercising, having a network of friends and family, drinking in moderation and not misusing drugs. Actions are planned to promote good mental health and wellbeing in the community, reduce the number of people who get common mental health problems, and lessen the stigma and discrimination associated with mental ill health.
9	*Add in new paragraph:* **Mental Health** • Adopt a public health approach in the development of strategies which promote mental wellbeing for the whole population including activities which reduce health inequalities and which promote good mental health across the city

	• Ensure early access to psychological therapy /services which help people retain and return to employment • Development and implement a suicide prevention strategy across the city
11	*Add in new measures in respect of mental health actions proposed for page 9 set out above:* • Excess <75 mortality in adults with serious mental health illness (NHS 1.5 / PH 4.9) • Suicide (PH 4.10) • Increase access to psychological therapies to 15% of the population by April 2015 (Local)
12	*Under the heading “Why this is important” – final paragraph:* *After Frank Field insert* MP. *Before Eileen Munro insert* Professor
13	*After ”What we will do” insert:* The Children and Young People’s Trust (CYPT) has developed a local outcomes framework. This sets out its strategic priorities and actions to deliver key outcomes for the city’s children and young people. These are outlined below. **Giving every child the best start in life** • Develop and deliver early years education for 2 year olds who are disadvantaged. • Develop an integrated early years service incorporating children’s centre provision, family and parenting support services and the Healthy Child Programme. • Develop health visiting and maternity services to achieve optimum health outcomes in the early years and tackle inequalities. • Continue to develop high class education provision, raise attainment faster than comparators and resolve school attendance rates where they are low. **Intervening early when problems occur** • Develop an integrated assessment process for all types of need which identifies needs early and facilitates a holistic multiagency approach to providing good quality education, health and care services. • Shift the focus of provision and resources towards prevention,

	ensuring that the workforce at all levels and across all agencies is equipped with the skills and knowledge to identify needs and intervene early. • Develop and maintain a stable, skilled, high calibre and experienced safeguarding workforce. **Supporting children, young people and their families with additional needs** • Increase personalisation and choice through implementation of a core offer and personal budgets, building on the learning from the government-sponsored SEN and Disability Pathfinder. • Narrow the gap in attainment and outcomes for children with SEN and disabilities, increasing aspirations, skills and qualifications. • Improve outcomes for children looked after building on the findings from the Integrated Ofsted/CQC inspection. • Develop holistic approaches to support and challenge the most vulnerable families in the city through the Families Matter programme. **Supporting young people to become healthy, responsible adults** • Develop Raising Participation Age support for schools/colleges. • Redesign and re-tender substance misuse treatment services for young people to improve uptake and compliance with treatment. • Continue to improve sexual health and reduce teenage conceptions through delivery of the Children and Young People's Trust reducing teenage pregnancy strategy. • Make sure young people leaving care are well supported to achieve their aspirations and become independent, self-reliant citizens

Appendix 1

Pages 14 – 16: Revised details of measures of the impact of actions

Priority	Measure	Outcomes Framework Reference / Local Measure
Promoting Health and Wellbeing	• Low birth weight	PH 2.1
	• Breastfeeding rates at 6-12 weeks	PH 2.2
	• Mothers smoking in pregnancy	PH 2.3
	• Percentage of children immunised by their second birthday for DTaP/IPV/Hib	Local measure CSLCPI16. 2013/14 target 95%
	• Children in poverty	PH 1.1
	• Healthy weight at Year R and Year 6	PH 2.6
	• Tooth decay in children aged 5	PH 4.2
	• Chlamydia diagnosis rates	PH 3.2
	• Smoking prevalence – 15 year olds	PH 2.9
	• Teenage pregnancy rates	PH 2.4
	• Alcohol related admissions (under 18 year olds	PH 2.18
	• Numbers of young people in treatment for substance misuse	Local Indicator - review and establish baseline and target.
	• Numbers of children and young adults treatment for mental health	Local Indicator - review and establish baseline and target.
Promote learning, achieving and aspiring for all	• Foundation Stage (age 5) Foundation Stage Progress: good attainment (Readiness for school	CSLCPI4. 2013/14 target 77%

	• Key Stage 1 (age 7) Level 2+ attainment in Reading	CSLCPI6. 2013/14 target 94%
	• Key Stage 1 (age 7) Level 2+ attainment in Writing	CSLCPI7. 2013/14 target 91%
	• Key Stage 1 (age 7) Level 2+ attainment in Maths	CSLCPI8. 2013/14 target 95%
	• Key Stage 2 (age 11) Level 4+ attainment in English and Maths (combined)	CSLCPI10. 2013/14 target 87%
	• Key Stage 4 (age 16) 5+GCSEs or equivalents at A*-C (including English and Maths)	CSLCPI11. 2013/14 target 68%
	• EBacc attainment	Local measure – review and establish baseline and targets
	• Percentage of parents getting their 1st preference in school place (all phases)	CSLCPI14. 2013/14 target 85%
	• The attainment gap for vulnerable Southampton children and young people (FSM, SEN, CLA, EAL) from Early Years Foundation Stage to Key Stage 4	CSLCPI12. 2013/14 target 14/16
	• Percentage of total absence from school	CSLCPI5. 2013/14 target 5.9%
	• Exclusion from school (fixed term and permanent)	Local measure – review and establish baseline and targets
	• Percentage of young people NEET	Local measure – review and establish baseline and targets
	• Children's Centres sustained contact with families in greatest need	Local measure – review and establish baseline and targets
	• Children's Centres – families in greatest need accessing evidence based	Local measure – review and establish baseline and targets

	parenting programmes.	
	• Early Years - percentage of 3 and 4 year olds accessing early years provision	Local measure – review and establish baseline and targets
	• Level 3 attainment at age 19	Local measure – review and establish baseline and targets
Keeping children safe from harm, abuse and neglect	• Percentage of Social Care Initial Assessments carried out within 10 days	CSLCPI3. 2013/14 target 95%
	• The timeliness of initial child protection work for vulnerable children	CSLCPI1. 2013/14 target 90%
	• Percentage of Children Looked After with a permanence plan in place	CSLCPI2. 2013/14 target 95%
	• Care leavers in suitable accommodation	Local measure – review and establish baseline and targets
	• Numbers of 'Families Matter' families supported by local agencies and numbers supported in turnaround (rewarded)	Local measure – review and establish baseline and targets
	• Adoption (rate and timescales)	Local measure – review and establish baseline and targets
	• Social care quality assurance audit outcomes accommodation	Local measure – review and establish baseline and targets
	• Rate of Child Protection Plans against comparators	Local measure – review and establish baseline and targets
	• Rate of Children in Need against comparators	Local measure – review and establish baseline and targets
	• Rate of Children Looked After against comparators	Local measure – review and establish baseline and targets
	• Hospital admissions caused by unintentional and deliberate injury	Local measure – review and establish baseline and targets

	• First time entrants to the youth justice system	CSLCPI113. 2013/14 target 900 (number per 100,000)
	• Young offenders in suitable	Local measure – review and establish baseline and targets

RESOLVED

i. That the revised draft joint health and wellbeing strategy be approved subject to the inclusion of the proposed schedule of amendments circulated at the meeting, Schools being incorporated in the actions at page 8, NEET being explained in full and a glossary of acronyms;
ii. That the text of the revised draft strategy be circulated to stakeholders and the public who had responded to the consultation together with a summary explanation of the changes made in the light of the consultation responses; and
iii. That authority be delegated to the Director of Public Health following consultation with the Chair and Vice Chair of the Board to make any further minor drafting changes required to the Strategy, which would include input from the communications team to ensure the text, was accessible and intelligible to a wide range of audiences.

15. **111 NON EMERGENCY SERVICE**

The Board considered the report of the Commissioning Manager Unscheduled Care Southampton and South West Clinical Commissioning Group detailing the introduction of the 111 Non Emergency Service; key elements of the implementation plan and the way it was likely to impact on other elements of unscheduled care across the system.

Fizz Thompson, the Director of Patient Care and Deputy Chief Executive of South Coast Ambulance Trust who were the providers of the service was in attendance and with the consent of the Chair addressed the meeting.

The aim of the NHS 111 Service was to:-

- improve the efficiency of the urgent and emergency healthcare system by connecting patients to the right service in the right place, first time, thereby reducing the number of 999 incidents, and the number of attendances to Accident and Emergency (A&E);
- improve patient and carer experience by providing clear, easy access to more integrated services;
- provide a modern, efficient entry point to the NHS focused on patient needs and supporting the use of more cost-effective channels;
- enable the commissioning of more effective and productive healthcare services that were tuned to meet patient needs, thereby reducing duplication and waste in the system;
- Provide commissioners with management information regarding the usage of services.

The Board noted that the service had gone live from the 22nd January in a “soft” launch which was taking calls from the out of hours and NHS Direct services which provided an opportunity to embed prior to the “hard” launch in line with the National implementation date of the service on 1st April 2013. There would be a targeted

national advertising campaign of the new service using Department of Health material; locally it would be up to the providers and commissioners to decide on how best to advertise the service. Reference was made to the fact that as a Local Authority there was ready access to huge numbers of the public through the housing stock, care homes, schools and colleges and the voluntary sector which could provide a support role in dissemination of publicity and information.

It was noted that the introduction of the 111 service whilst early days would provide the opportunity of transformational change of non planned care to be provided across the City and plan capacity of services from data and identification of trends.

The Board noted call abandonment and waiting times; key performance indicators had been incorporated into the contract which showed that 95% of calls should be answered in 60seconds; the first night of the service had seen 98.9% of calls answered within time. Performance indicators for abandonment were below 5%, the first night had seen abandonment at 0.4%.

The Board also noted that as part of moving forward beyond the introduction of the 111 Service Pharmacists were able to provide medicines and with patient group directives there was ability for reimbursement which would facilitate those patients that ran out of medicines rather than using out of hours services and relieving pressure on the unscheduled care system. It was noted that initial discussions were beginning to take place with Commissioners and Pharmacy representatives in relation to that approach.

RESOLVED

i. That the arrangements for implementing the 111 service be noted; and
ii. That a progress report detailing the operation of the 111 service after its first year of operation be submitted to the Board.

16. **<u>REDUCING UNSCHEDULED ADMISSIONS - MENTAL HEALTH SUPPORT</u>**

The Board considered the report of the Joint Associate Director of Strategic Commissioning detailing current provision of mental health services and the links between physical and mental health, local initiatives that had been designed to improve support for local people with mental health illnesses which would lessen the demand for unscheduled emergency treatment.

Carole Binns, commissioner for mental health services jointly for the Local Authority and the Clinical Commissioning Group was in attendance and with the consent of the Chair addressed the meeting.

Chief Inspector Paul Bartolomeo, who was the police lead on mental health issues was also in attendance and with the consent of the Chair addressed the meeting.

The Board noted that in relation to police powers these were very limited in private places but under S136 of the Mental Health Act they did have the power to remove individuals from public places for safety and assessment; the reality of which was often a police cell and not appropriate. Concern was expressed at the lack of provision across Hampshire and the Isle of Wight for children and young people under the age of 16 and 18 who were often the most vulnerable and due to no other appropriate health based place of safety were in police stations for the longest possible time due to the assessment process.

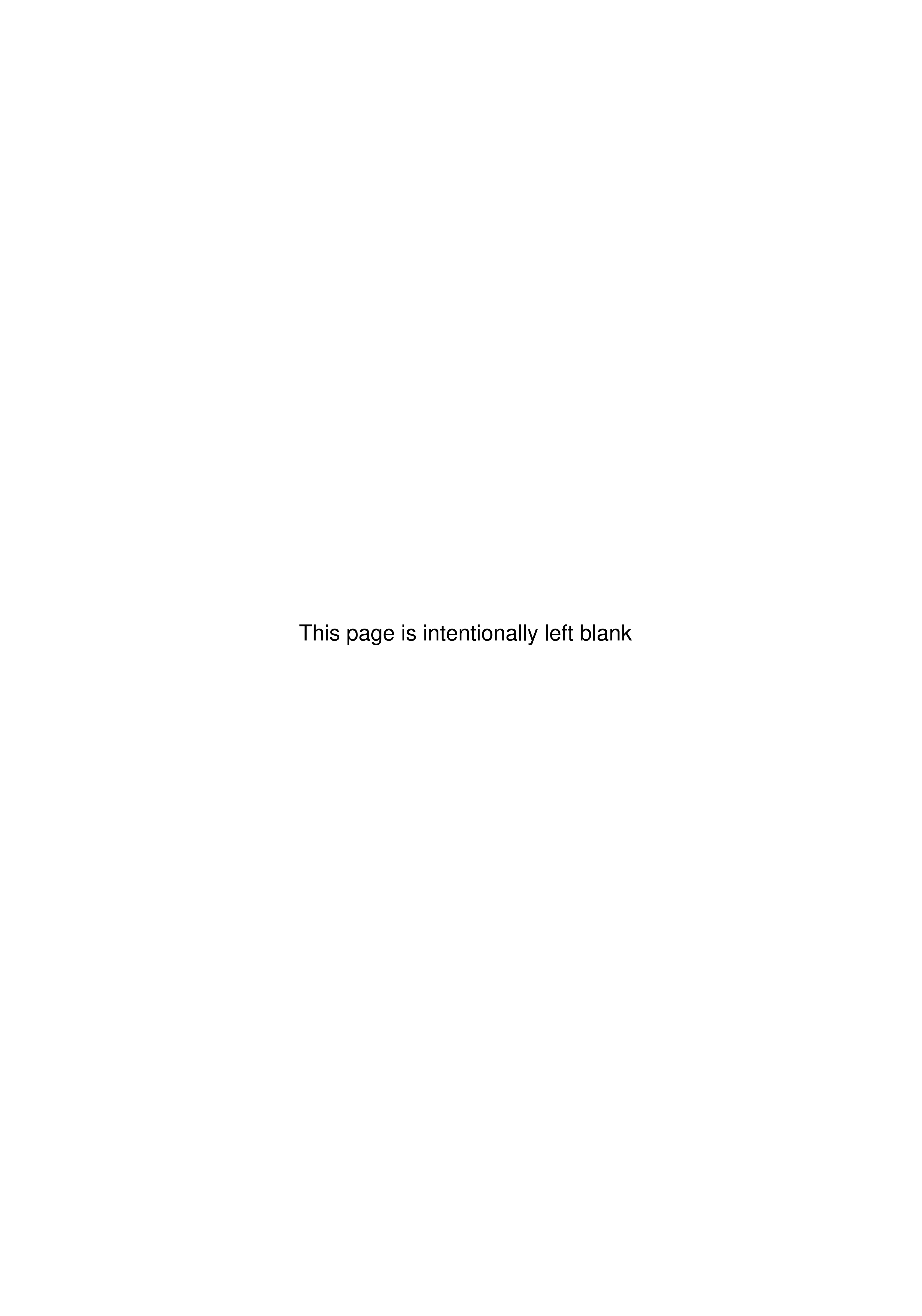
It was noted that in relation to Southampton the delays which the remainder of the County saw were not such an issue for children, adolescents and adults; a 24/7 access team was in place for adults and outreach teams for children and young people and specifically for under 16's arrangements were in place with CAMHS.

The Board noted there had been a number of investment projects; reference was made to the need for improvement in the Psychiatric Liaison CQUIN project as outcomes were not where they were wanted. The Dementia Challenge project had seen £280k investment and was looking at a significant training programme. It was also noted that there was evidence to suggest that black and ethnic minority communities did not access services early despite being available but entered at high intensity at a later stage.

It was noted that Link had written to Margaret Geary and a meeting had been arranged with user groups to discuss overviews, concerns and impacts in relation to changes in assessment processes, day care services and forthcoming significant changes in the benefits system.

RESOLVED

i. That further opportunities for partnership working continue to be explored and developed, recognising that in the current financial climate the importance of a co-ordinated approach and the avoidance of duplication to achieve the best possible outcomes; and
ii. That relevant commissioner's across Hampshire and the Isle of Wight acknowledge the gap in provision for appropriate places of safety for under 16 and 18's and seek to close it as soon as practically possible.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DECISION-MAKER:		SHADOW HEALTH AND WELLBEING BOARD		
SUBJECT:		SOUTHAMPTON LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2011/12		
DATE OF DECISION:		27th MARCH 2013		
REPORT OF:		INDEPENDENT CHAIR, SOUTHAMPTON LOCAL SAFEGUARDING CHILDREN BOARD		
CONTACT DETAILS				
AUTHOR:	**Name:**	**Donald McPhail**	**Tel:**	**023 8083 4732**
	E-mail:	**dmcpconsult@aol.com**		
Director	**Name:**	**Clive Webster**	**Tel:**	**023 80 2771**
	E-mail:	**Clive.webster@southampton.gov.uk**		

STATEMENT OF CONFIDENTIALITY
None

BRIEF SUMMARY

The annual report of the Southampton Safeguarding Children Board is presented to the Shadow Health and Wellbeing Board, and the independent Chair of the Safeguarding Board will be in attendance and respond to questions from members of the Health and Wellbeing Board.

RECOMMENDATIONS:

(i) That the contents of the Southampton Safeguarding Children Board Annual Report 2011/12 be noted.

REASONS FOR REPORT RECOMMENDATIONS

1. To present the annual report of the Southampton Safeguarding Children report to the shadow Health and Wellbeing Board.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. Not to present the annual report to the shadow Health and Wellbeing Board. This was rejected in the light of the importance of the activities of the Southampton Safeguarding Children Board.

DETAIL (Including consultation carried out)

3. The Shadow Board has previously been briefed on the work and activities of the Southampton Safeguarding Children Board, and acknowledged the importance of effective and co-ordinated safeguarding to improve the health and wellbeing of children and secure the best outcomes in life for them.

4. The Southampton Safeguarding Children Board is required to produce an annual report, and the 2011/12 report is now submitted to the shadow Health and Wellbeing Board for information.

5. The independent Chair of the Safeguarding Board will be in attendance and respond to questions from members of the Health and Wellbeing Board.

RESOURCE IMPLICATIONS

Capital/Revenue

6. None.

Property/Other

7. None

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

8. The duties and responsibilities of Health and Wellbeing Boards are set out in sections 194-199 of the Health and Social Care Act 2012.

Other Legal Implications:

9. None/

POLICY FRAMEWORK IMPLICATIONS

10. None.

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	All

SUPPORTING DOCUMENTATION

Appendices

1.	Southampton Safeguarding Children Board Annual Report 2011-12

Documents In Members' Rooms

1.	None

Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	No

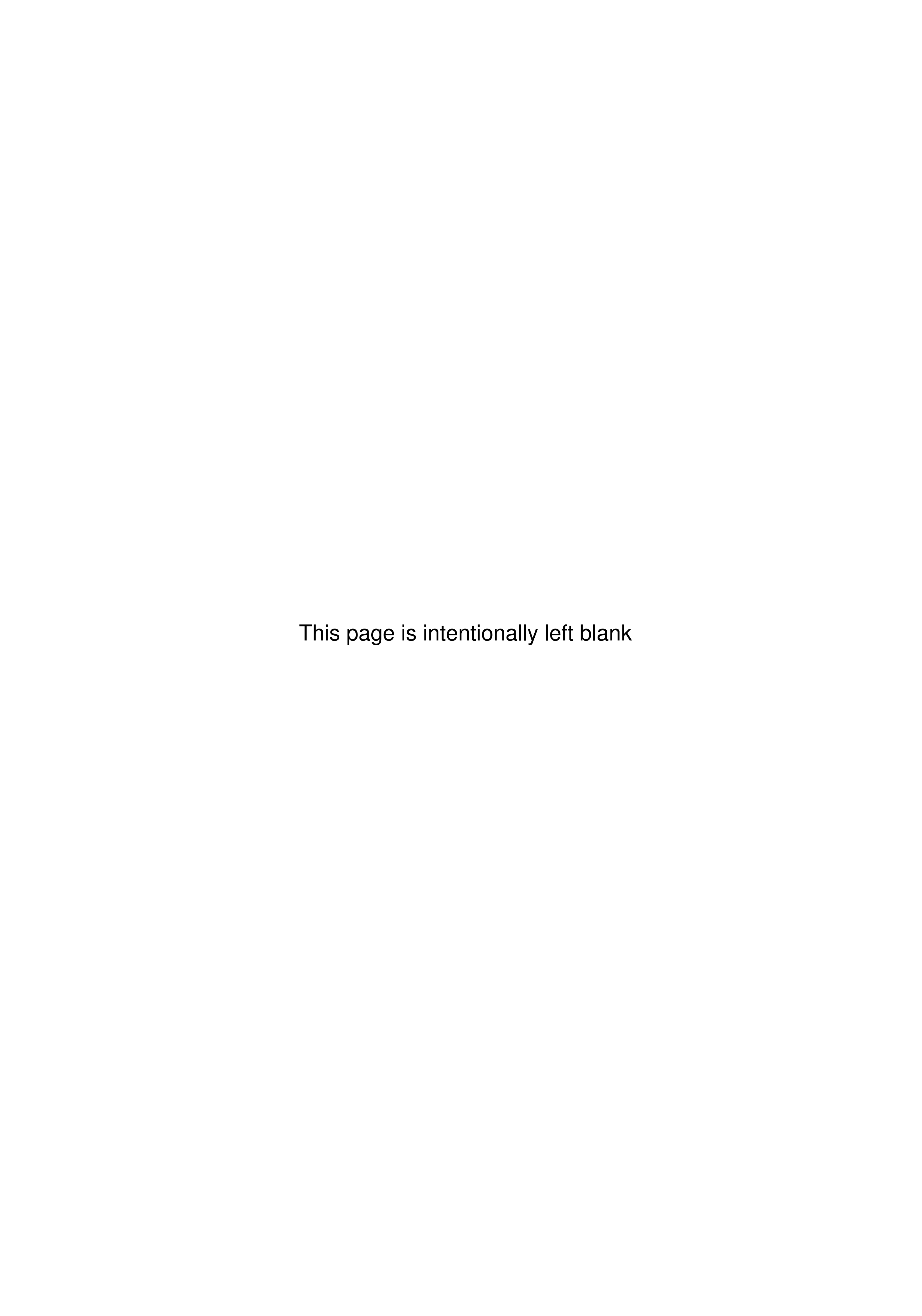
Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at:

	Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None	

Report Tracking

VERSION NUMBER:	2
DATE LAST AMENDED:	27.3.13
AMENDED BY:	Claire Heather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Southampton
Local Children Safeguarding Board

Annual Report 2011-12

Agenda Item 5
Appendix 1

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Chair's forward

This 2011-12 Annual Report shows evidence of the Boards development in both the range and depth of its activities, and in the degree of its engagement and embedding within the local context. This year has been a busy one with the initiatives outlined in the last Annual Report being progressed and many of which have been completed.

The report demonstrates the enormous amount of committed hard work by the range of professionals making up the statutory multi disciplinary partnership that is the Southampton Safeguarding Children's Board (SSCB). The Board has been assisted this year by the inclusion of a lay member and it is hoped that the recruitment of another lay member will further assist the Board in making stronger links with the community.

As we are all aware, effective safeguarding requires a "joined up" approach, and it requires all agencies to be able to effectively prioritise and to be pro-active where there are risks of neglect or abuse to children. Whilst making changes and budgetary pressures are an inevitable aspect of the process, the partners to the SSCB must remain vigilant to ensure that these links, and a pro-active culture, continue to be strengthened amongst the whole workforce, in respect of safeguarding issues.

Underpinning all of these changes is the implementation of the Governments review of Safeguarding, the Munro Review. This calls for a more systemic approach towards working with families. The Munro Review has identified a stronger sense of professional discretion and judgement in social work and a more focussed emphasis on achieving outcomes for children and their families as key areas. There are also implications for how Serious Case Reviews are conducted which the Board will need to consider.

Looking to the future, therefore, whilst the Southampton LSCB is in a good position to carry out its roles of co-ordinating and assuring the safety of children's and young people, there can be no complacency, and there are a number of considerable challenges, and opportunities ahead, in particular the feedback from the Ofsted inspection and the move to GP Commissioning.

The Board will need to address these opportunities and challenges in a forward looking way during the next year, building on the strength of existing partnerships and formalising some of the key new governance and partnership arrangements which will be required, taking on board the full implications of the new Working Together 2012 documentation when published.

Donald McPhail
Independent Chair of Southampton Safeguarding Children Board

1 Introduction

This report sets out the priorities and achievements of, and the challenges faced, by Southampton Safeguarding Children Board (SSCB). It provides an overview of safeguarding activities in Southampton for children and young people under the age of 18. This information provides a baseline and a focus for the business plan and activities for 2012-13.

Southampton Safeguarding Children Board is independent of the City Council. The Children Act 2004 requires the City Council as a Local Authority to establish a Local Safeguarding Children Board. The Director of Children Services and Learning reports on the effective working of the Southampton Safeguarding Children's Board to the Chief Executive of the council.

Southampton Safeguarding Children Board has a chair that is independent of the local statutory services, so the Board can exercise its local challenge function more effectively. Southampton Safeguarding Children Board (SSCB) is responsible for challenging the Southampton Children and Young People's Trust and if there are concerns about agencies and services about keeping children safe.

2 Southampton Safeguarding Children Board

The Full Board met bi-monthly during the year chaired by an Independent Chair in compliance with Working Together 2010. The Panel has a membership of strategic leaders of agencies all with a responsibility to safeguard children (see Appendix 1). The scope of the Board includes safeguarding and promoting the welfare of children in three broad areas of activity.

The Executive Board was established on 6th July 2010 and meets bi-monthly between full board meetings. Membership comprises of:

Donald McPhail (SSCB independent Chair)
SSCB Board Manager
Budgen, Felicity (Children Services and Learning)
Alison Alexander (Children Services and Learning)
Lesley Hobbs (Prevention and Inclusion)
Jason Hogg (Hampshire Constabulary)
Judy Gillow (University Hospital Trust)
Susan Lawes (SHIP PCT Cluster)

The Executive will support the Board through highlighting improved business performance and any areas of development.

The scope of the Board includes safeguarding and promoting the welfare of children in **three** broad areas of activity:

1) Activity that affects all children and aims to identify and prevent maltreatment, or impairment of health or development, and ensure children are growing up in circumstances consistent with safe and effective care. For example:

- mechanisms to identify abuse and neglect wherever they may occur;
- work to increase understanding of safeguarding children issues in the professional and wider community, promoting the message that safeguarding is everybody's responsibility;
- work to ensure that organisations working or in contact with children, operate recruitment and human resources practices that take account of the need to safeguard and promote the welfare of children;
- monitoring the effectiveness of organisations' implementation of their duties under section 11 of the Children Act 2004;

2) Proactive work that aims to target particular groups for example:

- developing/evaluating thresholds and procedures for work with children and
- families where a child has been identified as 'in need' under the Children Act 1989, but where the child is not suffering or likely to suffer significant harm; and work to safeguard and promote the welfare of groups of children who are potentially more vulnerable than the general population, for example children living away from home, children who have run away from home, children missing from school or childcare, children in the youth justice system, including custody, disabled children and children and young people affected by gangs.

3) Responsive work to protect children who are suffering, or are likely to suffer significant harm, including:

- children abused and neglected within families, including those harmed in the context of domestic violence and as a consequence of the impact of substance misuse, or of parental mental ill health;
- children abused outside of their families by adults known to them; children abused and neglected by professional carers, children abused through sexual exploitation and young victims of crime.

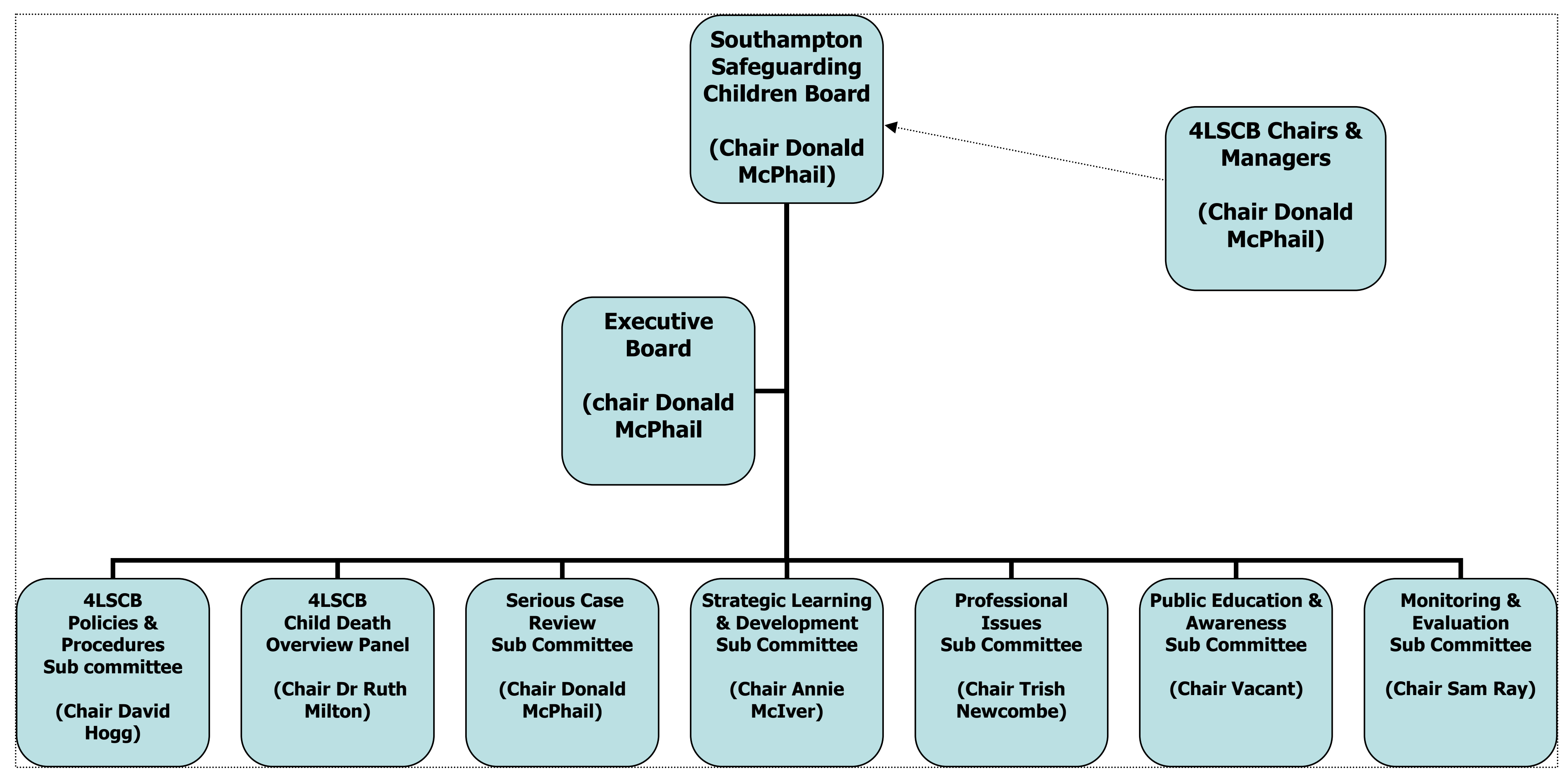

Diagram of the Southampton Safeguarding Children Board and Sub Committees

Clear reporting processes

Clear reporting processes and robust challenges to the Children and Young People's Trust were through the Board's independent chair. The independent chair is accountable to the Director of Children Services and Learning and reports to the Local Authority Scrutiny Committee. Attendance at the Children and Young People's Trust by the independent chair allows robust reporting processes and challenges. The independent chair is responsible for:

- chair the Board's bi-monthly meetings
- chair of the Executive Committee
- provide direction on emerging issues from serious case reviews
- attend the Children and Young People's Trust Board
- support sub committees chairs by regular meetings to review progress on business plan
- support the Southampton City Council scrutiny function in relation to safeguarding
- chair the Serious Case Review sub committee

Issues to the Children and Young People's Trust:

- The regular reviews of the capacity of agencies working to safeguard vulnerable children and informs the Children and Young People's Trust of any concerns.
- The Board has been aware of the sustained high level of demand of services for vulnerable children and this has proved challenging for statutory agencies, this has been reported to the Children and Young People's Trust
- The Board required clarification and information on the progress on multi agency training in safeguarding
- The development of a multi-agency training strategy resulted in a full cost recovery model of training being implemented. The strategic learning and development sub committee for safeguarding reports to both the Children and Young People's Trust and Southampton Safeguarding Children Board.
- The Children and Young People's Trust was aware of resource implications of the revised Working Together (2010) statutory guidance
- The national guidance from the National Treatment Agency on the Joint Guidance on developing local protocols between drug and alcohol treatment services and safeguarding and family services was taken to the Children and Young People's Trust

Ofsted Inspection Findings during 2011/12

The Southampton Safeguarding Children Board contributed to the annual joint inspection undertaken by Ofsted. A full report can be found on the following link: http://www.ofsted.gov.uk/local-authorities/southampton. The findings of this report are as follows:

Safeguarding services	
Overall effectiveness	adequate
Capacity for improvement	adequate
Safeguarding outcomes for children and young people	
Children and young people are safe and feel safe	adequate
Quality of provision	inadequate
The contribution of health agencies to keeping children and young people safe	adequate
Ambition and prioritisation	adequate
Leadership and management	adequate
Performance management and quality assurance	adequate
Partnership working	adequate
Equality and diversity	adequate
Services for looked after children	
Overall effectiveness	adequate
Capacity for improvement	adequate

How good are outcomes for looked after children and care leavers?	
Being healthy	good
Staying safe	adequate
Enjoying and achieving	adequate
Making a positive contribution, including user engagement	adequate
Economic well-being	inadequate
Quality of provision	inadequate
Ambition and prioritisation	adequate
Leadership and management	adequate
Performance management and quality assurance	adequate
Equality and diversity	adequate

Monitoring the capacity within the children and young people workforce

Southampton City Council Children's Services

The capacity to safeguard children has been reviewed throughout the year through a monthly leadership report written by the Head of Safeguarding which focussed on capacity of the children's services workforce. As a result of Terms and Conditions the service lost a third of its frontline social workers as well as senior practitioners, team managers and a service manager. The vacancies have been covered by agency staff. These have been of variable quality and there has been high turnover. Investment in the Social Care Service has been a priority of Southampton City Council.

Youth Offending Team

The role of the Youth Offending Service (YOS) is to reduce offending by young people in conflict with the law. Volunteers help to do this in a number of ways. Reparation is an element of restorative justice and volunteers are required to interact, supervise and encourage the young person to give something back to their victims or to their local community. Also, volunteer community panel members are required to work with the young person to address the reasons behind their offence. Together with your panel colleague and a member of the YOS team you will work with the young person, their parent/carer to agree a contract, detailing how the young person will make amends.

Hampshire Probation Service

Southampton having a specific team with a dedicated city wide focus and any capacity issues are reported to the Board. Its Director is also the Hampshire Probation Trust Responsible Authority lead for MAPPA (Multi-Agency Public Protection Arrangements). The Director is also a member of the board, reporting to the Board on any safeguarding concerns and capacity issues.

Hampshire Constabulary

Child protection for the city of Southampton is now serviced by the Western Hampshire Public Protection Unit. This is a fully integrated unit with responsibility for Child Abuse Investigations, Adult Abuse Investigations, Offender Management and Safeguarding (including Domestic Violence, HBV and missing persons). The Western Child Abuse Investigation team has maintained it's operational capacity and is currently fully staffed. There have been several complex and serious investigations this year that when added to the volume investigations have tested the operational resilience of the unit. In order to meet demand resources were drawn from other area based Public Protection teams. Recent changes to the internal grading and allocation of child abuse investigations has led to an increase in volume investigations being passed to the Child Abuse Investigation Team. This is being monitored as it is felt that the western team in particular are now carrying a significantly higher workload with no additional resourcing.

NHS Southampton

Key themes for safeguarding and improvement plan:

1. Improve economic wellbeing
2. Improve mental health
3. Improving early years experience/better parenting and family support
4. Taking responsibility for health
5. Living with long-term conditions and maximising the quality of life
6. More people living longer
7. Creating a healthier environment
8. Improving safeguarding for children and vulnerable adults
9. Protecting people from threats to health

Southampton University Hospital Trust

Capacity to safeguard children is kept under regular review across UHS. The Trust Board Executive Lead and the Consultant Nurse CP/Safeguarding are members of LSCB and report directly to LSCB. The UHS CP/Safeguarding service model and workforce was reviewed in 2011 as part of the multi-agency review. This resulted in optimal use being made of skill mix and an increase in resources secured for the CP/Safeguarding team to meet increased demand, to further improve capacity to safeguard, and to maximise the outcomes for children.

Southern Health NHS Foundation Trust

Southern Health NHS Foundation Trust has a specific team with a dedicated focus on safeguarding children within Mental Health, Learning Disability and Substance Misuse Services. Capacity remains stable

Southampton Safeguarding Adults Board

A key objective of the Southampton Safeguarding Adults Board (SSAB) Business Plan is to consolidate links and joint working relationships between Children's Services and the SSAB. Children's safeguarding is included in the SSAB Business Plan reflecting the strategic links that exist between the two Boards. Children's safeguarding is also included in relevant operational guidance and training programmes in order to raise staff awareness of the duty to refer on any concerns about the safety and welfare of children highlighted in the context of a safeguarding adults investigation.

3 Progress and achievements against key priorities from Business Plan 2011-14

1. Developing polices and procedures in line with Working Together 2010 to include implementation plans by each agency

Across Southampton the procedures are available online. Agencies have contributed to our understanding of their application of our updates and the impact this has had on improving their services. We are able to confirm that this has been monitored by our Professional Issues Sub Committee who has satisfied themselves with adherence to compliance across agencies within Southampton.

2. Establishing the programme of audits to include single agency, multi-agency audits

The following are completed audits undertaken, in some cases it was appropriate for it to be single agency, but in the main a multi agency approach was used, with all being reported back to the Monitoring and Evaluation Sub Committee and incorporated in a full report to the main board.

- Health Visitor use of the Family Health assessment tool
- Liaison Health Visitor Audit of SUHT ED Concern Forms
- Midwifery and the use of GP forms, safer babies and domestic violence
- Audit of transfer of information from health visitors and schools nurses
- Ofsted 'Self assessment' audits
- Audit of the content of CYP's
- Initial Contact to Children First Deep Dive audit
- Quality Assurance Framework- self assessment and supervision schedules. Request for organisations to submit information.
- Audit of the use and quality of the Unborn Baby Protocol

In addition the Southampton Safeguarding Children's Board Manager participates in the Child Protection Local Authority's Audit on a monthly basis.

3. Implementing standards in safeguarding for commissioners and the community and voluntary sector

The implementation of safeguarding standards has been addressed within Southampton. Agencies continue to embed standards into their systems, thirty agencies have been involved and up to fifteen have confirmed that standards are being implemented. The main issues for implementation have been around standard seven (Standard Seven: Agencies' contribution to and learning from Serious Case Reviews) which is a challenge to the voluntary sector due to capacity of staff. Training lead has been identified to help with this.

4. Listening to the voices of children and young people to better meet their safeguarding needs

To progress this theme the board manager along with various agencies had direct discussions with clients and young people within their agencies with the findings being reported back to the main board, with recommendations as to how best to improve services. In addition work has begun on the Wishes and Worries project brief, which will continue into the coming year.

Completed work for this priority has been the following:

- E-Safety project: training on the PICS programme to Child Protection Liaison Officers.
- Seasonal Campaigns i.e. Fireworks, Safety while swimming, Stranger Danger Awareness.

5. Implementing the learning the themes from Serious Case Reviews and Child Death Reviews both national and local

Southampton have sadly had two Serious Case Reviews which have led to us developing closer liaisons both across Children and Adult Services. Training was rolled out across Children Services by Drug Action Team. The training covered the following areas:

- The impact of parental problem drug use on children
- The child's perspective
- Listening to the voice of the child
- protective factors
- Local policy underpinning practice
- The Joint Working Protocol
- Information Sharing
- A parent in Prison statistics

Further learning was gained by the sharing/ reprinting of the Neglect Handbook, which focuses on four domains of care: Physical, Safety, Affection / Love, and Esteem. The tool is useful in identifying/ assisting with clarifying areas of concern for practitioner across all disciplines

6. Working with adult services to improve outcomes for children and young people

We developed a task and finish multiagency group which was called the Toxic Trio. The group was represented by Drug services, Mental

Health & Learning Disabilities, Domestic Abuse and Children Social Care services. They met to discuss how:

- using the knowledge and experiences of current practice and
- learning from serious case reviews

could improve safeguarding children in services with an adult focus. This group will be reviewed in 2012-13 to ensure focus and appropriateness around the toxic trio/hidden harm issues.

To promote closer liaison with adult services the chair of the Southampton Safeguarding Adults Board is a member of the Southampton Safeguarding Children Board.

7. Using local data to have a clear understanding about safeguarding needs in Southampton

The Lead Officer for the Children's Data Team for Southampton Children's Services attends the Monitoring and Evaluation Sub Committee (six weekly) reporting her findings in respect of the following:

- Critical key Performance Indicators
- Business Plan indicators
- Quarterly process data, which encompasses: CP Visits, Core Group Meetings, Children Looked After Visits and Personal Education Plans.
- Pathway Plans
- Tier 3/4 CP plan monitoring
- Safeguarding activity and staffing measures
- Measures of Child Protection
- Childhood Wellbeing Research Centre indicators
- CAFCASS data: Care Applications across 4LSCB.

8. Maintaining the effective governance arrangements in the Board and Sub-Committees

Each Sub Committee has produced a business plan and has a Terms of Reference agreed by the Southampton Safeguarding Board. Each Sub Committee's Business Plan is submitted to the full board for ratification and direction. In addition, each sub committee has to produce a highlight report monthly indicating progress in relation to the business plan.

4 Sub committees Activities

4.1 4LSCB Policy and Procedures sub committee

The 4LSCB Policies and Procedures Sub Committee has met over the year and considered the following areas and how best to standardise practice across the 4LSCBs:

- Safeguarding Procedures Updates and the continued process of updating the Policies and procedures.
- Explored the Work programme for the year.
- Rapid Response Protocol and the effectiveness of this.
- Domestic Abuse Practice Guidance.
- Developments from the Missing, Exploited and Trafficked Children Group.

4.2 Child Death Overview Panel

The Child Death Overview Panel meets 7 times per year. The reviews undertaken during the meetings will not necessarily be child deaths that have occurred during this period of time. To review child deaths in a robust manner, data and investigations (such as post mortems/toxicology results) can take up several months to be completed. This information supports the panel in making a recommendation and categorising the death of the child. The meeting reviews child deaths which have been categorised as life limiting conditions, cardiac condition and cancers.

Regional Issues

The CDOP staff recently helped organise the joint CDOP and Foundation for the Study of Infant Deaths (FSID) training events. Funded by CDOP, the training was based on the local 'Every Sleep Matters' campaign. The events were a great success providing free training for over 300 professionals including health visitors, midwives, nurses, children's centre outreach workers, Sure Start volunteers and coordinators. Initial feedback has been very positive.

The CDOP office continues to liaise with both neighbouring and nationwide CDOPs to share information on individual cases and make use of their learning.

National Issues

The following information is extracted from the March 2012 Department for Education Child Death Overview Panel bulletin;

- We have received a number of queries recently about what the protocol should be when reviewing the death of a child who is normally resident in England which occurred while the child was abroad. In these cases the death, including those which were registered abroad, should be reviewed as fully as possible, although we recognise that in some circumstances it may be difficult to gather sufficient information to undertake such a review. These deaths should always be discussed by the CDOP. In some circumstances the panel may decide that there is insufficient information to be able to categorise the death and may record this death as "*Inadequate information upon which to make a judgement"* on Form C.

  Reviews of the deaths of children who are normally resident in England which occurred abroad should be recorded within the annual data collection forms and should be recorded in Table 14 as having been abroad at the time of the event or condition which led to the death.

  Section 7.33 -7.35 of Working Together contains further information about reviewing the death of a child who dies abroad. Please note that there is no requirement for a death which occurs abroad to be registered in the UK.

- Within the Department we are keen to make best use of the valuable, and detailed, data collected by CDOPs on all child deaths. We are in the process of investigating the most effective ways to share information nationally, in particular about the actions taken as a result of the findings arising from the reviews. One of the options we will investigate will be the possibility of developing a national database, but given the limited resources available centrally we also need to investigate other cost effective options before deciding on an approach.

4.3 Serious Case Review sub committee

The Serious Case Review Sub Committee has met on a monthly basis reviewing cases that have been brought to their attention, or that they have requested information on. All cases which meet the threshold for a Serious Case Review is followed through with an independent management review and a detailed action plan, which is monitored and reported on to the Sub Committee, in respect of progress.

4.4 Professional Issues Sub Committee

The Professional Issues Sub Committee has continued to look at practice across all agencies and how best to bring them in line with

government guidance. There has been significant work undertaken with the Muslim Council of Southampton and Southampton Voluntary Services. Various areas that the group covered were:

- Verification of Policies
- Revised Policies and Procedures
- 4LSCB Sexual Exploitation Group
- 4LSCB Google Analytics Data
- Home Educated Children
- Resource Implications
- Southampton Commissioning Standards

In addition the Professional Issues Sub Committee has followed the agreed business plan submitted to the full board.

4.5 Monitoring and Evaluation sub committee

The following is an outline of work completed by this sub committee:

- An audit calendar which maps the single agency and multi-agency audits undertaken and planned. The reports, recommendations and actions plans are embedded.
- An agreed dataset based on a range of safeguarding indicators to enable the Board to scrutinise performance in key areas.
- Highlight reports to SCSB flag up any data or other issues.
- Annual update of the multi-agency self assessment of observation of practice, self-assessment and listening to the views of service users and staff
- Multi agency audit of referrals that do not meet social care thresholds - action plan will lead to improved outcomes for children and families.

An action plan has been developed as a result of the recommendations from the audit of contacts. The actions will lead to the following improved outcomes for children and families:

- Improved recording of children & parents ethnicity, religion & first language to inform service planning & provision.
- Improved recording if a child is disabled & on the disability register to inform service planning & provision.
- Improved referral information being taken and received leading to clearer understanding of a child's circumstances and family composition.
- Good analysis of information and improved outcomes for children.
- Referrers being clear why they are contacting Children First.
- Professional referrers having a clear understanding of Tier 3 threshold for service and also understanding threshold for CAF and targeted services at tier 2.

- Embed use of referral form within professional network to ensure referrals are put in writing and responded to .
- Health organisations to review methods of information sharing between health disciplines and with children's social care to ensure consistency and clarity for both professionals and children and families.
- Improved communication and referrers & families kept up to date, following referral to Children First.
- Greater understanding by health professionals of actions that may be appropriate at Tier 2, to safeguard children (early intervention).
- Workshop for GPs on the use of CAF to develop greater engagement of GPs with Tier 2 services.

In December 2011 the Government accepted Professor Munro's recommendation that the development of locally held information as well as national information is an intrinsic part of local quality assurance. With Ofsted and the Association of Directors of Children's Services (ADCS), Government published key questions for all areas to consider in quality assuring how delivery in their area helps improve outcomes and are set to lead a full consultation on a draft national performance information set.

At this current point there are three possible data sets:
- Munro
- Department of Education
- One used by Ofsted for new Inspections.

Recommendation: SSCB integrated data set to be revised over the coming year in line with the Government's response. The remit will be to undertake multi-agency audits, thematic reviews and deep dive reviews with a clearer focus on improving the outcomes for children.

4.6 Public Education and Awareness sub committee

The following themes were explored by Public Education and Awareness Sub Committee and some lead to campaigns/training:

- Key messages and campaigns to young people and parents using local data including JSNA
- Public awareness campaigns from 4LSCB child deaths and local serious case reviews
- Provide information on the bereavement services for families in Southampton
- FSID Training
- Capture the voice of children and young people in existing forums

4.7 Strategic Learning & Development Sub Committee (this section was missing)

The prime purpose of the group is to give strategic direction of the inter-agency safeguarding training across Southampton. This forum deals with a combined agenda and reporting mechanism to both the **Children's Trust** and **Southampton Safeguarding Children Board**. The chair of the forum reports to both the Trust and the Board.

The group ensures that single agency workforce strategies are developed, in line with Working Together 2010. To develop training needs analysis to identify priorities and a training programme to take account of local and national priorities. This includes single agency and inter-agency training. The monitoring of who is being trained, to what standard, and the evaluation and quality is reported to the Southampton Safeguarding Children's Board.

Multiagency safeguarding training 1 April 2011 – 31 March 2012

The learning and Development Sub Committee for the Children's Trust has provided the following information in respect of Multiagency Safeguarding Training completed during 2011/12.

Title of training	Training provider	Target audience	No. of attendees	Course duration	Agency	Percentage of attendees
Bruising And Non-Accidental Injuries In Young Children	Southampton Solent	Those who have a particular responsibility for safeguarding children and young people	33	1/2 day	CSL Health School Police Other	45 23 9 23
Child Protection Lead Officer Training	Inspire	Those in regular contact with children and young people who would take on the role of Lead Professional	58	1 day	CSL Health School Police Other	100
Creating An Anti Bullying Environment	Children Services and Learning Workforce Development Team	Any early years and child care practitioners	18	3 x 1/2 day	CSL Health School Police Other	6 6 88
Domestic abuse and it's impact on children and young people	Solent Healthcare and Children Services and Learning	Any early years and child care practitioners	30	1/2 day	CSL Health School Police Other	63 3 10 24

Title of training	Training provider	Target audience	No. of attendees	Course duration	Agency	Percentage of attendees
Enhancing Interagency Safeguarding And Child Protection Practice	Children Services and Learning Workforce Development Team	Those who have a particular responsibility for safeguarding children and young people	60	2 days	CSL Health School Police Other	45 12 12 31
Hidden Harm	Solent Healthcare and Drug Action Team	Those who have a particular responsibility for safeguarding children and young people	64	1 day	CSL Health School Police Other	45 2 16 33
Honour Based Violence Training	Hampshire Constabulary	Those who have a particular responsibility for safeguarding children and young people	9	1/2 day	CSL Health School Police Other	55 11 11 23
Safeguarding children and young people awareness	Children Services and Learning Workforce Development Team	Those in regular contact with children and young people who need introductory training on how to work together to safeguard and promote the welfare of children	50	1/2 day	CSL Health School Police Other	26 6 18 50
Safeguarding Children For Early Years And Play Practitioners	Children Services and Learning Workforce Development Team	Those in lead or deputy lead fractioned role, designated safeguarding officers and safeguarding lead committee members	25	1 day	CSL Health School Police Other	 100

Title of training	Training provider	Target audience	No. of attendees	Course duration	Agency	Percentage of attendees
Safeguarding For Childminders	Children Services and Learning Workforce Development Team	Specifically for home based childcarers and child minders	27	1 day	CSL Health School Police Other	100
Safeguarding children and young people training for managers	Children Services and Learning Workforce Development Team	Those responsible for supervising and managing staff working with children and young people	9		CSL Health School Police Other	23 77
Safer Recruitment	Children Services and Learning Workforce Development Team	Those with a responsibility recruiting members of staff	12		CSL Health School Police Other	16 8 42 32
Safeguarding Workshop For Schools	Children Services and Learning Workforce Development Team	all teaching and non teaching staff at St Georges	81	1/2 day	CSL Health School Police Other	100
Common assessment and Lead Professional in Practice	Children Services and Learning Workforce Development Team	Those working with children and young people in universal and targeted services	13	1 day	CSL Health School Police Other	30 30 40

Title of training	Training provider	Target audience	No. of attendees	Course duration	Agency	Percentage of attendees
Risk Taking and Young People Level 1	SMASH	Those working with children and young people from universal and targeted services	41	1 day	CSL Health School Police Other	29 10 61
Level 2 Substance misuse	SMASH	Those working with children and young people from universal and targeted services	25	2 days	CSL Health School Police Other	8 4 88
Level 2 Sexual Health and Relationships	SMASH	Those working with children and young people from universal and targeted services	58	1 day	CSL Health School Police Other	33 3 3 61
Hidden Sentence	Children Services and Learning Workforce Development Team	Those working in services where service users ma be affected by imprisonment or criminal conviction	28	1 day	CSL Health School Police Other	64 4 11 21
Inset Safeguarding awareness	Children Services and Learning Workforce Development Team	Those working directly and indirectly with intense contact with children and young people	199	1/2 day	CSL Health School Police Other	 37 63

Title of training	Training provider	Target audience	No. of attendees	Course duratio n	Agency	Percentage of attendees
Online Safeguarding	Children Services and Learning Workforce Development Team	Those working directly or indirectly or with infrequent but intensive engagement with children or young people	35 usernames assigned	NA	CSL Health School Police Other	20 14 66

4.8 Financial Contribution

Contributions to the 2011/2012 budget were received as follows:

Primary care trust	£31,426
Police	£12,533
Hampshire Probation	£2,504
CAFCASS	£550
Southampton City Council	£73,756
CWDC	£19,358
Area Based grant (CDOP)	£15,300

Appendix 1 Membership of the Southampton Safeguarding Children Board

Donald McPhail	Independent Chair
Felicity Budgen	Vice Chair of Southampton Safeguarding Children Board, Head of Safeguarding, Children's Services and Learning
Clive Webster	Executive Director of Children's Services and Learning
Alison Alexander	Assistant Director, Children's Services and learning
Shelagh Butler	CAFCASS
Jason Hogg	Hampshire Constabulary
Susan Lawes	SHIP PCT
Dr Hilary Smith	Designated Doctor, SHIP PCT
Lindsay Voss	Designated Nurse, SHIP PCT
Aileen Patterson	Head of Children and Families, Solent Healthcare
Trish Newcombe	Chair of Professional Issues Sub Committee (Names Nurse, Solent Healthcare)
Judy Gillow	Director of Nursing, SUHT
Dr Sarah Steele	Named Nurse for Child Protection, SUHT
Nick Cross	Housing, Southampton City Council
Lesley Hobbs	Principle Officer, Prevention and Inclusion, Southampton City Council
Maria Galovics	Hampshire Probation Trust

Gerida Montagu-Munson	Primary Headteacher
Jo Lappin	Head of Safeguarding, Southern Healthcare
Dr Ali Robins	Named GP lead for Safeguarding
Annie McIver	Chair of Interagency Safeguarding Learning & Development Strategic Group (Principal Officer, Social Care, Southampton City Council)
Carol Valentine	Chair of Southampton Safeguarding Adults Board
Chris Ethridge	Young People and maternity Lead, NHS South Central
Cllr Sarah Bogle	Executive Member for Children's Services and Learning
Richard Ivory	Solicitor to the Board, Southampton City Council
Sam Ray	Chair of the Monitoring and Evaluation Sub Committee (Commissioning Lead Safeguarding, Children's Services and Learning)
Jo Ash	Southampton Voluntary Services
Tony Heselton	South Central Ambulance Service
Vanessa Cass	Further Education College
Clive Clifford	Lay Member
Jennie Harmstom	Board Manager
Southampton City Council Legal Advisor	When requested by Chair only

Appendix 3

Membership and attendance of the board meetings during 2011-2012

SSCB meet bi-monthly and the meetings are serviced by Southampton City Council Democratic Services. During 2010-11 there was a vacancy for the board manager role and an interim manager was appointed. A manager was appointed during August 2010.

Member agency/organisation	Meetings attended/meetings required to attend
Independent Chair	6/6
Vice Chair (Head of Safeguarding, Children's Services and Learning)	6/6
Director of Children's Services and Learning	1/6
Board Manager	5/6
Chair of Strategic Learning and Development Group	0/6
Chair of Monitoring & Evaluation sub committee	2/6
Chair of Professional Issues sub committee	5/6
Chair of Public Education & Awareness sub committee	5/6
Community & Voluntary sector	3/6
CAFCASS	4/6
Hampshire Constabulary	6/6
Youth Offending Team	4/6
National Probation Service – Hampshire Branch	6/6
Designated Doctor, NHS Southampton	3/6
Designated Nurse, NHS Southampton	6/6
NHS Southampton	6/6
Southampton University Hospital Trust	6/6
Southern Health	4/6
Solent Health	6/6
GP Safeguarding Lead	0/6
South Central Ambulance Service	3/6
Primary Head teacher	1/6
Further Education College	4/6
Southampton City Council Housing	6/6
Southampton Safeguarding Adults Board	1/6
Executive Member, Children's Services and Learning	3/6
Lay Member	2/2

DECISION-MAKER:	SHADOW HEALTH AND WELLBEING BOARD			
SUBJECT:	JOINT HEALTH AND WELLBEING STRATEGY			
DATE OF DECISION:	27th MARCH 2013			
REPORT OF:	DIRECTOR OF PUBLIC HEALTH			
CONTACT DETAILS				
AUTHOR:	**Name:**	**Martin Day**	**Tel:**	**023 80917831**
	E-mail:	**Martin.day@southampton.gov.uk**		
Director	**Name:**	**Dr Andrew Mortimore**	**Tel:**	**023 80833204**
	E-mail:	**Andrew.mortimore@southampton.gov.uk**		
STATEMENT OF CONFIDENTIALITY				
None				

BRIEF SUMMARY

The Health and Wellbeing Board has been developing a Joint Health and Wellbeing Strategy (JHWS). A draft strategy was revised following extensive consultation and engagement, and following approval of a final draft document at the Board's previous meeting in January, has been subject to a review by a lay reading panel. The final document is now submitted to enable the Board to formally recommend its adoption by the City Council Cabinet and Southampton City Clinical Commissioning Group.

RECOMMENDATIONS:

(i) That the Joint Health and Wellbeing Strategy, attached as Appendix 1 to the report, be approved for submission to the Council Cabinet and Southampton City Clinical Commissioning Group;

(ii) That authority be delegated to the Director of Public Health, in consultation with the Chair and Vice-Chair of the Board, to make any minor drafting or other amendments necessary prior to submission to Cabinet and the CCG.

REASONS FOR REPORT RECOMMENDATIONS

1. To complete the process of developing a Joint Health and Wellbeing Strategy for Southampton.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. None. It is a duty under the Health and Social Care Act 2012 to produce a Joint Health and Wellbeing Strategy.

DETAIL (Including consultation carried out)

3. The Health and Social Act 2012 places a duty on health and wellbeing boards to produce a joint health and wellbeing strategy, which must be adopted by the local authority and each clinical commissioning group in the local authority area, and which the local authority must publish.

4. A draft consultation strategy was approved by the shadow health and wellbeing board at its meeting on 13th June 2012. Following this a 3 month period of consultation and engagement was undertaken with stakeholders and the general public. At its meeting on 21st November the board considered a summary of the comments from the consultation exercise, and following a subsequent informal discussion concluded the strategy should be structured around the following themes:

- Building resilience and prevention to achieve better health and wellbeing
- Best start in life
- Ageing and living well

5. The strategy was subsequently re-drafted around these themes and approved by the Board with a series of detailed amendments at its meeting on 23rd January 2013. Each theme then had a number of actions to deliver improvements to health and wellbeing and reduce health inequalities and measures had been identified, mainly from the national outcomes frameworks, against which progress would be tracked.

6. A series of stakeholder events have been held to provide briefings on the content of the revised strategy. Following a suggestion made at the previous meeting the text has been submitted to a lay reading panel co-ordinated through Southampton LINk. The updated strategy text incorporating changes from the reading panel is now attached as Appendix 1 to this report. The Board is requested to recommend the strategy to both the Cabinet and the CCG for formal adoption.

7. There are a series of further tasks to be undertaken. First is the design of the final strategy document, and production of Health Matters 5. The latter will be a magazine style publication highlighting some of the key messages from the strategy aimed at the general public. It will be distributed via libraries, housing offices, GP surgeries and other appropriate outlets. Then a system for tracking progress against the outcome measures will be developed and implemented.

RESOURCE IMPLICATIONS

Capital/Revenue

8. The resources for delivering the actions set out in the Joint Health and Wellbeing Strategy will be determined through the annual city council and CCG commissioning and budget cycles. Publication of the strategy will be met from existing PCT budgets.

Property/Other

9. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

10. The duty to produce a joint health and wellbeing strategy is set out in section 193 of the Health and Social Care Act 2012.

Other Legal Implications:

11. None.

POLICY FRAMEWORK IMPLICATIONS

12. None.

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	All

SUPPORTING DOCUMENTATION

Appendices

1.	Final Draft Joint Health and Wellbeing Strategy

Documents In Members' Rooms

1.	None

Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	No

Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)		Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None.	

Report Tracking

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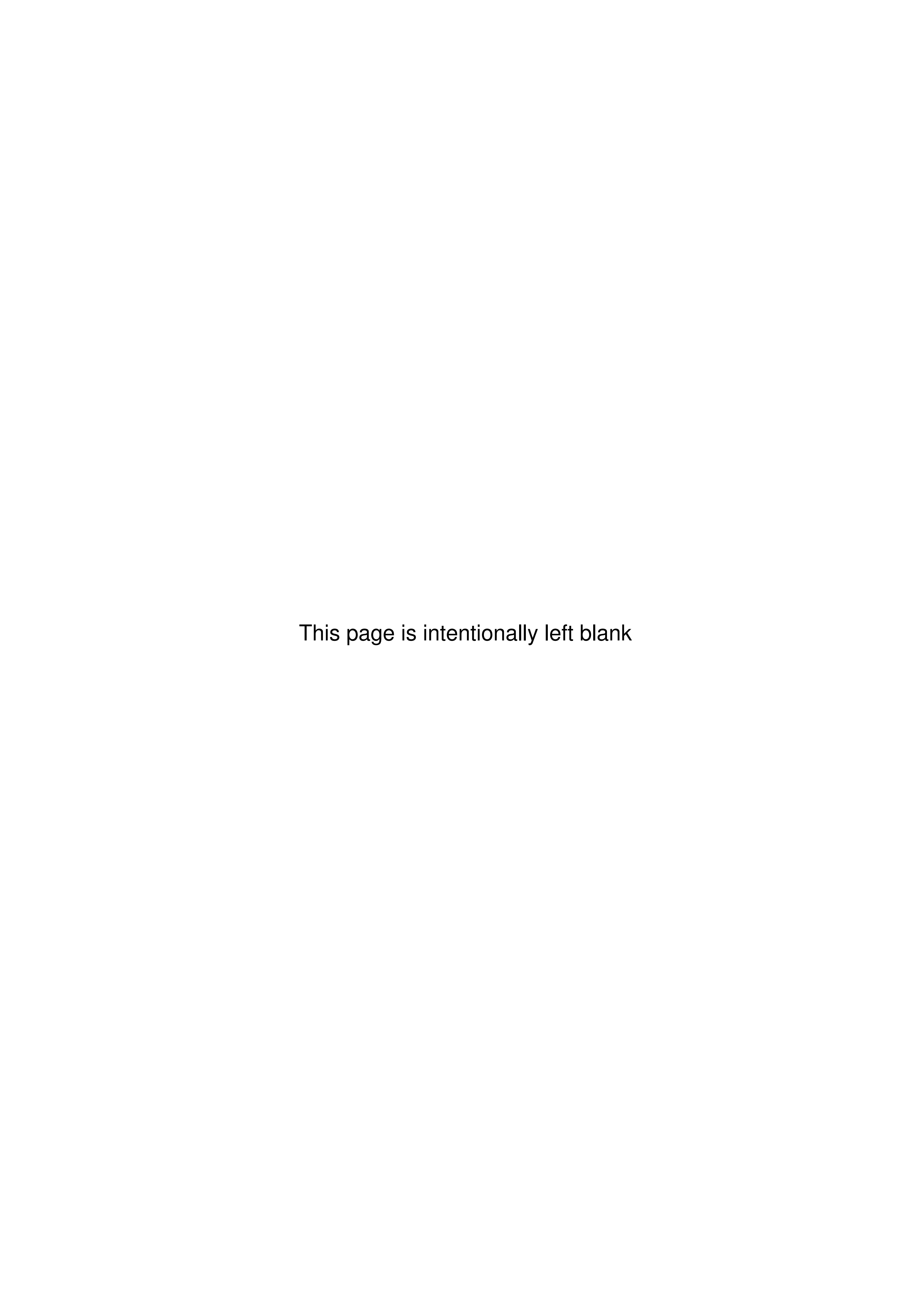
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Healthier Lives in a Healthier City

Southampton's Joint Health and Wellbeing Strategy

2013-2016

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March 2013

Healthier Lives in a Healthier City

Southampton's Joint Health and Wellbeing Strategy

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Healthier Lives in a Healthier City

Southampton's Joint Health and Wellbeing Strategy

Foreword

We are delighted to introduce this new Joint Health and Wellbeing Strategy for Southampton. It sets out a strategic vision for improving the health of people of in the city and reducing health inequalities. The strategy will inform commissioning plans for the Council and Southampton City Clinical Commissioning Group (CCG) over the coming years.

The process of developing this strategy has been ably supported by our fellow Health and Wellbeing Board members, together with a substantial number of council and CCG colleagues.

We undertook a substantial consultation exercise in the summer and autumn of 2012 to generate a city-wide discussion on what the most important issues were to include in this document. We have been heartily encouraged by the number of individuals and organisations who responded and produced some thought provoking and challenging comments and observations. Consideration of the responses received has resulted in the final strategy document looking substantially different to the consultation document. We would like to place on record our thanks to everyone who responded during the consultation. Your input has really helped to shape the final strategy and made it both more robust and more realistic.

There are a number of major challenges to improving the health and wellbeing of our citizens set out in subsequent pages. The strategy contains challenges to individuals to take responsibility for their own lifestyles that can have major impacts on health, as well as looking to ensure there is adequate care, treatment and support for the most vulnerable members of our society.

Delivering the results needed to meet these challenges will require commitment not only from the Council and the CCG, but also from NHS provider trusts, social care providers, and the host of voluntary organisations who operate in the city. This strategy now provides the overarching framework for action and delivering change. We hope you will identify with it and support us in making sure it delivers our ambition.

Councillor Jacqui Rayment
Cabinet Member for Communities, Southampton City Council and Chair of Southampton Health and Wellbeing Board

Dr Steve Townsend
Chair, Southampton City Clinical Commissioning Group and Vice-Chair of Southampton Health and Wellbeing Board

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Section One – Background and Local Context

Introduction

This Joint Health and Wellbeing Strategy sets out how Southampton City Council, Southampton City Clinical Commissioning Group (CCG) and the NHS Commissioning Board plan to take action to address the key health and wellbeing needs of the city over a 3 year period beginning in 2013/14. The strategy was developed through Southampton's Shadow Health and Wellbeing Board, and has been adopted by both the Council and the CCG.

The content of the strategy has been informed by the Joint Strategic Needs Assessment (JSNA) and through conversations and feedback with stakeholders and the public. The Joint Strategic Needs Assessment is a process undertaken jointly by the City Council and the former Southampton City Primary Care Trust (PCT) where data on the health of people living in Southampton, their care needs and a number of the key wider determinants that affect health and wellbeing (including housing and employment) are collated, analysed and published. The JSNA is a web-based resource that is periodically updated as new data become available. It can be viewed at
http://www.southamptonhealth.nhs.uk/aboutus/publichealth/hi/jsna2011/?locale=en

Specific challenges highlighted in the JSNA include:

- Demographic pressures, especially the growth in the city's birth rate (around 35% in seven years. Please see data under Theme 2 – Best Start in Life on page 12)
- The increasing proportion of older people and accompanying increase in dementia
- Deprivation and children in poverty – the city is ranked the fifth most deprived local authority in the South East and 81st out of the 326 local authorities in England
- The increase in unhealthy lifestyles leading to preventable diseases
- The need to ensure high quality services for specific care groups, including those living with mental ill health, physical disabilities and learning disabilities
- The need to ensure that provider services are joined up and seamless to create robust care pathways for a 'whole person' approach
- The need to support carers to care and the need for volunteering
- Work stresses and worklessness and the impact on mental health
- Recognising the impact on health of wider determinants (education, poor housing, transport and economic regeneration)

Southampton is in the fortunate position of having operated an effective Health and Wellbeing Partnership for a number of years. This situation provides a strong base from which the statutory Health and Wellbeing Board can launch and deliver its new responsibilities. The former Health and Wellbeing Partnership also produced a Strategy. Learning from that process will be utilised in the delivery of this joint health and wellbeing strategy.

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Consultation

A period of consultation and engagement took place over the summer and early autumn of 2012 on a draft Joint Health and Wellbeing Strategy document. The consultation process included:

- Presentations to and debates at a number of key partnerships, including the GP Forum, Southampton Connect, the Children and Young People Trust Board, Southampton Safeguarding Children Board and a detailed workshop session with the Health Overview and Scrutiny Panel
- Public workshop sessions hosted by Southampton Local Involvement Network (LINk)
- Opportunities for on-line feedback on the City Council and PCT websites

Whilst a number of comments were specific to one issue or service, there were several comments made by a significant number of responders and these have been incorporated into this final strategy. These include the views that:

- There were too many proposals for actions in the draft strategy - so the final strategy now contains fewer and more significant proposals, and those that can be classed as "work as normal" have been omitted
- In these times of economic constraint, it was important that the strategy should be realistic and achievable – so an assessment has been undertaken to ensure that funding has been identified for those actions set out in this strategy
- Focus on preventative measures is vital as a means of reducing demand in the future – so prevention is now included as the first theme of this strategy
- It is vital that measures are developed to measure the success and impact of the strategy – so where possible the actions are aligned to the relevant national outcomes frameworks. Where there is no suitable measure in the framework, then a local indicator has been identified

Three Key Themes for Southampton's Joint Health and Wellbeing Strategy

The actions in the strategy are grouped into three themes:

- Building resilience and using preventative measures to achieve better health and wellbeing
- Best start in life
- Living and ageing well

Using these three themes, actions can be linked to the needs identified in the JSNA. They will secure a life course approach to improve health and wellbeing and provide a means of reducing health inequalities. They also provide scope for improved joint working across health and care systems, which develop a shared ambition and vision of success.

The following sections now consider each of these themes in turn. Key data from the JSNA are used to highlight the underlying issues and challenges, and then the actions the strategy will deliver are listed. Finally, the measures that will be used to record the impact the strategy is making are tabulated.

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How we will ensure that things are improving

The Government has developed a range of national outcomes frameworks, which have placed a greater emphasis on the use of shared and complementary indicators that highlight shared responsibilities and goals. Those for the NHS, public health and adult social care are now in place, and a framework for children is currently under development. Overlaps across outcomes frameworks recognise the joint responsibilities for contributing to outcomes that different parts of the system can deliver. The Government believes that use of the outcomes framework will provide robust and comparable information, which show how far the system is delivering better outcomes for patients and users, allowing local partners to compare their performance against others.

The strategy shows which outcome measures will be used to measure progress in the actions to be delivered by this strategy.

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Section Two – Key Themes to Deliver Change

Theme 1 – Building resilience and preventative measures to achieve better health and wellbeing

Why this is important

Developing a focus on health improvement priorities is essential to help people improve their lifestyles and to reduce suffering from many long-term conditions. The consequences of smoking, alcohol abuse and obesity have serious implications for individuals and are placing growing demands on health and care (and legal) systems and society as a whole. Easy access to improvement and prevention programmes are key to improving quality of life for people affected and to reducing associated serious illnesses.

Work and housing have major impacts on health and wellbeing. The relationship between employment status, income and health is well known with research clearly identifying links between poverty and health. Men aged 25-64 from manual backgrounds are twice as likely to die earlier than those from managerial or professional backgrounds. Sickness absence due to mental health problems costs the UK economy £8.4 billion a year and also results in £15.1 billion in reduced productivity. The evidence for 'good' work benefitting physical and mental health and wellbeing is strong. Work can be therapeutic and can reverse the adverse health effects of unemployment. This is true for healthy people of working age; for many disabled people; for most people with common health problems and for the long-term unemployed and those on prolonged sickness absence.

People living in poor quality or overcrowded housing tend to have poorer health. Appropriate adaptations can help people with disabilities live independently at home which maintains physical and mental wellbeing for longer. Whilst the Council and social landlords have invested in improving the quality of their properties to meet decent homes standards, there is a significant proportion of privately owned and privately rented homes that fail to reach those standards. Public transport is a key enabler for accessing health services, and the Health Overview and Scrutiny Panel is undertaking an important study of public transport access to Southampton General Hospital.

One in four people will have a mental health problem at some time in their lives. People can be more vulnerable to common mental health problems if they have poor physical health, are isolated, in debt or poor housing. There are a number of lifestyle factors that can improve mental wellbeing. These include eating healthily, exercising, having a network of friends and family, drinking in moderation and not misusing drugs. Actions are necessary to promote good mental health and wellbeing in the community; reduce the number of people with common mental health problems, and lessen the stigma and discrimination associated with mental ill health.

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Key information from the Joint Strategic Needs Assessment

- 22.3% of adults in the city smoke compared to 21.2% nationally
- £12-13m is spent in Southampton every year treating smoking-related illnesses
- 22% of adults are obese, as are 9% of children in the reception year at schools and 18.9% by year 6
- Hospital admissions for under 18s alcohol specific admissions is 111.8 per 100,000, which is 80% above the national average
- Around 22,900 homes in the city are social rented accommodation and 16,600 of these are owned and managed by the Council
- Southampton has 24,500 privately rented homes of which over 7,000 are Homes in Multiple Occupation (HMO)
- Over 28,000 privately owned and rented homes (38% of the total) do not meet the Decent Homes Standard. 8,500 of these homes are occupied by vulnerable people
- 250 single homeless people are seen each month by the Street Homeless Prevention Team
- The highest proportion of incapacity benefit claims are for mental health problems

What we will do

Smoking and Tobacco Control

- Develop and implement a comprehensive Tobacco Control Plan for the City in conjunction with the Police and Customs, which tackles prevention, provision of smoking cessation support, illicit supply of cheap smuggled tobacco, implementation of tobacco control policies at a local level
- Sustain implementation of the national NHS Health Check programme across the City to support early detection/screening for cardiovascular disease and to tackle lifestyle risk factors

Obesity and Physical Activity

- Identify and implement options determining better health and support healthy lifestyle behaviours leading to improved diet and physical activity in key target groups e.g. health promoting workplaces, breastfeeding friendly environments, healthy early years and childcare settings
- Support initiatives and services that are effective in preventing and managing overweight and obesity in our high risk individuals in the children, young people and adults sectors

Alcohol and Drugs

- Work together with local agencies to reduce detrimental effects of adults' problem drug and alcohol use, particularly parents
- Sustain and expand public education initiatives that raise awareness around alcohol and substance misuse and maintain existing schemes that address underage drinking and associated behaviours, including in school settings
- Develop and expand the current services in Southampton through partnership

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working approaches that develop 'wrap around' services' (including housing and access to Education, Employment and Training) and link health, social care, housing, leisure, night-time activities and criminal justice to include tackling alcohol and substance abuse in the young

- Increase numbers accessing both drug and alcohol services. This will enhance numbers achieving recovery from alcohol or other drugs
- Review drug treatment services available, particularly to young people to ensure a best value, high quality treatment system reflective of their drug use patterns
- Increase the range of effective treatment interventions for crack cocaine and stimulant users
- Develop an appropriate suite of abstinence and harm reduction services for blood borne viruses, such as HIV etc.

Housing

- Endeavour to help people to have access to good quality, energy efficient housing that is both affordable and meets their needs. The priorities below aim to provide opportunities to help promote health and wellbeing in the working age population across the city by working with local employers, improving economic wellbeing and helping particularly young people into employment
- Provide a comprehensive homelessness service that supports people to make independent choices about their housing future
- Work with the voluntary and supported housing sectors and the Homeless Healthcare Team to ensure that provision in the city meets the needs of the most challenging people to safeguard both their housing and health needs and reduce the impact on the general population
- Consult on the introduction of an Additional Licensing scheme for all HMOs in the city to help ensure the conditions in the private rented sector are improved and poor or inadequate housing is brought up to acceptable standards
- Develop local hubs for quality support and care in the city, for example dementia friendly facilities with support activities and interactions for people with dementia from the wider community
- Raise awareness of falls and reduce or prevent trips, slips and falls within Council older people's accommodation. Good design can do much in this sector

Workplace Health

- Implement a programme of work to support employers in improving the health and wellbeing of their workforce through recognised good practice at work; improve the support for those stopping work due to sickness to get them back into work sooner or to rethink their future job prospects. Harassment and bullying need preventative policies
- Support more vulnerable people into good quality work, such as young people, carers and people with learning disabilities, mental health and long term health conditions and disabilities
- Promote and develop the 'Time to Change' campaign to reduce the stigma of mental illness in the workplace

Mental Health

- Adopt a public health approach in the development of strategies which promote wellbeing for the whole population including activities which reduce

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health inequalities and which promote good mental health across the city
- Ensure early access to psychological therapy/services, such as counselling and talk, which help people remain in or return to employment
- Develop and implement a suicide prevention strategy across the city

How we measure the impact of the actions set out in this section

The table below shows the outcome framework measures which will be used to track progress on the priorities set out in this section.

Priority	Measure	Outcomes Framework Reference / Local Measure
Smoking and tobacco control		
Implement Tobacco Control Plan	• Smoking prevalence • Smoking status • Mortality from respiratory diseases	PH 2.0 PH 2.3 PH 4.7 / NHS 1.2
NHS Health Checks		
Obesity and physical activity		
Supporting healthy lifestyles	• Diet • Excess weight in adults • Mortality from cardiovascular diseases • Utilisation of green space for exercise / health reasons	PH 2.11 PH2.12 PH 4.4 / NHS 1.1 PH 1.16
Local weight management care pathways		
Alcohol and drugs		
Education and awareness	• Alcohol-related admission to hospital • Mortality from liver disease	PH 2.18 PH 4.6 / NHS 1.3
Wrap around services		
Increase number in and completing treatment		
Review drug treatment services for young people		
Increase range of interventions for stimulant and crack cocaine users		
Reduce risk from blood borne viruses		
Housing		
Helping young people into employment	• Under 25s unemployment	
Home insulation	• Fuel poverty • Excess winter deaths	PH1.17 PH 4.15
Homelessness prevention	• People with mental illness and/or disability in settled accommodation	PH 1.6
	• Homelessness acceptances	PH 1.15i

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	• Households in temporary accommodation	PH 1.15ii
Homeless healthcare	• People with mental illness and/or disability in settled accommodation	PH 1.6
Improved support for dementia in local settings	• Effectiveness of post-diagnosis care in sustaining independence and improving quality of life	ASC 2F / NHS 2.6i
Reduce risk of falls	• Fall and fall injuries in over 65s	PH 2.24
Workplace Health		
Support to employers	• Number of working days lost due to sickness absence	PH 19ii
	• Rate of fit notes issued per quarter	PH 19iii
Helping vulnerable people into work	• Adults with LD in employment	ASC 1E
	• Adults in contact with secondary mental health services in paid employment	ASC 1H
Reduce stigma of mental health in the workplace	• Adults in contact with secondary mental health services in paid employment	ASC 1H
Mental Health		
	• Adopt a public health approach in the development of strategies which promote mental wellbeing for the whole population including activities which reduce health inequalities and which promote good mental health across the city	
	• Ensure early access to "talking therapies" and services which help people retain and return to employment	
	• Develop and implement a suicide prevention strategy across the city	

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Theme 2 – Best start in life

Why this is important

Good outcomes in the early years, childhood and adolescence are a strong predictor of the health and wellbeing experiences of individuals throughout their life course. Most children and young people receive the love, care and opportunities they need from their families supported by local community services. However, too many children and young people have needs beyond the ability, capacity and sometimes willingness of their families and/or community-based services to overcome. At these times more specialist services are needed.

Help can take many forms but usually involves elements of challenge as well as support. Its purpose is always to enhance the skills, resources, capacity and positive resilience of individuals, families and communities so that children and young people get the best possible start in life.

Over the last 10–15 years there has been significant, well-conducted scientific research into the type of support that is most effective in improving outcomes and addressing inequalities. Evidence from these studies has led to a number of policy developments including:

- The initiation of the Sure Start Children's Centre programme
- The Family Nurse Partnership
- The health visiting "Call to Action" initiative
- The project to deliver free early education and child care places to vulnerable two year olds
- The development of evidence based parenting programmes
- The "Pupil Premium" (additional funding given to schools so they can support disadvantaged pupils)
- School-to-school partnerships
- Sex and relationship curricula
- On-site school and college sexual health 'drop in' clinics
- The emphasis on whole family approaches including the Families Matter ("Troubled Families") initiative

In addition, a number of significant recent reports, including those produced by Frank Field MP (child and young people's health) and Professor Eileen Munro (safeguarding of children and young people), have reinforced the continuing needs to:

- Shift resources from crisis intervention to prevention
- Improve co-ordination between practitioners, services and agencies in all sectors
- Develop effective and consistent processes for identifying emergent needs and providing early help

The Children and Families Bill 2013 sets out in Part 3 the new system for ensuring that the needs of children and young people aged 0 to 25 with special educational needs and disabilities are identified in a timely way through a multi-agency integrated assessment. The current special educational needs statements will be replaced by

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Education, Health and Care Plans and that will be a statutory responsibility for the local authority and CCG to jointly commission services to assess and meet the needs of children and young people with SEND.

Existing plans

The Southampton Children and Young People's Trust (CYPT) Board brings together all key statutory and non-statutory partners from across the city. These include: Southampton City Council, NHS Southampton, schools, colleges, Jobcentre Plus, Hampshire Constabulary, Southampton Council of Faiths and the city's Voluntary Sector to ensure the coordinated delivery of positive outcomes for children and young people. The CYPT Board has developed and works to a set of outcome measures for covering pre-birth, the early years, childhood and adolescence. These measures align closely with national outcomes frameworks or their equivalent for the NHS, Social Care, Public Health and Education, and are organised according to three strategic priorities:

1. To promote health and wellbeing
2. To promote learning, achieving and aspiring for all
3. To keep children safe from harm, abuse and neglect

Key information from the Joint Strategic Needs Assessment

- The child population (0-18 years) in Southampton is 51,284, 16,156 of whom are under 5, 28,965 of school age 5-16 and 6,163 aged 17-18. The pre-school population has seen a particular increase in recent years owing to the rising birth rate – a 36% increase in births over the last 8 years
- There are 12,575 children living in poverty in the city which is 27.5% of Southampton's child population compared to 21.3% in England (in some wards of the city, this figure is as high as 42%)
- 14.1% of school children do not have English as their first language
- There are approximately 460 children living in the care of the local authority at any one time
- 42% of 5 year olds in Southampton have decayed, missing or filled teeth compared to 38% for England. (Based on 2006 dental survey)
- The number of mothers smoking in pregnancy has reduced but the overall figure of 19.4% is still high. (Southampton postcode, UHSFT provider, 2011/12)
- Almost 23% of children in reception classes are overweight and 34% in year 6 classes. 9% of children are classified as obese in reception classes and 18.9% in year 6. (2011/12 figures)
- Southampton's under 18 conception rate was 49.2 per 1000 females aged 15-17 years in 2010 compared to an England rate of 35.4 and 42.5 for the city's ONS comparators
- Southampton's alcohol specific related hospital admissions crude rate was 111.8 per 100,000 under 18s, this is significantly higher compared to the England rate of 61.8
- Whilst breastfeeding initiation rates have consistently remained at around 75% over the past 4 years, maintenance of breastfeeding at 6-8 weeks remains an on going challenge at currently 47.2%

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What we will do

The Children and Young People's Trust (CYPT) has developed a local outcomes framework. This sets out its strategic priorities and actions to deliver key outcomes for the city's children and young people. These are outlined below.

Giving every child the best start in life

- Develop and deliver early learning for 2 year olds who are disadvantaged
- Develop an integrated early years service incorporating children's centre provision, family and parenting support services and the Healthy Child Programme
- Develop health visiting and maternity services to achieve optimum health outcomes in the early years and tackle inequalities
- Continue to develop high class education provision, raise attainment faster than comparator cities and improve school attendance rates where they are low

Intervening early when problems occur

- Develop an integrated assessment process for all types of needs which identifies them early and facilitates a holistic multiagency approach to providing good quality education, health and care services
- Shift the focus of provision and resources towards prevention, ensuring that the workforce at all levels and across all agencies is equipped with the skills and knowledge to identify needs and intervene early in situations of risk
- Develop and maintain a stable, skilled, high calibre and experienced safeguarding workforce which is well managed and supported

Supporting children, young people and their families with additional needs

- Increase personalisation and choice through implementation of a core offer and personal budgets, building on the learning from the Government-sponsored SEN and Disability Pathfinder
- Narrow the gap in attainments and outcomes for children with SEN and disabilities, increasing their aspirations, skills and qualifications
- Improve outcomes for children looked-after by the Council (corporate parent) building on the findings from the Integrated Ofsted/CQC inspection
- Develop holistic approaches to support and challenge for the most vulnerable families in the city through the Families Matter programme

Supporting young people to become healthy, responsible adults

- Develop Raising Participation Age support for schools and colleges
- Redesign substance misuse treatment services for young people to improve uptake and compliance with treatment
- Continue to improve sexual health and reduce teenage conceptions through delivery of the Children and Young People's Trust reducing teenage pregnancy strategy
- Make sure young people leaving care are well supported to achieve their aspirations and become independent, self-reliant citizens

The prime role of the Health and Wellbeing Board in relation to ensuring the best start in life will be to support the Children and Young People's Trust in fulfilling the plans outlined in its 'strategic priorities and actions' outcomes framework. The

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Board's support will include:

- Oversight of the development and implementation of an integrated commissioning approach for all key partners, particularly the local authority and NHS Southampton. This approach will help ensure the aligning of the work of all partnerships and networks, including that of the Children and Young People's Trust, based on the national outcomes frameworks
- Strengthening and promoting the links between agencies and services so that improved outcomes for children and young people can be enabled and delivered by the Trust even more effectively
- Identification of ways to mobilise the city's business sector, community groups and their representatives to help build community capacity and resilience so that the health and wellbeing needs of children, young people and families are met
- Champion the work of the Trust to continue to raise learning standards generally, and particularly to broaden learning opportunities for 14-19 year olds through apprenticeships, diplomas, GCSEs and 'A' Levels so that Southampton outcomes catch up and surpass levels elsewhere

How we measure the impact of the actions set out in this section

The table below shows the measures which will be used to track progress on the priorities set out in this section. Where measures are local, 2013/14 targets are included. For other local measures baseline information against which targets can be set will be reviewed.

Priority	Measure	Outcomes Framework Reference / Local Measure
Promoting Health and Wellbeing		
	• Low birth weight	PH 2.1
	• Breastfeeding rates at 6-12 weeks	PH 2.2
	• Mothers smoking in pregnancy	PH 2.3
	• Percentage of children immunised by their second birthday for DTaP/IPV/Hib	Local measure CSLCPI16. 2013/14 target 95%
	• Children in poverty	PH 1.1
	• Healthy weight at Year R and Year 6	PH 2.6
	• Tooth decay in children aged 5	PH 4.2
	• Chlamydia diagnosis rates	PH 3.2
	• Smoking prevalence – 15 year olds	PH 2.9

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	• Teenage pregnancy rates	PH 2.4
	• Alcohol related admissions (under 18 year olds	PH 2.18
	• Numbers of young people in treatment for substance misuse	Local Indicator - review and establish baseline and target.
	• Numbers of children and young adults treatment for mental health	Local Indicator - review and establish baseline and target.
Promote learning, achieving and aspiring for all		
	• Foundation Stage (age 5) Foundation Stage Progress: good attainment (Readiness for school	CSLCPI4. 2013/14 target 77%
	• Key Stage 1 (age 7) Level 2+ attainment in Reading	CSLCPI6. 2013/14 target 94%
	• Key Stage 1 (age 7) Level 2+ attainment in Writing	CSLCPI7. 2013/14 target 91%
	• Key Stage 1 (age 7) Level 2+ attainment in Maths	CSLCPI8. 2013/14 target 95%
	• Key Stage 2 (age 11) Level 4+ attainment in English and Maths (combined)	CSLCPI10. 2013/14 target 87%
	• Key Stage 4 (age 16) 5+GCSEs or equivalents at A*-C (including English and Maths)	CSLCPI11. 2013/14 target 68%
	• EBacc attainment	Local measure – review and establish baseline and targets
	• Percentage of parents getting their 1st preference in school place (all phases)	CSLCPI14. 2013/14 target 85%
	• The attainment gap for vulnerable Southampton children and young people (FSM, SEN, CLA, EAL) from Early Years Foundation Stage to Key Stage 4	CSLCPI12. 2013/14 target 14/16
	• Percentage of total absence from school	CSLCPI5. 2013/14 target 5.9%
	• Exclusion from school (fixed term and permanent)	Local measure – review and establish baseline and targets
	• Percentage of young	Local measure –

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	people NEET	review and establish baseline and targets
	• Children's Centres sustained contact with families in greatest need	Local measure – review and establish baseline and targets
	• Children's Centres – families in greatest need accessing evidence based parenting programmes.	Local measure – review and establish baseline and targets
	• Early Years - percentage of 3 and 4 year olds accessing early years provision	Local measure – review and establish baseline and targets
	• Level 3 attainment at age 19	Local measure – review and establish baseline and targets
Keeping children safe from harm, abuse and neglect		
	• Percentage of Social Care Initial Assessments carried out within 10 days	CSLCPI3. 2013/14 target 95%
	• The timeliness of initial child protection work for vulnerable children	CSLCPI1. 2013/14 target 90%
	• Percentage of Children Looked After with a permanence plan in place	CSLCPI2. 2013/14 target 95%
	• Care leavers in suitable accommodation	Local measure – review and establish baseline and targets
	• Numbers of 'Families Matter' families supported by local agencies and numbers supported in turnaround (rewarded)	Local measure – review and establish baseline and targets
	• Adoption (rate and timescales)	Local measure – review and establish baseline and targets
	• Social care quality assurance audit outcomes • accommodation	Local measure – review and establish baseline and targets
	• Rate of Child Protection Plans against comparators	Local measure – review and establish baseline and targets
	• Rate of Children in Need against comparators	Local measure – review and establish baseline and targets
	• Rate of Children Looked After against comparators	Local measure – review and establish baseline and targets

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	• Hospital admissions caused by unintentional and deliberate injury	Local measure – review and establish baseline and targets
	• First time entrants to the youth justice system	CSLCPI113. 2013/14 target 900 (number per 100,000)
	• Young offenders in suitable accommodation	Local measure – review and establish baseline and targets

Theme 3 – Living and Ageing Well

Why this is important

Southampton is following the national trend in that life expectancy continues to increase. It is important that people not only live longer but retain their health and independence for as long as possible. The two are linked. The evidence is that people who retain more control over their lives and remain as independent as they can be stay healthier for longer.

More people are living longer with long-term conditions. A long-term condition is defined as something that cannot be cured at present, but can be controlled by medication and/or other therapies. The scope of the term has increased. Traditionally it included conditions such as chronic lung conditions and heart failure. However, it now includes cancer (because improvements in treatment mean many patients with cancer can survive for some years), chronic mental illness, and some conditions which have been ill-defined by medical science such as chronic fatigue syndrome.

People tend to develop long-term conditions as they become older, and frequently feature more than a single disease process. This means that models of care developed around single diseases may be unsatisfactory, and social care and medical care must be more adaptable to match these challenges.

Key information from the Joint Strategic Needs Assessment

- The number of people over 85 in the City is forecast to grow from 5,200-6,000 between 2010 and 2017 – an increase of over 15%
- In Bassett, the wealthiest part of Southampton, a man can expect to live to 80.6 and women 84.0 years, while a few kilometres away in Bitterne, one of the cities poorer wards, life expectancy is 75.3 and 79.9 years for males and females. These differences in life expectancy of 5.3 and 4.1 years respectively for men and women are significant
- The numbers of people with long term conditions requiring health and social care solutions is increasing and set to grow. Now representing 30% of the population they utilise 70% of NHS and Social Care resources. For example one third of people over 65 years will die with a dual diagnosis of dementia and 25% of hospital beds are occupied by someone with dementia as part of the diagnosis
- There are 7 areas in the city where income deprivation affecting older people is in the worst 10% for England, these are mainly clustered in the central areas of the city with the exception of Weston
- It is estimated that in the winter of 2008/09, 113 people died in Southampton because of cold weather. In the UK, frail, elderly women are the most vulnerable group
- In 2010/11 2,500 people had been identified as suffering from dementia. Of those, 2/3 live in the community, and 1/3 live in care homes
- The number of hip replacements performed increased by 31.9% over 5 years from 2004/05 to 2008/09, while in the same period the number of knee

replacements performed increased by 16.3%
- 202 people per 1,000 aged 65 or over received adult social care services, compared with an England average of 123.5 per 1,000
- During 2010/11 adult social care services undertook the following activities:
  - 9,222 people received community care
  - 837 people were supported into permanent residential care
  - 410 people were supported into nursing care
  - 3,659 new people were assessed
  - 2,047 new people received services

What we will do

Tackling poverty
- Make the most of existing services (voluntary, public and private sector) that offer free or discounted access to leisure, learning, transport and care
- Support the development and use of information advice assistance to help people to maximise their income, ensure winter warmth and improve their quality of life

Prevention and earlier intervention
- Offer an annual health check to carers and promote support networks for carers across the City
- Review tele-care and tele-health services in the City, re-shape and re-launch these so that local people are more aware of the ways in which they can use technology to retain their independence
- Extend re-ablement services so that people can help to regain their confidence and skills after an illness or mental health breakdown
- Promote healthy, active lifestyles through a dedicated team of Activity Coordinators

Being 'person' centred and not 'disease' centred
- Increasing the number of people who can say how best to spend the money allocated for their health and care, either through direct payments or personal health/care budgets
- Joining up health and social care services so that the number of assessments is reduced and a person's experience of moving between professionals is much smoother and less fragmented
- Developing a shared understanding of how best to support people to retain their independence and make changes to practice which improve the achievement of this objective
- Promotion of a focus on recovery rather than simply procedures for admission avoidance and/or hospital discharge when people need any form of secondary care

Care of long-term conditions, including cancer and dementia
- Work with GPs to more accurately achieve earlier diagnosis of those most at risk of experiencing dementia
- More support for people with dementia to remain in their own homes for as long as it is safe for them to do so
- The development of extra-care services for people with long term conditions

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and those with dementia

- Launching a new approach to provision of aids and adaptations which encourage better access and information for individuals able to fund themselves and improves response times to those requiring equipment to maintain their independence
- Raising awareness amongst all care and health staff about appropriate responses for people with dementia, mental capacity issues including deprivation of liberty guidelines and protocols
- Work with the Clinical Commissioning Group and providers of social care to raise the standard of medicines management across the health and care system
- To improve health outcomes of those living with cancer action will be taken to improve understanding amongst the public about the signs and symptoms of cancer and encourage early checks with their GP

Improve the response to learning disabilities

- Work with the Clinical Commissioning Group to ensure the implementation across GP practices of annual health and dental checks for people with learning disabilities
- Better coordinate and promote services which support people with learning disabilities and their carers across the City
- Encourage partners within the Health and Wellbeing Board to lead by example and produce plans for improving employment of people with learning difficulties
- Involve the Learning Disability Partnership Board which includes people with learning disabilities in the City in shaping all improvements

End of life care

- Increase public awareness and discussion around death and dying
- Map current provision to ensure that appropriate national care pathways are incorporated and audited in hospitals and the community
- Extend palliative care to other diseases besides cancer and ensure access to physical, psychological, social and spiritual care
- Establish an end of life care register accessible to all appropriate service providers (e.g. Out of Hours Service)
- Have timely bereavement counselling available

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How we measure the impact of the actions set out in this section

The table below shows the outcome framework measures which will be used to track progress on the priorities set out in this section

Priority	Measure	Outcomes Framework Reference / Local Measure
Tackling Poverty		
Use of and access to services	To be developed	Local measure
Advice to maximise	To be developed	Local measure

income, warmth and quality of life		
Prevention and earlier intervention		
Carer's health check	• Carers who received health checks • Carer reported quality of life	Local measure ASC 1D
Tele-care and tele-heath	• Control over daily life	ASC 1B
Re-ablement services	• At home 91 days after hospital discharge	ASC 2B
Promoting healthy lifestyles	• Excess weight in adults • Physically active adults • Recorded diabetes • Alcohol-related hospital admissions	PH 2.12 PH 2.13 PH 2.17 PH 2.18
Person-centred approach	• Control over daily life	ASC 1B
Direct payments or personal health/care budgets	• Self-directed support • Self directed support at end of period • Direct payments	ASC 1C(i) Local ASC 1C(ii)
Reducing number of separate assessments and improving patient experience across systems	• Overall satisfaction with care	ASC 3A
Retaining independence	• Permanent admissions to residential and nursing homes	ASC 2A
Focus on recovery	• At home 91 days after hospital discharge • Delayed discharges	ASC 2B ASC 2C
Dementia, Cancer and Long-term Conditions		
Early diagnosis of dementia	• Diagnosis rate	PH 4.16
	• Prescription rates for anti-dementia drugs	
	• Prescription rates of anti-psychotic drugs to patients with dementia	
Support for dementia	• Sustaining independence and improving quality of life	ASC 2F/ NHS 2.6(ii)
Staff awareness about dementia	To be developed	Local measure
Developing extra care services	• At home 91 days after hospital discharge	ASC 2B
Provision of equipment	• At home 91 days after hospital discharge • Control over daily life	ASC 2B ASC 1B
Improving medicine	• Prescribing rates for	NHS 4.4 (i)

management	• anti-dementia drugs • Prescribing rates for antipsychotic drugs in dementia • Medication reviews for patients	
Cancer – screening and treatment	• Under 75 mortality rate from cancer	NHS 1.4 (i) and (ii) / PH 4.5
Improving the response to Learning Disabilities		
Annual health checks for people with learning disabilities	• Client satisfaction • Take up of learning disability health check	ASC 3A
Co-ordination and promotion of services	• Adults with LD living in own home or with family	ASC 1G
Improving employment	• Proportion of adults with LD in employment	ASC 1E
LDPB involved in shaping improvements	• Client satisfaction	ASC 3A
End of life care		
Awareness and discussions around death and dying	• Bereaved carers view of quality of care in last 3 months of life • Numbers of patients on appropriate recognised care pathways	NHS 4.6 Local measure
Use of appropriate national care pathways		
Extension of palliative care to other conditions		
End of life care register		
Availability of bereavement counselling		

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Section 3 – Conclusion

This strategy sets out an ambition to deliver real improvements to health and wellbeing and a reduction in health inequalities at a time of great challenge for both local government and the NHS. Whilst some of the challenges identified in the JSNA will respond to shorter term actions, others will take a generation or more to change. The health and wellbeing board will need to maintain a focus across the varying timeframes relating to different actions set out in this strategy. National circumstances are affecting the health and wellbeing of individuals in a variety of ways, and demand for services and support are likely to rise in the short term. If the board can secure the delivery of the preventative actions set out in this strategy, then there should be scope to reduce demand for some of the high cost treatments and support over a period of time. This should enable more people to live healthier, more active and more fulfilling lives, and provide a greater proportion of resources to support the most vulnerable and needy people living in Southampton.

Both the Council and the CCG are committed to joint commissioning where appropriate as a means of improving the quality of services to users and make commissioning and services more efficient.

The Health and Wellbeing Board will recommend the strategy to the Southampton City Council Cabinet and Southampton City Clinical Commissioning Group and it will be adopted by both organisations. Action plans will be developed to support the delivery of the outcomes, and the Health and Wellbeing Board will review the outcome measures at least annually.

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Southampton Shadow Health and Wellbeing Board Members

Councillor Jacqui Rayment (Chair) Cabinet Member for Communities		**Dr Steve Townsend (Vice-Chair)** Southampton City CCG Chair	
Councillor Sarah Bogle Cabinet Member for Children's Services		**Councillor Matthew Stevens** Cabinet Member for Adult Services	
Councillor Peter Baillie Conservative Group Member		**Councillor Maureen Turner** Liberal Democrat Group Member	
Harry Dymond Chair, Southampton LINk		**Dr Stuart Ward** National Commissioning Board Representative	
Dr Andrew Mortimore Director of Public Health		**Margaret Geary** Director of Health and Adult Social Care	
Clive Webster Director of Children's Services			

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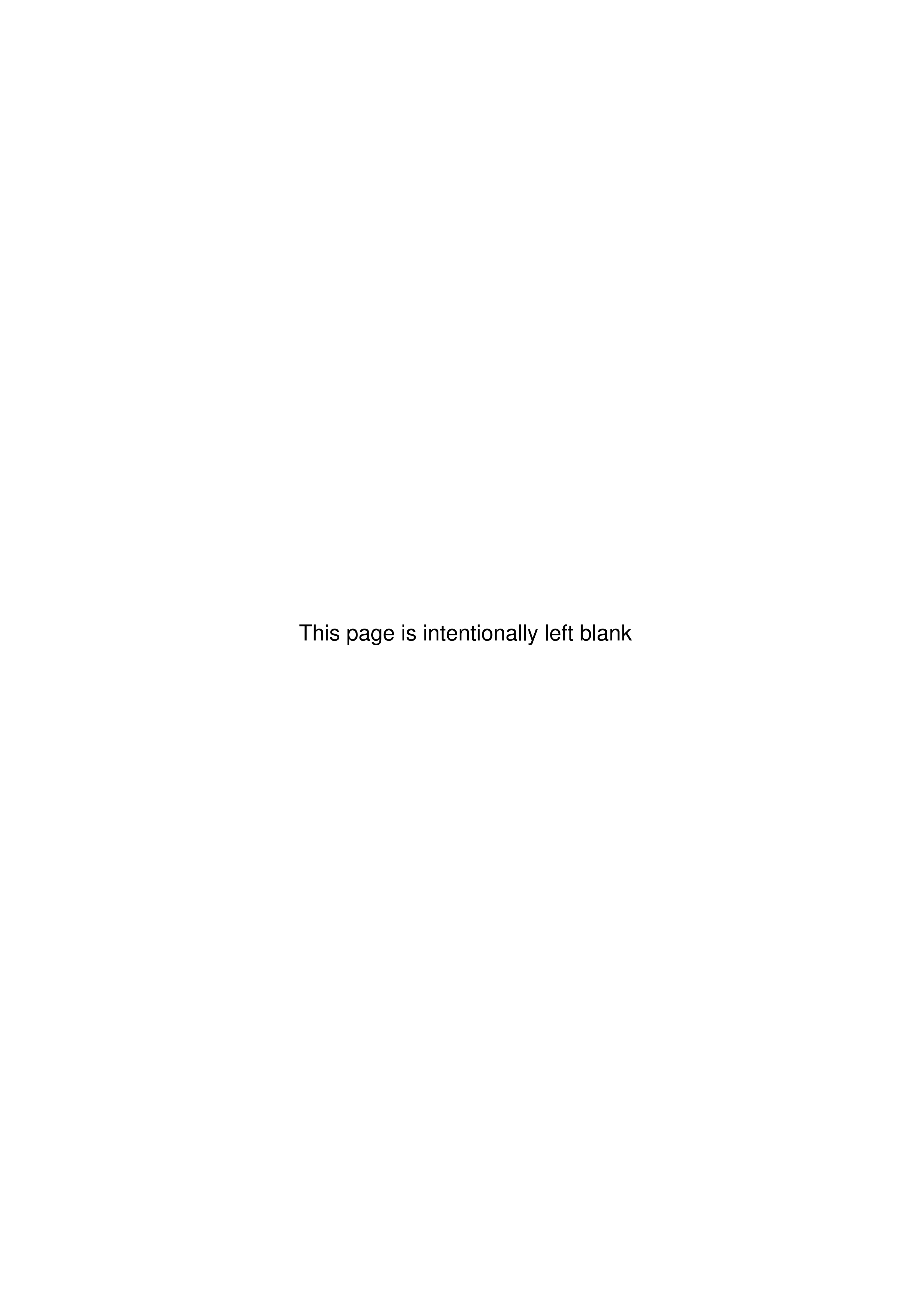
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DECISION-MAKER:		HEALTH AND WELLBEING BOARD		
SUBJECT:		PROPOSALS FOR USE OF FUNDING TRANSFER FROM NHS TO SOCIAL CARE IN 2013/14		
DATE OF DECISION:		WEDNESDAY 27TH MARCH 2013		
REPORT OF:		CHAIR, SOUTHAMPTON CITY CLINICAL COMMISSIONING GROUP AND DIRECTOR ADULT HEALTH AND SOCIAL CARE		
CONTACT DETAILS				
AUTHOR:	**Name:**	**Stephanie Ramsey**	**Tel:**	**023 80296941**
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Director	**Name:**	**John Richards, Chief Officer Southampton City CCG** **Margaret Geary, Director Adult Health and social care, SCC**	**Tel:**	**02380295637** **02380832548**
	E-mail:	**John.Richards@scpct.nhs.uk** **Margaret.Geary@southampton.gov.uk**		
STATEMENT OF CONFIDENTIALITY				
None				

BRIEF SUMMARY

- Since 2010/11 the Department of Health has allocated funding to Primary Care Trusts to transfer to local authorities to support health and social care joint working. This has been a time limited investment to act as a catalyst for change to increase sustainability in the system and improve the quality of patient outcomes. This is in addition to the funding for reablement services.
- From 2013/14, the funding transfer to local authorities will be carried out by the NHS Commissioning Board. The funding must be used to support adult social care services in each local authority, which also has a health benefit. The amount for Southampton is £3,970,677.
- The guidance states that the NHS Commissioning Board must make it a condition of the transfer that the local authority and health partners agree how the funding is best used within social care and the outcomes expected from this investment. It is proposed that this should be done via the Health and Wellbeing board.
- Proposals for the criteria and priorities for the use of the 2013/14 spend have been developed by SCC Adult Health and Social Care and the Clinical Commissioning group. The Health and Wellbeing Board is asked to consider these.

RECOMMENDATIONS:

(i) That the Health and Wellbeing Board ensure that the proposed use of the funding transfer from NHS to Social care (NHS Transfer) outlined below is based on priorities within the Joint Strategic Needs Assessment and existing commissioning plans for both health and social care;

(ii) That the Health and Wellbeing Board approve the criteria outlined in 5.1 used to decide priorities for 2013/14 spend;

(iii) That the Board approve the proposed priorities outlined in 5.2 after ensuring that they achieve the funding requirements as outlined in 3.1;

(iv) Recommend to NHS Commissioning Board Wessex Local Area Team (LAT) that the Health and Wellbeing Board is assured that the proposed priority areas will support adult social care services and also have a health benefit.

(v) That the final detailed list of investments should be approved and monitored by the Southampton Integrated Commissioning Board.

REASONS FOR REPORT RECOMMENDATIONS

1. The proposed use of the NHS Transfer monies is based on priorities identified in the Joint health and Wellbeing Strategy to meet key social care and health priorities within the City.

2. The Local Area Team (LAT) of the NHS Commissioning Board will make the payment of the funding. The LAT needs assurance that the local authority and health partners have agreed how the funding should be used to support adult social care services which also have a health benefit.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. None. The details of the transfer funding proposals need to be referred to the Health and Wellbeing Board.

DETAIL (Including consultation carried out)

1. **Requirements for the use of 2013/14 funding**

3.1 The funding must :

- support adult social care services in each local authority, which also has a health benefit.

- meet priorities identified within the Joint Strategic Needs Assessment and existing commissioning plans for both health and social care

- demonstrate how the funding transfer will make a positive difference to social care services, and outcomes for service users, compared to

service plans in the absence of the funding transfer.

The NHS Commissioning Board (The Board) can use the funding transfer to support existing services or transformation programmes, where such services or programmes are of benefit to the wider health and care system, provide good outcomes for service users, and would be reduced due to budget pressures in local authorities without this investment. The Board may also use the funding transfer to support new services or transformation programmes, again where joint benefit with the health system and positive outcomes for service users have been identified.

The *Caring for our future* White Paper also set out that the transfer of funding can be used to cover the small revenue costs to local authorities of the White Paper commitments in 2013/14 (excluding the Guaranteed Income Payments disregard, which is being funded through a grant from the Department of Health).

2. Outcomes of 2010/11 – 2012/13 NHS Transfer

3.2 The aim of the 2010/11 – 2012/13 NHS Transfer funding was to pilot models to inform longer term planning and investment as well as supporting work to improve the efficiency of current systems and processes that would then be self-sustaining.

The main focus of the initiatives supported were:

- System transformation to support admission avoidance and maximise independence through investment in re-ablement services, to help people regain their independence and reduce the need for ongoing care.

- Increased prevention and education, especially to residential /nursing homes

- Increase pace of roll out of personalisation and direct payments – including market management and peer support development

- Improve efficiency and effectiveness through increased capacity of social workers/care managers in Hospital discharge team ,community hospitals and complex case teams to facilitate discharge and prevent avoidable readmissions

- Carers support and respite

3.3 Outcomes achieved with the investment have included :

- Social care packages that are the right size to support individuals to be as independent as possible
- Improved use of re-ablement and equipment services to support appropriate discharge and admission avoidance
- Increase in numbers accessing telecare/telehealth
- Reduction in number of individuals who require additional care as a result of a fall
- Widening of peer and community/voluntary sector support availability
- Increased number of carers assessed & supported.
- Increase in percentage of people who reduce their alcohol consumption to recommended levels

3.4 Learning from the use of the past funding has been used to inform proposals for 2013/14 spend. Criteria and proposals have been developed by Adult Health and Social Care, Southampton City Council, Public Health and Clinical Commissioning Group.

There have been issues with the spend for 2010- 2013 that need to be avoided for the future investment. These have included delay in the commencement of projects due to recruitment difficulties.

3. **Proposals for use of 2013/14 NHS transfer**

3.5 The criteria identified to identify the 2013/14 spend are that the initiatives must:

- Support achievement of a priority within the Joint Health and Wellbeing Strategy: Theme 1 – Building resilience and prevention to achieve better health and wellbeing and Theme 3 – Ageing and Living Well
- Support reablement and prevention
- Support appropriate discharge and recovery
- Reduce demand on residential placements

- Support implementation of personalised approaches
- Build on initiatives already shown to be effective
- Improve, or maintain, Joint NHS and SCC outcomes

3.6 The proposed priorities are:

Priority	Outcomes
Continuation of schemes with contractual agreements in place	
Peer support – to develop focus on self management and reduce incidence of relapse	Decreased risk of relapse Decreased symptoms Increased self esteem Reduced stigma Increased control over their future Increased community involvement Improved quality of life Increased social support and networks Increased independence Feeling safe in the community
Increasing access to psychological therapies	Increase in people feeling supported to manage their condition Improving functional ability in people with long term conditions - employment of people with long terms conditions Reducing time spent in hospital by people with long term conditions - unplanned hospitalisation for chronic ambulatory care sensitive conditions Enhance quality of life for carers - health related quality of life for carers Increased quality of life, ability to self care, compliance with treatment and satisfaction with services received Decreased service utilisation, resulting in potential cost saving
Alcohol prevention and early treatment	Tier 1 and Tier 2 - Individual outcomes (via accredited monitoring tool outcome we or star) Tier 1 and Tier 2 - Service outcomes (via accredited monitoring tool outcome we or

	star) Increase in number of screening and BI undertaken, based on agreed penetration, and year on year improved rate across drinking population Achievement of standard of 1 in 8 people reducing alcohol consumption as a result of BI Increase in % of people who reduce their alcohol consumption to recommended levels Improved efficiency , reduction in DNA, increased volume at Tier 1 Service take-up reflects population profile of Southampton and demonstrates equality of access (including age, gender, ethnicity, city ward, GP practice)
Initiatives to support increase uptake and use of direct payments	Increase in direct payments
Newly identified schemes that meet the criteria	
Reablement – specific initiatives to support speedier implementation including medicines management Increase access to equipment, including further development of telecare and telehealth and specialist advisory service to Joint Equipment store to ensure effective use of equipment	Increase widely held professional awareness of the use of telecare Reduction in care packages due to use of telecare/telehealth Reduce delayed transfer of care from hospital, attributable to equipment shortage/availability Increase proportion of people who were offered telecare/telehealth services following discharge Increased number of clients enabled to stay in their place of choice Reduction in admissions to residential and nursing care homes Increased proportion of community to bed based funded packages of care Reduce emergency readmissions within 30 days of discharge
Prevention/raising quality in residential and nursing homes	Appropriately skilled workforce across commissioned sector Improved quality standards across commissioned sector Evidence of more personalised care within care homes

	More choice being exercised by residents Improved activity programmes within residential homes Fewer medication related incidents Reduce avoidable and/or inappropriate ambulance conveyances. Reduce avoidable and/or inappropriate A&E activity Reduce avoidable and/or inappropriate acute admissions
Support to carers and focus on self-management	Reduced loneliness and isolation Improving health and wellbeing Improving education skills Increasing community spirit
Improving hospital discharge	Implementation of 7 day discharge service from acute hospital (unsure if this has been achieved) Increased proportion of older people who were offered rehabilitation services following discharge from acute or community hospital Increased proportion of older people 65+ who were still at home 91 days after discharge from hospital into reablement/rehabilitation services Reduce delayed transfer of care from hospital Reduce emergency readmissions within 30 days of discharge
Development of extra care services for those with dementia and complex health needs	Improved levels of independence Admission avoidance improved Reduced isolation Reduction in emergency admissions for acute conditions that should not usually require hospital admissions
Schemes to support maintaining eligibility criteria (funding to support existing adult social care services)	

3.7 Process to agree and monitor investments

If the Health and Wellbeing board are in agreement with the priorities identified then agreement will be sought from the NHS Commissioning board and detailed funding split and outcome measures will be developed

The agreed list of investment would be approved and monitored by the

Southampton Integrated Commissioning Board.

The investments will not be solely within SCC Adult Health and Social care services. Where appropriate proposals will be sought from other providers.

RESOURCE IMPLICATIONS

Capital/Revenue

4. There is some minimal carry forward of underspend from 2012/1 3 in addition to the £3,970,677.

Property/Other

5. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

6. Payments will be made via an agreement under Section 256 of the 2006 NHS Act.

7. **Other Legal Implications:**

   None.

POLICY FRAMEWORK IMPLICATIONS

9. The Operating Framework for the NHS in England specifies the requirement for this funding to support adult social care.

10. Requirements for 2013/14 have been outlined in a letter from the Director General, Social care, Local government and care partnerships Gateway reference 18568

KEY DECISION Yes

WARDS/COMMUNITIES AFFECTED:	All

SUPPORTING DOCUMENTATION

Appendices

1.	None.

Documents In Members' Rooms

1.	None.

Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	Yes

Other Background Documents

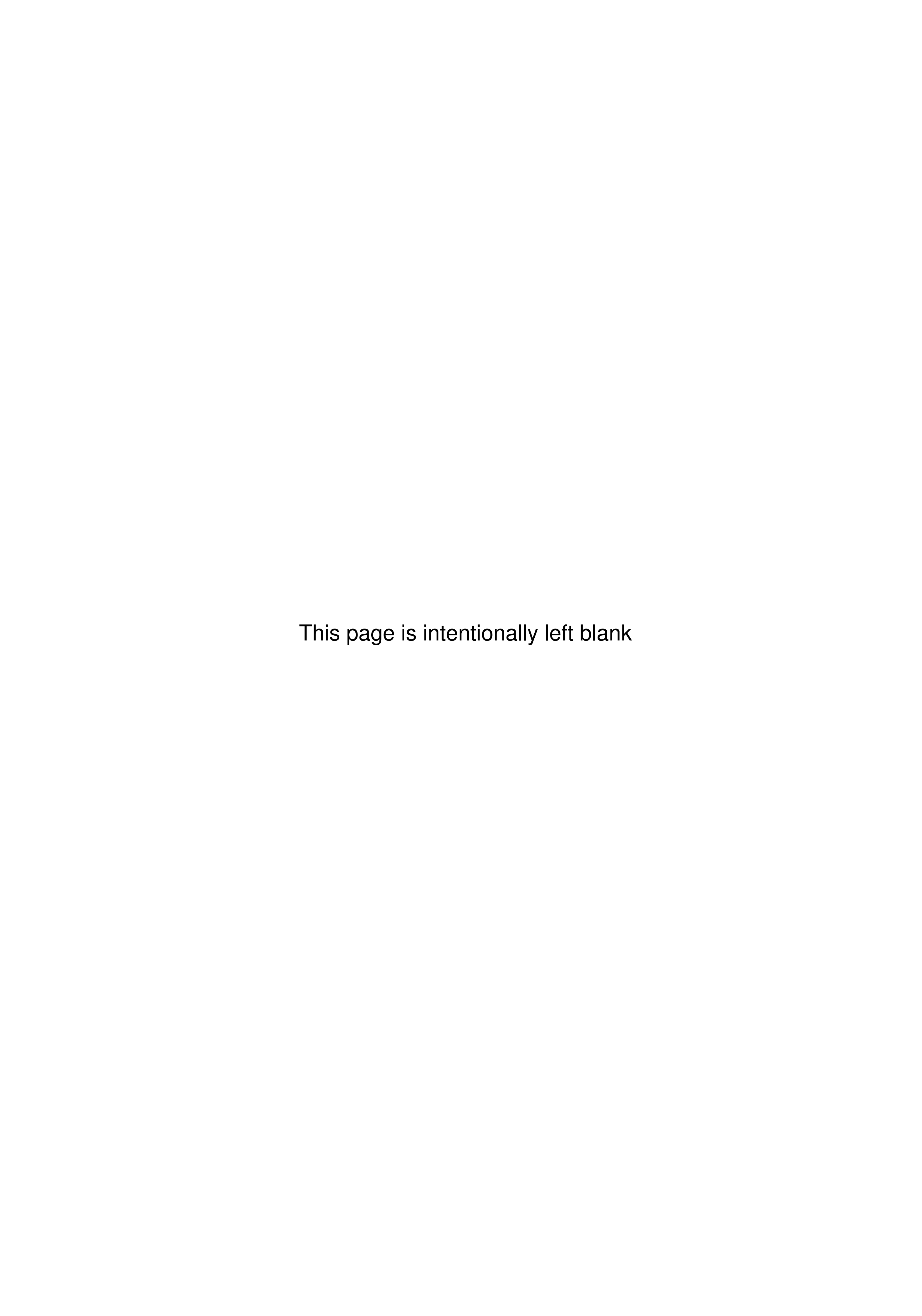
Equality Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule

None	12A allowing document to be Exempt/Confidential (if applicable)

Report Tracking

VERSION NUMBER:	2
DATE LAST AMENDED:	19.3.13
AMENDED BY:	Claire Heather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DECISION-MAKER:		HEALTH AND WELLBEING BOARD		
SUBJECT:		PROPOSALS FOR LOCAL MEASURES OF QUALITY PREMIUM 2013/14		
DATE OF DECISION:		WEDNESDAY 27TH MARCH 2013		
REPORT OF:		CHAIR, SOUTHAMPTON CITY CLINICAL COMMISSIONING GROUP		
CONTACT DETAILS				
AUTHOR:	**Name:**	**Stephanie Ramsey**	**Tel:**	**023 80296941**
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Director	**Name:**	**Stephanie Ramsey**	**Tel:**	**02380296941**
	E-mail:	**Stephanie.ramsey@scpct.nhs.uk**		
STATEMENT OF CONFIDENTIALITY				
None				

BRIEF SUMMARY

The NHS Commissioning Board (NHS CB) will reward clinical commissioning groups (CCGs) for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities through the use of a "quality premium". The quality premium will be based on the achievement of four national measures, based on measures in the NHS Outcomes Framework and three local measures, based on local priorities identified in the Joint Health and Wellbeing Strategy.

The local priorities will be agreed between the Clinical Commissioning group (CCG) and the area team of the NHS Commissioning Board (NHS CB) after consideration with Health and Wellbeing boards and key stakeholders.

The proposed measures are:

- Further increasing early access to psychological therapy/services
- Improving care for individuals with diabetes
- Increasing effectiveness of referrals

RECOMMENDATIONS:

(i) That the proposed measures for the Quality Premium 2013/14 set out in this report be approved;

(ii) The Health and Wellbeing Board are asked to ensure that the identified local measures for the Quality premium support priorities identified within the Health and Wellbeing Strategy.

REASONS FOR REPORT RECOMMENDATIONS

1. The procedures for the Quality Premium require referral to the Health and Wellbeing Board, and the three proposed local measures link to 2 of the themes in the Joint Health and Wellbeing Strategy: Theme 1, Building

resilience and prevention to achieve better health and wellbeing and Theme 3, Ageing and living well.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. None.

DETAIL (Including consultation carried out)

3. The aim of the 2013/14 quality premium is intended to::

   - promote improvements against the main objectives of the NHS Outcomes Framework
   - promote reductions in health inequalities
   - further promote local priority-setting by having three measures that reflect joint health and wellbeing strategies
   - underline the importance of maintaining patients' rights and pledges under the NHS Constitution

4. The quality premium will be payable to CCGs in 2014/15 to reflect services commissioned in 2013/14. It will be based on 4 national measures and 3 local measures

5. The national measures, based on measures in the NHS Outcomes Framework, will be:

   - Reducing potential years of lives lost through amenable mortality
   - Reducing avoidable emergency admissions: a composite measure drawn from four measures:
     - unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)
     - unplanned hospitalisation for asthma, diabetes and epilepsy in children
     - emergency admissions for acute conditions that should not usually require hospital admission (adults)
     - emergency admissions for children with lower respiratory tract infection
   - Ensuring roll-out of the Friends and Family Test and improving patient experience of hospital services
   - Preventing healthcare associated infections (C diff and MRSA).

6. The local measures proposed are:
   - Increasing early access to psychological therapy/services
   - Improving care for individuals with diabetes
   - Increasing effectiveness of referrals

The table below details the proposals and sets out an explanation of the rationale.

Measures and targets	Health and wellbeing strategy outcome	Rationale
Increase the percentage of patients with diabetes who have a record of micro-albuminuria testing in the previous 15 months from 80% to 92%	Theme 3	There are a number of key performance measures that provide an indication of the standard care being provided for individuals with diabetes. These include measures of ensure blood glucose levels remain within safe limits and others to identify problems at an early stage. Kidney disease is more common in people with diabetes. Annual review checks should be carried out to look at how well the kidneys are working. This is one of the aspects of good diabetes care that is not consistently achieved for all patients. Improved outcomes for patients with diabetes is a key priority for the CCG. There are a number of national comparators that indicate the need for improvement .. This focus on improved kidney function assessment would be an element of other work within Primary Care to improve outcomes for patients with diabetes
Meet the national Increasing Access to Psychological Therapies (IAPT) target of 15% by April 2014 (Currently at 11%)	Theme 1	The national target is to achieve 15% take-up by April 2015. Given the prevalence of mental health conditions in the local population it is appropriate to try and achieve this target early.. Improving the mental health of the whole community is a key element of the Joint Health and Wellbeing Strategy. The IAPT programme also has a focus on helping people to retain and regain work which is also featured strongly in local strategies. Improving the mental health of some groups will also help deliver improved outcomes in other areas including older people and people with long term conditions’

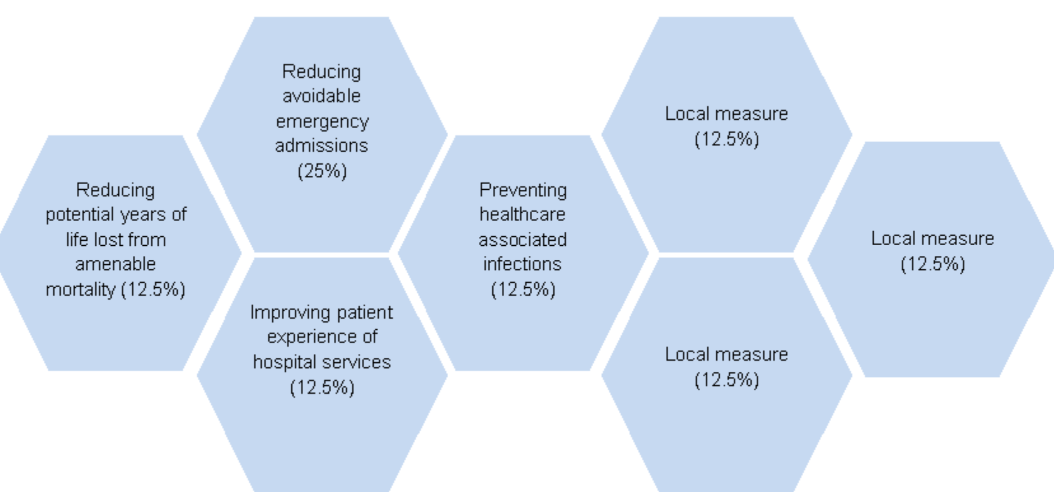
Increase in uptake and accuracy of referrals through increased utilisation of Choose and Book to 50% from 30%	Theme 3	Improves quality by : <u>Improving effectiveness through:</u> - Using electronic (“paperless”) communication, in line with the national target that the NHS is paperless by 2015 - Increasing referring clinicians’ awareness of available services though the Directory of Services - Offering the possibility of signposting and guidance <u>Improving patient experience through :</u> - Choice of time - Choice of place -Increasingly, choice of provider, as outcome data becomes available <u>Improving patient safety</u> - Reducing the risk of referrals not being made because the letter hasn’t been written - Ability to track referrals easily

7. The criteria used by the clinicians within the CCG to develop the proposals included:
    - Contribution to Health and Wellbeing Board priorities
    - Identifying areas where outcomes are poor compared to other CCGs and where improvement will contribute to reducing health inequalities.
    - Contribution to CCG priorities
    - The ease and effectiveness of implementation to ensure in-year outcomes

8. The proposed outcomes have been discussed by range of stakeholders including CCG member practices to assess clinical appropriateness and effectiveness of impact.

9. For each of the local and national measures that the CCG achieves it will be eligible for a percentage of the overall funding made available. However the

CCG will have its quality premium reduced if the providers from whom it commissions do not meet certain of the NHS Constitution requirements related to access .The payments percentages are:



RESOURCE IMPLICATIONS

Capital/Revenue

10. The CCG has identified the resources to support the implementation required to achieve the identified measures.

NHS CB will reserve the right not to make any payment where there is a serious quality failure during 2013/14. It will be a pre-qualifying criterion for any payment that a CCG manages within its total resources envelope for 2013/14 and does not exceed the agreed level of surplus drawdown.

The total payment for a CCG (based on its performance against the four national measures and three national measures) will be reduced if its providers do not meet the NHS Constitution rights or pledges for patients in relation to (a) maximum 18-week waits from referral to treatment, (b) maximum four-hour waits
in A&E departments, (c) maximum 62-day waits from urgent GP referral to first definitive treatment for cancer, and (d) maximum 8-minute responses for Category A red1 ambulance calls.

The total financial envelope for the quality premium is still awaited. This will be on top of a CCG's main financial allocation for 2014/15 and on top of its running costs allowance. The regulations will set out the purposes for which CCGs will be able to spend their payments.

Property/Other

11 None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

12 National Health Service Act 2006 (as amended by the Health and Social care Act 2012) delegates power to the NHS Commissioning Board to make payments to CCG's to reflect the quality of services that they commission, the associated health outcomes and reductions in inequalities

Other Legal Implications:

13 None.

POLICY FRAMEWORK IMPLICATIONS

14 Based on NHS Outcomes Framework.

KEY DECISION No

WARDS/COMMUNITIES AFFECTED:	All

SUPPORTING DOCUMENTATION

Appendices

1.	None.

Documents In Members' Rooms

1.	None.

Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	No

Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at:

	Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None.	

Report Tracking

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AMENDED BY:	Claire Heather