

Public Document Pack

Cabinet

Tuesday, 20th September, 2016
at 4.30 pm

PLEASE NOTE TIME OF MEETING

Council Chamber - Civic Centre

This meeting is open to the public

Members

Councillor Simon Letts, Leader of the Council
Councillor Mark Chaloner, Cabinet Member for Finance
Councillor Satvir Kaur, Cabinet Member for Communities,
Culture and Leisure
Councillor Jacqui Rayment, Cabinet Member for
Environment and Transport
Councillor Dave Shields, Cabinet Member for Health and
Sustainable Living
Councillor Warwick Payne, Cabinet Member for Housing
and Adult Care
Councillor Christopher Hammond, Cabinet Member for
Transformation Projects
Councillor Paul Lewzey, Cabinet Member for Children's
Social Care
Councillor Dr Darren Paffey, Cabinet Member for
Education and Skills

(QUORUM – 3)

Contacts

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BACKGROUND AND RELEVANT INFORMATION

The Role of the Executive

The Cabinet and individual Cabinet Members make executive decisions relating to services provided by the Council, except for those matters which are reserved for decision by the full Council and planning and licensing matters which are dealt with by specialist regulatory panels.

The Forward Plan

The Forward Plan is published on a monthly basis and provides details of all the key executive decisions to be made in the four month period following its publication. The Forward Plan is available on request or on the Southampton City Council website, www.southampton.gov.uk

Implementation of Decisions

Any Executive Decision may be “called-in” as part of the Council’s Overview and Scrutiny function for review and scrutiny. The relevant Overview and Scrutiny Panel may ask the Executive to reconsider a decision, but does not have the power to change the decision themselves.

Mobile Telephones – Please switch your mobile telephones to silent whilst in the meeting.

Use of Social Media

The Council supports the video or audio recording of meetings open to the public, for either live or subsequent broadcast. However, if, in the Chair’s opinion, a person filming or recording a meeting or taking photographs is interrupting proceedings or causing a disturbance, under the Council’s Standing Orders the person can be ordered to stop their activity, or to leave the meeting.

By entering the meeting room you are consenting to being recorded and to the use of those images and recordings for broadcasting and or/training purposes. The meeting may be recorded by the press or members of the public. Any person or organisation filming, recording or broadcasting any meeting of the Council is responsible for any claims or other liability resulting from them doing so. Details of the Council’s Guidance on the recording of meetings is available on the Council’s website.

Southampton City Council’s Priorities:

- Jobs for local people
- Prevention and early intervention
- Protecting vulnerable people
- Affordable housing
- Services for all
- City pride
- A sustainable Council

Executive Functions

The specific functions for which the Cabinet and individual Cabinet Members are responsible are contained in Part 3 of the Council’s Constitution. Copies of the Constitution are available on request or from the City Council website, www.southampton.gov.uk

Key Decisions

A Key Decision is an Executive Decision that is likely to have a significant:

- financial impact (£500,000 or more)
- impact on two or more wards
- impact on an identifiable community

Procedure / Public Representations

At the discretion of the Chair, members of the public may address the meeting on any report included on the agenda in which they have a relevant interest. Any member of the public wishing to address the meeting should advise the Democratic Support Officer (DSO) whose contact details are on the front sheet of the agenda.

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.

Smoking policy – The Council operates a no-smoking policy in all civic buildings.

Access – Access is available for disabled people. Please contact the Cabinet Administrator who will help to make any necessary arrangements.

Municipal Year Dates (Tuesdays)

2016	2017
21 June	17 January
19 July	14 February (Budget)
16 August	21 February
20 September	21 March
18 October	18 April
15 November	
20 December	

CONDUCT OF MEETING

TERMS OF REFERENCE

The terms of reference of the Cabinet, and its Executive Members, are set out in Part 3 of the Council's Constitution.

RULES OF PROCEDURE

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

DISCLOSURE OF INTERESTS

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

DISCLOSABLE PECUNIARY 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 of 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 an, '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.

BUSINESS TO BE DISCUSSED

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

QUORUM

The minimum number of appointed Members required to be in attendance to hold the meeting is 3.

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

1 APOLOGIES

To receive any apologies.

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.

EXECUTIVE BUSINESS

3 STATEMENT FROM THE LEADER

4 RECORD OF THE PREVIOUS DECISION MAKING (Pages 1 - 2)

Record of the decision making held on 16 August 2016, attached.

5 MATTERS REFERRED BY THE COUNCIL OR BY THE OVERVIEW AND SCRUTINY MANAGEMENT COMMITTEE FOR RECONSIDERATION (IF ANY)

There are no matters referred for reconsideration.

6 REPORTS FROM OVERVIEW AND SCRUTINY COMMITTEES (IF ANY)

There are no items for consideration

7 EXECUTIVE APPOINTMENTS

To deal with any executive appointments, as required.

ITEMS FOR DECISION BY CABINET

8 SOUTHAMPTON CITY COUNCIL STRATEGY 2016-2020 □ (Pages 3 - 12)

Report of the Leader of the Council seeking approval of the updated Southampton City Council Strategy 2016-2020, attached.

9 SOUTHAMPTON CITY COUNCIL WORKFORCE STRATEGY 2016 □ (Pages 13 - 26)

Report of the Leader of the Council seeking approval of the Southampton City Council Workforce Strategy 2016, attached.

10 MAKING SOUTHAMPTON DEMENTIA FRIENDLY - EXECUTIVE RESPONSE □
(Pages 27 - 84)

Report of the Cabinet Member for Health and Sustainable Living detailing the Executive's formal response to the recommendations from the "Making Southampton Dementia Friendly" Scrutiny Inquiry in accordance with the Overview and Scrutiny Procedure Rules in Part 4 of the Council's Constitution, attached.

11 ADULT SOCIAL CARE AND SUPPORT PLANNING POLICY □ (Pages 85 - 136)

Report of the Cabinet member for Housing and Adult Care seeking approval for the Adult Social Care and Support Planning Policy, attached.

12 HRA CAPITAL PROGRAMME APPROVAL - SUPPORTED HOUSING 2-STOREY WALKWAY REPAIRS □ (Pages 137 - 140)

Report of the Cabinet Member for Housing and Adult Care seeking approval for the movement of funds within the Capital Programme to enable the structural support works to Supported Housing 2-storey walk-up blocks across the City to be fully completed, attached.

Monday, 12 September 2016

Service Director, Legal and Governance

SOUTHAMPTON CITY COUNCIL
EXECUTIVE DECISION MAKING

RECORD OF THE DECISION MAKING HELD ON 16 AUGUST 2016

Present:

Councillor Letts	-	Leader of the Council
Councillor Chaloner	-	Cabinet Member for Finance
Councillor Kaur	-	Cabinet Member for Communities, Culture and Leisure
Councillor Rayment	-	Cabinet Member for Environment and Transport
Councillor Shields	-	Cabinet Member for Health and Sustainable Living
Councillor Payne	-	Cabinet Member for Housing and Adult Care
Councillor Hammond	-	Cabinet Member for Transformation Projects
Councillor Lewzey	-	Cabinet Member for Children's Social Care
Councillor Dr Paffey	-	Cabinet Member for Education and Skills

10. CORPORATE REVENUE FINANCIAL MONITORING FOR THE PERIOD TO THE END OF 30TH JUNE 2016

On consideration of the report of the Cabinet Member for Finance, Cabinet agreed the following:

General Fund

- i) Note the current General Fund revenue position for 2016/17 as at Qtr. 1, which is a forecast over spend at year end of £5.13M against the working budget, as outlined in paragraph 4.
- ii) Note that the forecast over spend for portfolios is £8.70M as outlined in paragraph 5.
- iii) Note the actions and assumptions being put in place to address the overspend position as described in paragraph 7 and Appendix 2.
- iv) Note the performance to date with regard to the delivery of the agreed savings proposals approved for 2016/17 as detailed in Appendix 3.
- v) Note the performance against the financial health indicators detailed in Appendix 4.
- vi) Note the performance outlined in the Quarterly Treasury Management Report attached as Appendix 5.
- vii) Note the performance outlined in the Quarterly Collection Fund Statement attached as Appendix 7.

Housing Revenue Account

- viii) Note the current HRA budget monitoring position for 2016/17, as at Qtr. 1. There is a forecast overspend at year end of £0.62M against the working budget as outlined in paragraphs 20 and 21 and in Appendix 6.

11. THE GENERAL FUND CAPITAL PROGRAMME 2016/17 TO 2020/21

DECISION MADE: (CAB 16/17 17554)

On consideration of the report of the Cabinet Member for Finance, Cabinet agreed the following:

- (i) To note the revised General Fund Capital Programme 2016/17 to 2020/21, which totals £145.42M (as detailed in paragraph 4) and the associated use of resources.
- (ii) To note that £0.28M has been added to the overall programme, with approval to spend, under delegated powers (£0.26M 2016/17 and £0.02M 2017/18). These additions are detailed in paragraph 6 and Appendix 2.
- (iii) To note that £0.63M has been removed from the overall programme, as detailed in paragraph 6 and Appendix 2.
- (iv) To note that £0.01M has been rephased from 2017/18 to 2016/17 within the Transport portfolio, as detailed in paragraph 11 and Appendix 3.
- (v) To note that the revised General Fund Capital Programme is based on prudent assumptions of future Government Grants to be received.
- (vi) To note the changes to the programme, as summarised in Appendix 2 and described in detail in Appendix 3.
- (vii) To note that the forecast position at Quarter 1 is £121.18M, resulting in a potential underspend of £24.24M, as detailed in paragraph 13 and Appendix 4.

12. CHANGES TO THE HOUSEHOLD WASTE RECYCLING CENTRE (HWRC)

DECISION MADE: (CAB 16/17 17424)

On consideration of the report of the Cabinet Member for Environment and Transport, Cabinet agreed the following:

- (i) To reduce opening hours at the HWRC by two hours per day in the winter and Monday – Friday in the summer and by one hour per day on Saturday and Sunday in the summer. To close the HWRC, one day per week on a Thursday each week. Revised opening times would be 11am – 6pm, Monday – Friday and 10am – 6pm, Saturday and Sunday in the Summer and 11am – 4pm in the Winter, starting from 1 January 2017;
- (ii) That authority be delegated to the Service Director – Transactions and Universal Service, following consultation with the Executive Member for Environment and Transport and the Service Director, Legal & Governance, to implement all of the necessary operational and contractual changes and other actions for the recommendations to take effect.

13. ESTATE REGENERATION IN MILLBROOK AND MAYBUSH

DECISION MADE: (CAB 16/17 17452)

On consideration of the report of the Leader of the Council, Cabinet agreed the following:

To approve, in accordance with Financial Procedure Rules, additional expenditure of £850,000 to carry out the necessary design development to submit a detailed planning application for a new build scheme and tender the works contract for Woodside Lodge and 536-550 Wimpson Lane. Provision for this exists within the Estate Regeneration & New Build section of the HRA Capital Programme.

Agenda Item 8

DECISION-MAKER:	CABINET COUNCIL			
SUBJECT:	SOUTHAMPTON CITY COUNCIL STRATEGY 2016-2020			
DATE OF DECISION:	20 SEPTEMBER 2016 21 SEPTEMBER 2016			
REPORT OF:	LEADER OF THE COUNCIL			
<u>CONTACT DETAILS</u>				
AUTHOR:	Name:	Felicity Ridgway: Policy Manager	Tel:	023 8083 3310
	E-mail:	felicity.ridgway@southampton.gov.uk		
Director	Name:	Emma Lewis: Service Director – Intelligence, Insight and Communications	Tel:	023 8091 7984
	E-mail:	emma.lewis@southampton.gov.uk		

STATEMENT OF CONFIDENTIALITY

NOT APPLICABLE

BRIEF SUMMARY

The draft Council Strategy (2016-2020) is a key strategic document, setting out what we want to achieve, what we will do, how we will work and how we will contribute to the City Strategy (2014-2025). It sets out our priorities for the next four years, the outcomes we expect to achieve by 2020 and the measures we will use to monitor our progress. It will influence all other council strategies and policies developed during this period, as well as the council's spending decisions; services will also use it to plan service delivery. It is part of the council's Policy Framework and must be approved by Council. The priority outcomes in the Council Strategy are:

- Southampton is a city with strong and sustainable economic growth
- Children and young people in Southampton get a good start in life
- People in Southampton live safe, healthy, independent lives
- Southampton is a modern, attractive city where people are proud to live and work

Once agreed, it will be published on the council's website and be available to staff, residents and stakeholders. It has been drafted as an easy to read, accessible document, which focuses on key priorities, rather the trying to describe all 'business as usual' activities.

It replaces the current Council Strategy 2014-17, which received positive feedback, and has been used to set the strategic direction for the council since its approval. The draft Council Strategy presented to Full Council for consideration and approval reflects the outcomes the Administration wants to achieve and has been refreshed in light of feedback from residents and the changing local and national context.

RECOMMENDATIONS:	
Cabinet	
(i)	To note any recommendations made by the Overview and Scrutiny Committee (OSMC), as reported verbally at the meeting and which, if approved by Council, will be reflected in the final version of the Council Strategy (2016-2020).
(ii)	To recommend the draft Council Strategy 2016-2020, attached as Appendix 1, to Council for approval.
Council	
(i)	To approve the draft Council Strategy 2016-2020, attached as Appendix 1.
(ii)	To delegate authority to the Chief Strategy Officer, following consultation with the Leader of the Council, to finalise the draft Council Strategy 2016-2020, including incorporating any changes made at the meeting, and to make any in-year changes and to refresh relevant sections of the Strategy in 2017, 2018 and 2019 so that it aligns with any new budgetary or policy developments which will impact on the council's activities.
REASONS FOR REPORT RECOMMENDATIONS	
1.	The Council Strategy is a key element in the Council Policy Framework, as it sets the direction of travel and priorities for the council for 2016-2020. It will influence all other council strategies and policies developed during this period, as well as council spending decisions. Whilst it sets the overarching strategic direction for the council, ongoing review and changes will be necessary over the three year period, in response to a number of factors. Delegated authority is therefore sought to review and make changes in the future.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	An option is not to publish a strategy: this is not recommended as it is important for the Council to provide a clear and accessible statement of intent to its staff, residents and stakeholders.
DETAIL (Including consultation carried out)	
3.	Background and Context The previous Council Strategy 2014-17 was approved by Full Council in July 2014, alongside the City Strategy 2014-2025. Progress against these has been monitored on a quarterly basis and reported to the Council's Management Team (CMT), Cabinet, and OSMC and published on the council's website.
4.	In developing the Council Strategy, we have considered feedback from residents, both from the Priorities Survey (2015), and the more recent City Survey 2016. It is reassuring to note that, despite the challenging financial climate, levels of satisfaction with the council and the city have been maintained at relatively the same levels since the publication of the last Council and City Strategies in 2014. The City Survey 2016 showed that: <ul style="list-style-type: none"> • 81% of our residents reported that they are satisfied with Southampton as a place to live (82% in 2014) • 55% were satisfied with the way Southampton City Council runs things (59% in 2014). • 43% were satisfied that Southampton City Council provides value for money (44% in 2014).
5.	The most recent Priorities Survey (2015) showed that the top priorities for

	<p>residents were:</p> <ul style="list-style-type: none"> • People in Southampton are safe and protected from harm • Children and young people get a good start in life • Southampton is a place with maintained roads and pavements, and accessible and affordable transport. • Southampton is a city with good levels of skills, education and employment. • Southampton is a city with strong, sustainable economic growth. <p>This feedback has been used to inform and develop the council's four new outcomes.</p>																				
6.	<p>Outcomes and priorities</p> <p>The new Council outcomes were confirmed in the Executive Business Report of the Leader of the Council at the Full Council meeting in July 2016. The outcomes are:</p> <ul style="list-style-type: none"> • Southampton is a city with strong, sustainable economic growth • Children and young people in Southampton get a good start in life • People in Southampton live safe, healthy, independent lives • Southampton is a modern, attractive city where people are proud to live and work 																				
7.	<p>A series of priorities have been identified as the key areas of focus that will enable the Council to achieve the agreed outcomes:</p> <table border="1" data-bbox="320 1055 1398 1973"> <tr> <td data-bbox="320 1055 608 1308" rowspan="4">Southampton is a city with strong and sustainable economic growth</td> <td data-bbox="608 1055 1398 1128">We will increase the number, and improve the mix of housing in the city</td> </tr> <tr> <td data-bbox="608 1128 1398 1196">We will create opportunities for local people to develop skills, to make the best of employment opportunities</td> </tr> <tr> <td data-bbox="608 1196 1398 1263">We will work with others to reduce the wage gap between residents and commuters into the city</td> </tr> <tr> <td data-bbox="608 1263 1398 1308">We will increase investment into the city</td> </tr> <tr> <td data-bbox="320 1308 608 1518" rowspan="4">Children and young people in Southampton get a good start in life</td> <td data-bbox="608 1308 1398 1375">We will improve early help services and support for children and families</td> </tr> <tr> <td data-bbox="608 1375 1398 1420">We will increase educational attainment</td> </tr> <tr> <td data-bbox="608 1420 1398 1487">We will reduce the numbers of children looked after by the council, and children in need</td> </tr> <tr> <td data-bbox="608 1487 1398 1518">We will protect vulnerable children and young people</td> </tr> <tr> <td data-bbox="320 1518 608 1765" rowspan="4">People in Southampton live safe, healthy, independent lives</td> <td data-bbox="608 1518 1398 1621">We will increase the proportion of social care service users receiving direct payments, so that service users have more choice and control</td> </tr> <tr> <td data-bbox="608 1621 1398 1666">We will improve housing quality and reduce fuel poverty</td> </tr> <tr> <td data-bbox="608 1666 1398 1711">We will improve air quality</td> </tr> <tr> <td data-bbox="608 1711 1398 1765">We will protect vulnerable adults and enable people to live independently</td> </tr> <tr> <td data-bbox="320 1765 608 1973" rowspan="4">Southampton is a modern, attractive city where people are proud to live and work</td> <td data-bbox="608 1765 1398 1800">We will keep our city clean</td> </tr> <tr> <td data-bbox="608 1800 1398 1845">We will ensure roads and pavements are maintained</td> </tr> <tr> <td data-bbox="608 1845 1398 1890">We will strengthen and develop community groups</td> </tr> <tr> <td data-bbox="608 1890 1398 1973">We will increase pride in our city by ensuring there is a vibrant and diverse cultural, entertainment and leisure offer</td> </tr> </table>	Southampton is a city with strong and sustainable economic growth	We will increase the number, and improve the mix of housing in the city	We will create opportunities for local people to develop skills, to make the best of employment opportunities	We will work with others to reduce the wage gap between residents and commuters into the city	We will increase investment into the city	Children and young people in Southampton get a good start in life	We will improve early help services and support for children and families	We will increase educational attainment	We will reduce the numbers of children looked after by the council, and children in need	We will protect vulnerable children and young people	People in Southampton live safe, healthy, independent lives	We will increase the proportion of social care service users receiving direct payments, so that service users have more choice and control	We will improve housing quality and reduce fuel poverty	We will improve air quality	We will protect vulnerable adults and enable people to live independently	Southampton is a modern, attractive city where people are proud to live and work	We will keep our city clean	We will ensure roads and pavements are maintained	We will strengthen and develop community groups	We will increase pride in our city by ensuring there is a vibrant and diverse cultural, entertainment and leisure offer
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8.	<p>A set of key success measures has been developed against the priorities, to enable monitoring and reporting of progress against the Strategy. The targets will be published on the council's website, after which quarterly monitoring reports will be provided to Cabinet and the Overview and Scrutiny</p>																				

	Management Committee, as well as on the website.
9.	The Council Strategy (2016-2020) supports and complements the Council's Executive Commitments, which set out the key activities that the Council have committed to deliver against each outcome. These are attached at Appendix 2.
10.	The Council Strategy (2016-2020) also sets out how we will work in order to deliver our services in a modern, efficient and sustainable way that meets the needs of our residents. This reflects the commitments made in the Customer Strategy, agreed by Cabinet in November 2015. These commitments are: <ul style="list-style-type: none"> • First time resolution – getting things right first time and delivering joined-up services with partners. • Easy as 1,2,3 – simple, efficient services designed around our customers' needs. • Assisted digital – digital services, with extra help for those who need it. • Empower customers, communities and employees - supporting customers and communities to become more self-reliant. • Informed by insight – involving our customers in the design, development and review of services. • Value for money – delivering cost effective services, ensuring that we can continue to keep customers at the heart of what we do.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
11.	There are no additional resource requirements arising from the approval of the strategy. The Council Strategy (2016-2020), once approved, will be used as a basis for the setting of the 2017/18 Budget.
<u>Property/Other</u>	
12.	None.
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
13.	The statutory powers for producing this strategy can be found in the Local Government & Housing Act 1989, Local Government Acts 1972, 1999 and 2000 and s1 Localism Act 2011.
14.	The Council has a statutory obligation to meet the best value Duty (s3 Local Government Act 1999, as amended by s137 of the Local Government & Public Involvement in Health Act 2007). The production of the Council Strategy demonstrates that the council has an integrated and planned approach to this requirement.
<u>Other Legal Implications:</u>	
15.	In preparing this Strategy the council has had regard to its duties under the Equalities Act 2010, the Human Rights Act 1998 and s.17 of the Crime and Disorder Act 1998.
POLICY FRAMEWORK IMPLICATIONS	
16.	The Council Strategy forms part of the council's Policy Framework, as set out in Article 4 of the Council's Constitution. The Executive is, for almost all functions, responsible for implementing the policies and spending the budget in accordance with the Policy Framework and budget. Each of the proposed actions in this strategy will be subject to the council's normal decision making

	processes, including detailed legal and financial assessments as necessary.
17.	In developing this Strategy, consideration has been given to known national policy and budgetary changes which will have a significant impact on the city. Progress over the next few years will be partially dependent on the availability of funding from external sources or the identification of new income sources. As it is not possible to guarantee the outcomes in some cases, the Council Strategy is subject to in year variation. It is therefore proposed to delegate authority to the Chief Strategy Officer, following consultation with the Leader of the Council, to finalise the Council Strategy 2016-2020, including incorporating any changes made at the meeting and to make any in year changes and to refresh relevant sections of the strategy in 2017, 2018 and 2019 so that it aligns with any new budgetary or policy developments which will impact on the council's activities.

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	All wards
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Southampton City Council Strategy 2016-2020
2.	The Executive's Commitments

Documents In Members' Rooms

1.	None
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Equality Impact Assessment

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

Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	No
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Other Background Documents

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)
n/a	
1. n/a	

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Southampton City Council Strategy 2016-2020

“Southampton – a city of opportunity where everyone thrives”

WHAT DO WE WANT TO ACHIEVE?

Outcome	Why is this important?
 <p>Southampton is a city with strong and sustainable economic growth</p>	<p>We want to build on Southampton's unique sea city location and excellent transport links and continue to grow the local economy, bringing investment into the city and increasing employment opportunities for local people</p>
 <p>Children and young people in Southampton get a good start in life</p>	<p>We want Southampton to be a city where parents, families, communities and services work together to make sure children and young people get a good start in life. Ensuring that children and young people get a good start in life is crucial to enabling them to go on to fulfil their potential and become successful adults who are engaged in their communities</p>
 <p>People in Southampton live safe, healthy, independent lives</p>	<p>We want Southampton to be a city that is recognised for its approach to preventing problems and intervening early. We want our residents to have the information and support they need to live safe, active, healthy lives and to be able to live independently for longer.</p>
 <p>Southampton is a modern, attractive city where people are proud to live and work</p>	<p>We want to build on Southampton's vibrant and diverse cultural offer to make our city a great place for businesses, visitors and residents. This means making sure that Southampton is green, attractive and easy to get about for our residents, visitors and investors.</p>


KEY FACTS AND FIGURES Southampton City Council's work touches on every aspect of city life

 <p>Southampton has a population of 247,569</p>	 <p>We maintain over 416 miles of highways, 49 parks and 1,140 hectares of open space</p>	 <p>We run 6 libraries and support 5 community libraries</p>	<p>We run</p>  <p>3 museums</p>	 <p>We provide 16,300 council houses</p>	 <p>We recycle, compost and reuse 27,000 tonnes of waste every year</p>
 <p>We dealt with 6,070 incidents of fly tipping last year</p>	 <p>We processed over 1,000 planning applications last year</p>	 <p>We provide long term support for 3,000+ adults</p>	 <p>We work with 75 schools in the city</p>	<p>We support 1,100+ children and young people with special educational needs or disabilities</p> 	 <p>15,000+ children under 5 use our city's children's centres</p>

THERE ARE TWO SIDES TO OUR CITY


Over the past five years we have significantly boosted economic growth in the city. Many organisations are investing here with great results, the population is growing, major developments are being built across the city, and...

Unemployment has been **cut in half**




Investors have committed **£1.6billion** to the city


We have delivered over **2,600** new homes, and agreed planning permission for an additional **4,133** dwellings





...however, demand for our services is increasing significantly, and we know that many city residents need our help.


The challenge we face


- 

The population of the city is growing – it is expected to grow by nearly 5% by 2022, to **259,615**, increasing demand on public services.
- 

The population of older people (65+) is growing more quickly than the rest of the population. **34,557** people aged 65+ live in the city, and this is expected to increase by 12% by 2022, to **38,711**.
- 

On average, people who commute into Southampton earn more than people who live and work in the city. In 2014, the average gross weekly pay for people living in the city was **£487.40** per week compared to **£547** when looking at everyone who works in the city, including those who commute in.
- 

Southampton has high numbers of children who are looked after by the council – nearly **double** the national average in 2015.
- 

Educational attainment is slightly below the national average, with only **50.6%** of pupils achieving 5 GCSEs grades A*-C including English and Maths compared to the England average of **53.8%**.
- 

There continues to be a high demand for affordable housing, with around **8,000** households on the Council's Housing Register.

The way that councils are funded is changing and as a result of continued reductions in central Government funding, we are moving towards greater self-sufficiency. We are changing the way we work to make sure that we deliver value for money, and deliver services in a way that meets the changing needs of our residents. We want to improve outcomes for our residents, whilst prioritising our resources so they are used where they are most needed. So, we are delivering more services online, working with communities to help them to do more for themselves, and exploring new and innovative ways of delivering services in the city.

WHAT DO OUR RESIDENTS SAY?

81% of our residents are satisfied with Southampton as a place to live

55% are satisfied with the way Southampton City Council runs things

43% think that Southampton City Council provides value for money

82% of residents are satisfied with bin collections and parks and green spaces in the city...

25% ...but only 25% are satisfied with road and pavement repairs in the city

68% feel that Southampton is a place where people from different backgrounds get on well together

39% feel that people in their area pull together to improve things

66% of residents feel a sense of belonging in their local area

40% of residents have done some volunteering over the last year

Southampton City Council: City Survey 2016

WHAT ARE WE GOING TO DO?

Outcome	Our priorities	How will we measure success?
 <p>Southampton is a city with strong and sustainable economic growth</p>	We will increase the number, and improve the mix of housing in the city	<ul style="list-style-type: none"> Number of affordable homes delivered
	We will create opportunities for local people to develop skills, to make the best of employment opportunities	<ul style="list-style-type: none"> Number of apprenticeship starts Number of additional supported jobs/ apprenticeships created for major developments
	We will work with others to reduce the wage gap between residents and commuters into the city	<ul style="list-style-type: none"> % gap between average earnings of people living in the city and people working in the city
	We will increase investment into the city	<ul style="list-style-type: none"> Number of businesses paying business rates
 <p>Children and young people in Southampton get a good start in life</p>	We will improve early help services and support for children and families	<ul style="list-style-type: none"> Number of early help assessments undertaken Number of families 'turned around' through the Families Matter phase 2 programme
	We will increase educational attainment	<ul style="list-style-type: none"> % pupils in Early Years Foundation phase achieving good level of development % pupils at Key Stage 2 attaining Level 4+ in reading, writing and maths % pupils attaining 5 or more 1-4 grades at GCSE, including English and Maths % 16-17 year olds in education and training
	We will reduce the numbers of children looked after by the council, and children in need	<ul style="list-style-type: none"> Number of Looked after Children Number of children with active social care involvement Average number of days between registration and approval for new prospective adopters
	We will protect vulnerable children and young people	<ul style="list-style-type: none"> % care leavers in contact and in suitable accommodation Number of hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years) Number of first time entrants into Youth Justice system (10-17 year olds)
 <p>People in Southampton live safe, healthy, independent lives</p>	We will increase the proportion of social care service users receiving direct payments, so that service users have more choice and control	<ul style="list-style-type: none"> % of people using social care who receive direct payments
	We will improve housing quality and reduce fuel poverty	<ul style="list-style-type: none"> % of local council housing stock that is decent Number of households in receipt of ECO measures
	We will improve air quality	<ul style="list-style-type: none"> Recorded levels of nitrogen dioxide in the city's Air Quality Management Areas (ug/m3)
	We will protect vulnerable adults and enable people to live independently	<ul style="list-style-type: none"> Number of 'extra care' homes built to provide housing for people with support needs Number of Adult Social Care clients using care technology
 <p>Southampton is a modern, attractive city where people are proud to live and work</p>	We will keep our city clean	<ul style="list-style-type: none"> Number of customer requests for street cleaning and fly tipping clearances
	We will ensure roads and pavements are maintained	<ul style="list-style-type: none"> % of unclassified roads requiring urgent structural maintenance % of A roads requiring urgent structural maintenance
	We will strengthen and develop community groups	<ul style="list-style-type: none"> Amount of additional funding investment achieved by voluntary and community organisations we support
	We will increase pride in our city by ensuring there is a vibrant and diverse cultural, entertainment and leisure offer	<ul style="list-style-type: none"> Number of family friendly events each year in Southampton

HOW WILL WE WORK?

We want to put our residents and customers at the heart of everything we do

The way our residents access services has changed a lot over the last few years, and will continue to do so. Now many people want to access online because it is quicker and more convenient. It is also much more cost effective, meaning we can use the money saved in other areas.

We are improving our digital services so that our residents can access information, and apply or pay for services more quickly and easily online.



First time resolution – getting things right first time and delivering joined-up services with partners.



Empower customers, communities and employees – supporting customers and communities to become more self-reliant.



Easy as 1,2,3 – simple, efficient services designed around our customers' needs.



Informed by insight – involving our customers in the design, development and review of services.







Assisted digital – digital services, with extra help for those who need it.



Value for money – delivering cost effective services, ensuring that we can continue to keep customers at the heart of what we do.

Your council's commitments to you



Outcomes	We will:	Status
 <p>Southampton is a city with strong and sustainable economic growth</p>	Work with partners to build one affordable home in our city every day	<input type="checkbox"/>
	Develop council owned but empty buildings around the central station for affordable homes	<input type="checkbox"/>
	Change planning rules so that new HMOs will be refused permission if 10% of houses in the area are already HMOs	<input type="checkbox"/>
	Support the growth of small businesses by providing low cost flexible start-up units in the city centre	<input type="checkbox"/>
	Work with other councils to deliver a devolution deal for our area	<input type="checkbox"/>
	Set up a Business Improvement District in the city centre to generate extra resources to be spent on new services and events	<input type="checkbox"/>
	Guarantee free parking at district centres and continue to freeze or reduce parking charges in the city centre	<input type="checkbox"/>
 <p>Children and young people in Southampton get a good start in life</p>	Keep all Sure Start centres open and work with the NHS to provide more services from them	<input type="checkbox"/>
	Build three state of the art play areas at Southampton Common, Mayfield Park and the Veracity Ground	<input type="checkbox"/>
	Continue to invest in Southampton schools, encouraging co-operation between them and promoting their achievements	<input type="checkbox"/>
	Keep all library buildings open and operating as libraries	<input type="checkbox"/>
	Set up a council run letting agency as a 'fair deal' competitor to commercial lettings agencies	<input type="checkbox"/>
 <p>People in Southampton live safe, healthy, independent lives</p>	Increase the number of older and vulnerable residents in receipt of a direct payment so they can choose the care they receive	<input type="checkbox"/>
	Invest in council homes to improve insulation and fit new heating systems, saving tenants significant sums of money	<input type="checkbox"/>
	Make Southampton a clean air city by getting old polluting lorries and buses off our roads	<input type="checkbox"/>
	Build more housing with care so that older people can live independent lives in a supported environment	<input type="checkbox"/>
	Use participatory budgeting principles to allocate money from our public health budget on local priorities	<input type="checkbox"/>
	Support credit unions and advice services in our city	<input type="checkbox"/>
	Launch a cross city 'Trust the Council' one stop shop for household services like boiler servicing, gardening, cleaning and maintenance	<input type="checkbox"/>
	Confirm our three year rule on local people getting access to Council housing	<input type="checkbox"/>
	Work with the local business community to build and run a state of the art set of public toilets in the city centre	<input type="checkbox"/>
 <p>Southampton is a modern, attractive city where people are proud to live and work</p>	Continue with the policy of doubling the spend on road re-surfacing	<input type="checkbox"/>
	Continue to work with 'friends of' groups for our parks and the Common to invest in and improve on	<input type="checkbox"/>
	Work with local campaigners to protect local community buildings from redevelopment by listing them as community assets	<input type="checkbox"/>
	Deliver family friendly events on no less than 25 weekends a year to bring city residents and visitors together	<input type="checkbox"/>
	Guarantee Christmas lights in our city	<input type="checkbox"/>
	Continue to invest in the city's heritage and cultural life	<input type="checkbox"/>
	Build a brand new public service hub in Bitterne precinct to include Health, Police, library and leisure services	<input type="checkbox"/>

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DECISION-MAKER:		CABINET	
		COUNCIL	
SUBJECT:		SOUTHAMPTON CITY COUNCIL WORKFORCE STRATEGY 2016	
DATE OF DECISION:		20 SEPTEMBER 2016	
		21 SEPTEMBER 2016	
REPORT OF:		LEADER OF THE COUNCIL	
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Janet King	Tel: 023 8083 2378
	E-mail:	Janet.king@southampton.gov.uk	
DIRECTOR	Name:	Suki Sitaram	Tel: 023 8083 2060
	E-mail:	Suki.sitaram@southampton.gov.uk	
STATEMENT OF CONFIDENTIALITY			
None			
BRIEF SUMMARY			
<p>To approve the proposed Workforce Strategy and Action Plan to deliver the Council's vision:</p> <p><i>To be an employer of choice, for the Council to be recognised as a 'Great Place to Work' where employees have pride in their work, the Council and the city.</i></p> <p>This will be delivered through:</p> <ul style="list-style-type: none"> • A skilled, agile, flexible and engaged workforce of high performing, professional teams guided in their work by our core behaviours and delivering the right services effectively and efficiently for a sustainable Council • The Council recognising, developing and rewarding talent, proactively promoting learning and growth across all areas. 			
RECOMMENDATIONS:			
CABINET			
	(i)	To recommend to Council to approve the proposed Workforce Strategy and draft Action Plan (attached at Appendix 1).	
	(ii)	To recommend Council delegate authority to the Chief Strategy Officer, following consultation with the Leader, Chief Executive, Chief Operating Officer and the HR Strategy Managers to finalise the Strategy and Action Plans and take necessary action for implementation. This will include the Children and Adult Social Care Workforce Development Plan, following consultation with the relevant Cabinet Members and Service Directors.	
COUNCIL			
	(i)	To approve the proposed Workforce Strategy and draft Action Plan (attached at Appendix 1).	
	(ii)	To delegate authority to the Chief Strategy Officer, following consultation with the Leader, Chief Executive, Chief Operating	

	Officer and the HR Strategy Managers to finalise the Strategy and Action Plans and take necessary action for implementation. This will include the Children and Adult Social Care Workforce Development Plan, following consultation with the relevant Cabinet Members and Service Directors.
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REASONS FOR REPORT RECOMMENDATIONS


1.	Staff are the Council's greatest and most valuable resource to deliver successful transformation and be a sustainable organisation. It is through people that we realise our ambitions as a Council and a city. We need have a clear, strategic approach so that we can understand and respond to internal and external context as it changes and <u>before</u> it changes. It will help us to make the right decisions and prioritise actions and resources going forward. It will also enable the Council to maximise its people resources when developing and delivering its approach to outcomes based budgeting and planning.
2.	The Council does not have a Workforce Strategy covering the whole organisation. This Strategy provides an overview of what is required for the Council to develop its current and future workforce reflecting the agreed operating model and the transformation programme. It will enable us to have a workforce with the right skills, competencies and behaviours to deliver services and manage the businesses of the future and take the necessary actions.


ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3.	The option of waiting till the current changes in the organisation are implemented was considered and rejected. This is because the Council needs to agree a strategic framework within which it can move forward to develop the right workforce for the new operating model. The option to not produce a Workforce Strategy is not recommended due to the need for a clear framework for our staff and other stakeholders.
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DETAIL (Including consultation carried out)

4.	<p>The Council is one of the largest employers in the city and is a key player in the city's growth and prosperity. We are recognised for our work on skills and employment and want to build on this to become a really good employer. The aim is for the Workforce Strategy to be outward facing so that the Council can be a good role model as an employer. Going forward our ambition is to work with our partners to develop a workforce strategy for the city because:</p> <ul style="list-style-type: none"> • We face the same sorts of skills shortages and recruitment difficulties and in some cases, the competencies we are having to let go are the ones private sector employers in the city need • Organisational and functional boundaries and responsibilities are changing with more integration, shared services and different service delivery models • People are increasingly weaving their careers paths across public, voluntary and private sectors. <p>We all want to create the conditions for encouraging, developing and employing local people with the right skills and competencies.</p>
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5.	<p>This Workforce Strategy will cover the period 2016 - 2021 to deliver the priorities set in the Council Strategy and to align with the other key strategies – the Customer Strategy and that Medium Term Financial Strategy (MTFS). This Strategy will enable the Council to respond to short and medium term issues relating to organisational development and human resources in a rapidly changing world, national legislation and local demands. This Strategy and the integral workstreams aim to close the gap between our aspirations and our capacity to deliver by having clear priorities, policies and strong leadership throughout the organisation. The Strategy takes account of challenges in relation to overall Council budget and will be used to guide resource allocation decisions, drive positive change and deliver a return on investment.</p>
6.	<p>The Workforce Strategy will be a Level 1 strategy in the Council's Strategy and Policy Framework, and sets out the high level vision, priorities and key outcomes for developing the Council's workforce. It will enable the Council to develop and nurture a motivated and effective workforce and will be a key contributor to supporting staff to achieve the Council's priorities, as set out in the revised Council Strategy (elsewhere on this agenda):</p> <ul style="list-style-type: none"> • Children and young people get a good start in life • Strong and sustainable economic growth • People in Southampton live safe, healthy, independent lives • Southampton is an attractive, modern city where people are proud to live and work.
7.	<p>The main outcomes delivered by the Workforce Strategy will be:</p> <ul style="list-style-type: none"> • A robust foundation which enables decision making, planning and delivery to based on evidence - we will know understand and project workforce needs, issues and demands and plan accordingly • Southampton City Council will be an employer of choice • Southampton City Council perceived as a great place to work. <p>The Workforce Strategy is part of the triumvirate of strategies that enable us to develop the right kind of organisation to deliver the outcomes for our residents detailed in the Council Strategy:</p> <div style="text-align: center;">  </div>
8.	<p>The most significant changes that affect the Council's approach to developing and maintaining an effective and motivated workforce include:</p> <ul style="list-style-type: none"> • Different service delivery models • Different ways of working • Use of new technology

	<ul style="list-style-type: none"> • Flexible use of resources and multi skilling • Integration with others <p>Challenges for managers include delivering the right outcomes within ever reducing resources, managing workloads with decreased resources, managing customer expectations and responding to changing customer behaviours, managing shared services across different organisational cultures, becoming more commercial, recruiting the right skills, experiences and competencies, demographic changes and their impact on service delivery, unprecedented levels of service change.</p>																								
9.	<p>Consultation to date includes a focused staff survey and preliminary discussion with trade union colleagues. The Action Plan will be fully informed through a series of staff workshops as the individual themes are developed and implemented. Overall 356 members of staff took part in the quick survey which asked staff to rank in order of importance a range of actions within each theme. There was also scope to make comments and suggestions about how the workforce strategy could improve working at Southampton City Council. Staff were also asked to make a suggestion for the single thing that would most improve working at Southampton City Council and these suggestions have been categorised in the chart below. The main suggestions could be broken into the following themes:</p> <ul style="list-style-type: none"> • Support staff and skill them • Communication and engagement • Concern over losing staff • Listening to comments and acting on them <p><u>The one change to make staff feel proud to work for SCC:</u></p>  <table border="1"> <thead> <tr> <th>Theme</th> <th>Percentage of comments</th> </tr> </thead> <tbody> <tr> <td>Recognition/Feeling valued</td> <td>20%</td> </tr> <tr> <td>Communication and information</td> <td>13%</td> </tr> <tr> <td>Consistency and clarity</td> <td>13%</td> </tr> <tr> <td>Stability</td> <td>11%</td> </tr> <tr> <td>Working environment and resources</td> <td>11%</td> </tr> <tr> <td>Leadership and accountability</td> <td>10%</td> </tr> <tr> <td>Respect (which leads to pride)</td> <td>7%</td> </tr> <tr> <td>Support/Training</td> <td>5%</td> </tr> <tr> <td>Benefits and Pay</td> <td>4%</td> </tr> <tr> <td>Act on suggestions/Listen to staff</td> <td>2%</td> </tr> <tr> <td>Other</td> <td>13%</td> </tr> </tbody> </table>	Theme	Percentage of comments	Recognition/Feeling valued	20%	Communication and information	13%	Consistency and clarity	13%	Stability	11%	Working environment and resources	11%	Leadership and accountability	10%	Respect (which leads to pride)	7%	Support/Training	5%	Benefits and Pay	4%	Act on suggestions/Listen to staff	2%	Other	13%
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Other	13%																								
10.	<p>The suggestions and feedback from staff are reflected in the actions detailed in the draft Workforce Strategy, in the order of importance given by staff members. Quotes from staff will also be included in the final strategy to help illustrate their feedback.</p>																								
11.	<p><u>A robust foundation</u> Building on the work achieved under the Pay and Allowance standards we will</p>																								

	<p>develop timely and accurate Management Information which will inform HR approaches and policies (such as recruitment and retention) with clear business compliance requirements (such as post approval and post numbering to create employee records and inform our workforce data). The feedback from staff who responded to the short survey shows that the top priorities for this outcome were:</p> <ul style="list-style-type: none"> • Make sure HR policies and processes are fit for purpose and easily available, so that managers and staff are clear about what is expected of them • Improve the quality of HR data and information so that managers have a better understanding of the organisation and are better able to respond to changes.
12.	<p><u>Employer of choice</u></p> <p>The Council currently offers a comparatively good benefits package, supported by family friendly policies and a huge variety of work and career options. However this does not always help us with recruiting and retaining the best and to become an employer of choice, we have to be able to recruit and retain the best. The feedback from staff who responded to the short survey shows that the top priorities for this outcome were:</p> <ul style="list-style-type: none"> • Make sure we have a pay structure that reflects job roles and is in line with market trends • Provide greater clarity on job roles to deliver what is needed for the Council. • Ensure that the mix of internal communications channels are fit for purpose and meet the needs of staff.
13.	<p><u>Becoming a 'Great Place to Work'</u></p> <p>Research shows that the UK's best workplaces easily outperform the average organisation. The 'Great Place to work' research on best workplaces shows that the top 5 differences between the best workplaces and the average workplaces by their Trust Index score are:</p> <ul style="list-style-type: none"> • People look forward to coming to work here • This is a fun place to work • Management deliver on their promises • Management's actions match their words • Trust in leadership <p>The feedback from staff who responded to the short survey shows that the top priorities for this outcome were:</p> <ul style="list-style-type: none"> • Build a development programme and manager's toolkit to ensure the right skills and behaviours are developing • Create an induction programme for use across the organisation • Make sure all staff are supported through changes.
14.	<p>Therefore our priorities are:</p> <ul style="list-style-type: none"> • Clarity and awareness for all about our vision and priorities • A robust foundation upon which we can build strong HR practice across the whole organisation • Streamlined policies and processes that lend themselves to being

- accessed through self-service and digital
- Developing the cultures and behaviours identified in the new operating model and ensure robust performance management
- Engaging and developing our staff, showing appreciation and having the right pay and reward policies
- A diverse, creative, innovative workforce with a range of skills, experience and backgrounds.

15. The Workforce Strategy provides the framework for reviewing existing policies and plans and the following emerging policies and plans:
- Workforce Plan – our structures and employment practices; recruitment and retention, talent management and succession planning; the developing workforce (apprentices; career pathways; new ways of working)
 - Employee Engagement – Engagement, Recognition and Reward
 - Annual Pay Policy
 - Performance Contracts and Appraisal (behaviours and competencies)
 - Learning and Development – including Leadership and Management Development; Learning Pathways (Career Management, Development and Accreditation).

WHERE ARE WE TODAY?

16. Current Workforce Profile: (snapshot in August 2016)

	Operations Hub (82%)	Strategy Hub (10%)	Transformation Hub (8%)	Totals
Female (61%)	1,523	196	161	1,880
Male (39%)	1,025	115	54	1,194
	2,548	311	215	3,074
Ethnicity				
White British (%)	72	75	70	
Other categories (%)	28	25	30	
Disabled (%)	2.3	1.5	6.5	
Age				
Under 20	7	--	--	7
20-29	231	32	30	293
30-39	523	67	37	627

	40-49	670	89	56	815
	50-59	839	96	66	1,001
	Over 60	278	27	26	331
		2,548	311	215	3,074
17.	Performance frameworks are being implemented from the Council's Management Team downwards, reviews and streamlining of some policies have been done and there is good practice in developing staff in some areas. Phase 1 of the new operating model has been implemented and consultation on proposals for Phase 2 covering 145 managers has just been completed.				
18.	<p>Following approval of the operating model in February 2015, the Council has moved away from a Directorate based structure (People and Place supported by Corporate Services) to a leaner model. This includes more modern and effective people management and requires the development of high performing, agile employees and integrated teams. The new organisational structure comprises:</p> <ul style="list-style-type: none"> • Strategic Hub • Operating Hub • Transformation Hub which includes Digital and Business Operations 				
19.	<p><u>Employer of choice</u></p> <p>The Council is committed to equalities and has taken comprehensive action to ensure its pay and allowances policies do not discriminate. It implements the Living Wage for all its directly employed staff in line with the recommendations of the Living Wage Foundation. We also offer a range of family friendly policies including:</p> <ul style="list-style-type: none"> • Flexible Working (Flexi time, Term Time and Part Time contracts, compressed hours) • Maternity, Paternity and Adoption Leave • Childcare Vouchers 				
20.	<p>However, recruitment in many areas has been problematic and this could be due to the financial challenges faced by local government and the cost of living in the city compared to other cities. We recognise that many people, especially local residents, may not see us as an employer of choice and it is vital that we change this perception to attract the best in roles across all service areas.</p>				
21.	<p><u>A 'Great Place to Work'</u></p> <p>The Staff Survey measures staff satisfaction against five criteria as shown below:</p>				

	2015	2014	Ave. top 10	Ave. bottom 10
I am proud to say I work for Southampton City Council	43	40	87	46
I would recommend Southampton City Council as an employer	34	33	81	42
I am prepared to go above and beyond what is expected to help Southampton City Council succeed	71	90	92	62
I am unlikely to look for another job outside of Southampton City Council in the next 12 months	40	36	81	48
Overall, I am satisfied working for Southampton City Council	44	44	79	48
Total EEI	47/100	49/100	84/100	49/100

22. The proposed Workforce Strategy and draft Action Plan is attached at Appendix 1. Delegated authority is being sought for the development and approval of the draft Children and Adult Social Care Workforce Development Plan.

23. Following approval of the Workforce Strategy the HR Strategy Managers and the Service Leads within Children and Families and Adult Social Care will finalise measures of success for each priority, which will be informed by service managers and employees. Work will also be undertaken with Service Directors to ensure that the wider Workforce Strategy and associated plans align with related work across the city, in particular the key synergies between city based employment and skills, the opportunities local government can offer in the changing climate and the need to drive business and core behaviours and digital aptitude to meet the changing service needs of the customer.

24. The Workforce Strategy is based on research on best practice, feedback from the Staff Survey, discussions at Pulse meetings, input from the unions and management meetings.

RESOURCE IMPLICATIONS

Capital/Revenue

25. There are no immediate revenue implications to this Strategy. Any additional revenue spend required will be identified and additional activity identified as part of the action plan will be considered for feasibility within normal yearly budgeting activity.

Property/Other

26. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

27. S 101 Local Government Act 1972 and S1 Localism Act 2011

Other Legal Implications:

28.	None.
POLICY FRAMEWORK IMPLICATIONS	
29.	There are no direct implications on the Policy Framework as set out in article 4.01 of the Articles of Constitution.

KEY DECISION?	no
WARDS/COMMUNITIES AFFECTED:	none

SUPPORTING DOCUMENTATION

Appendices	
1.	Draft Workforce Strategy and Action Plan

Documents In Members' Rooms

1.	None
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Equality Impact Assessment

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

Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	No
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Other Background Documents

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.	
2.	

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DRAFT WORKFORCE STRATEGY

1 Vision

To be an employer of choice, for the Council to be recognised as a 'Great Place to Work' where employees have pride in their work, the Council and the city.

2 Introduction and context

Purpose

Staff are the Council's greatest and most valuable resource. We are proud of our staff and want to recognise their skills, knowledge and understanding, as these are fundamental to delivering successful transformation, a sustainable organisation and our ambitions as a Council and a city. We want to develop a clear, strategic approach to workforce development building on the excellent work and good practice we have. This will enable us to develop our current and future workforce with the right skills, competencies and behaviours to deliver services and manage businesses of the future with appropriate and effective HR and OD policies and practices.

Scope

The Workforce Strategy provides direction for all staff and the learning and development elements will also cover all elected Members. It covers pay and reward, recruitment, retention, performance management, training and development of the workforce.

Delivering the Strategy

This Strategy will enable the Council to have a skilled, flexible and engaged workforce of high performing, professional teams. Staff will be guided in their work by our core behaviours and deliver the right services effectively and efficiently contributing to a sustainable, modern council. This will enable them to deliver, with declining resources, the priority Council outcomes:

- Children and young people get a good start in life
- Strong and sustainable economic growth
- People in Southampton live safe, healthy, independent lives
- Southampton is an attractive, modern city where people are proud to live and work.

Links to the Strategy and Policy framework, other strategies and policies

This strategy will sit alongside the Customer Strategy and Medium Term Financial Strategy to help us to become the right kind of organisation to deliver better outcomes for our residents.

3 Priorities and outcomes

A key driver for all staff is the "One Council" approach and the expected behaviours now embedded in revised job descriptions so that, at all levels, and underpinned by an aptitude for applying digital solutions and using technology, staff will:

- Take personal responsibility for work, service and performance
- Work with and through others across teams, services, the wider Council and our partners
- Embrace change, looking for new ways of working to improve service provision and achieve cost efficiencies in positive and proactive ways
- Be customer focused putting the service user at the heart of service design and delivery
- Balance commercial demands helping develop a sustainable Council and services

Priority outcomes

- Good management across the Council, supported by a regular leadership and management development programme well as consistent and easy to follow HR policies and processes
- Evidence based decision making, planning and delivery supported by accurate workforce data, management information, analysis and future projections on workforce needs, issues and demands
- Recognised as an employer of choice – so that recruitment and retention align with our workforce plans and employee satisfaction levels increase as staff identify the council as a "great place to work"
- Workforce planning with partners and recognised trade unions
- A high performing workforce with the right skills and behaviours, supported by an induction and development programme, actions to manage change effectively, performance management and effective internal communications to deliver the Council's vision and priority outcomes
- A highly motivated and engaged workforce, flexible enough to respond to future challenges
- Staff empowered to make decisions and participate in all aspects of service delivery and development
- An effective Member Development programme for elected Members
- Demonstrable valuing of diversity and equality/ensuring opportunity for all to fulfil their potential.

4 Success measures

- Staff retention
- Reduced staff turnover in the context of our organisational change
- Improved results in staff survey (Employee Engagement Index)
- Staff profile reflects city profile
- All employees have performance contracts, regular supervision and

- an annual appraisal
- Reduced sickness absence
- Satisfaction rates and take up of learning and development programme for elected Members
- Management of grievances and disciplinarys

5 DRAFT ACTION PLAN

Detail

Outcome	Theme	Actions
A robust HR and OD foundation	Getting the basics right	<ol style="list-style-type: none"> Make sure HR policies and processes are fit for purpose and easily available, so managers and staff are clear what is expected of them by: <ul style="list-style-type: none"> Developing and implementing a detailed Workforce Plan covering structures, sound employment policies and practices, compliance, improvement of professional practice, recruitment and retention, talent management, succession planning and developing our workforce Developing and implementing a detailed Children and Adult Social Care Workforce Development Plan Establishing, communicating and applying workforce controls (recruitment and retention, attendance, induction, performance contracts and appraisals; set and control use and costs of agency workers, consultants and interims) A commitment to continued engagement with the Council’s recognised Trade Unions with a view to seeking agreement on any changes to policy or procedures. Ensure the organisation is offering equal opportunities to all by: <ul style="list-style-type: none"> Mapping current workforce profile and local demographics Determining areas for approved positive action Improve the quality of HR data and information so that managers have a better understanding of the organisation, and are better able to respond to changes by: <ul style="list-style-type: none"> Undertaking regular forecasting Providing management information of workforce profile to track gaps and assess impact of actions Manage attendance and reduce absence by regular forecasting and use of management Information of workforce profile to track gaps and assess impact of actions
Employer of choice	Pay and Reward	<ol style="list-style-type: none"> Make sure we have a pay structure that reflects job roles and is in line with market trends by: <ul style="list-style-type: none"> Undertaking pay benchmarking for public sector to ensure best fit Reviewing recruitment and retention issues with Service Leads Planning a medium term review of the pay model and agreed job evaluation schemes for a “One Council” pay framework and creation of job families, to enhance career pathways and transparency Promote the Council’s benefits package including the range of family freindly polcies Review and publish our Pay Policy annually Review guidance for managers to consistently track, review and take action on recruitment and retention issues.
	Recruitment and retention	<ol style="list-style-type: none"> Assess skills, experience and gaps required in the context of new operating model and manage key risk issues Provide greater clarity on job roles to deliver what is needed for the Council by: <ul style="list-style-type: none"> Creating and communicating new job profiles to reflect the different and additional skills required Assessing skills and talent required and gaps in the context of new operating model and managing key risk issues Reskill and redeploy people to meet changing service needs Develop and promote employer “brand” to: <ul style="list-style-type: none"> Reflect staff view of and pride in the workplace Develop and promote employer “brand” and positive marketing of the Council as an employer and a city business Attract local people to apply for vacancies.
Great Place to Work	Organisational change	<ol style="list-style-type: none"> Support staff through organisational change by <ul style="list-style-type: none"> Ensuring access to the appropriate technology staff need to help them do their job Reviewing and revising processes for managing change to ensure consistency, openness and fairness in context of consultation on and recruitment to new structure Developing and supporting infrastructure to support different but secure ways of working Developing and promoting positive support for staff leaving the organisation and work with partners to reskill and redploy staff to meet changing needs Ensure change is managed more effectively, guided by an overarching single framework for the organisation by: <ul style="list-style-type: none"> Developing, impementing and communicating an overall Organisational Development Plan Updating all policies and procedures to reflect new operating model, roles and responsibilities Developing clear and consistent processes to manage change, including future restructures Reviewing and revising as necessary all business processes to ensure consistency, openness and fairness in context of consultation on and recruitment to new structures Ensuring new job profiles reflect the different and additional skills required for the future (e.g. community focus and engagement; strategic management; commercialisation; strategic commissioning; partnership working) Make the best use of digital technology to improve HR processes, service delivery and customer experiences.
	Staff Engagement	<ol style="list-style-type: none"> Improve engagement, communication with and access to information for all staff by: <ul style="list-style-type: none"> Developing and implementing a programme for staff engagement across the council Using a mix of internal communications channels that are fit for purpose in meeting the needs of staff, and that up to date information is available via intranet and web pages Improving the Employee Account as the first port of call for information Increasing awareness of the expected behaviours and digital workforce, promoting the One council message Recognising the value of our trade union partners and a commitment to transparent consultation in each case of change so staff are fully briefed on any proposals Increase the number of PULSE members and better use the group to guide changes to the organisation Celebrate staff achievements by: <ul style="list-style-type: none"> Creating a package of staff awards to celebrate success, developed through stakeholder groups Developing and implementing a programme of annual awards – (Long Service, Employee, Manager, Team of the Year and Star awards) Create a ‘Good Stuff’ section on the intranet pages of Staff Stuff to contain details of staff awards and employee

		benefits 4. Conduct an annual staff survey and use the analysis of findings to inform next steps and assess impact of actions.
	Leadership, management and staff development	<ol style="list-style-type: none"> 1. Develop leadership and management skills by: <ul style="list-style-type: none"> ○ Implementing an effective Member Development programme, with the involvement of Members to reflect the different leadership and community representational roles in the changing public sector context ○ Developing and implementing an accredited and effective leadership and management development programme supported by a 'toolkit' for managers ○ Developing and empowering existing and aspiring leaders to fulfil their role (clarity of role and function; support, guidance, coaching and mentoring schemes) 2. Develop staff by: <ul style="list-style-type: none"> ○ Implementing comprehensive induction standards for all new starters learning pathways linked to roles, professional competences and the skills required ○ Improving take up of and achieving 100% compliance of regular supervision and annual appraisals for all staff ○ Continuously develop staff so that as many as possible reach their full potential ○ Implement standardised performance contracts across the organisation to improve performance management 3. Improving links with partner organisations (education, accreditation of learning, shared provision).

Final document			
Version	V6	Approved by	Full Council
Date last amended	12092016	Approval date	
Lead officer	Janet King HR Strategy (OD, Pay and Reward)	Review date	September 2017

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DECISION-MAKER:	CABINET		
SUBJECT:	MAKING SOUTHAMPTON DEMENTIA FRIENDLY – EXECUTIVE RESPONSE		
DATE OF DECISION:	20 SEPTEMBER 2016		
REPORT OF:	CABINET MEMBER FOR HEALTH AND SUSTAINABLE LIVING		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Amanda Luker	Tel: 023 8072 5568
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Director	Name:	Stephanie Ramsey	Tel: 023 8029 6941
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STATEMENT OF CONFIDENTIALITY	
None	
BRIEF SUMMARY	
<p>From September 2015 to April 2016 the Scrutiny Inquiry Panel undertook an inquiry looking at the issue of making Southampton a dementia friendly city. The final report of the Panel was presented to Cabinet in June 2016. This report presents Cabinet’s response to the recommendations contained within the Inquiry Panel report.</p>	
RECOMMENDATIONS:	
	(i) To receive and approve the proposed responses to the recommendations of the Scrutiny Inquiry Panel, attached as Appendix 1.
REASONS FOR REPORT RECOMMENDATIONS	
1.	The overview and scrutiny rules in part 4 of the Council’s Constitution requires the Executive to consider all inquiry reports that have been endorsed by the Overview and Scrutiny Management Committee (OSMC), and to submit a formal response to the recommendations within them.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	None
DETAIL (Including consultation carried out)	
3.	<p>On 13th August 2015, the OSMC agreed the indicative terms of reference for an inquiry looking at how Southampton can become a dementia friendly city. The set objectives of the Inquiry were:</p> <ul style="list-style-type: none"> • To understand how far we are progressing in making Southampton a dementia friendly city, and to identify further actions needed. • To align our work and priorities to the existing framework in place: Alzheimer’s Society building dementia-friendly communities - a priority for everyone. • To support the registration to the recognition process for dementia friendly communities and achieve to the ‘working to become dementia

	friendly' symbol.
4.	The Scrutiny Inquiry Panel undertook the inquiry over 6 evidence gathering meetings and received information from a wide variety of organisations. The final report was approved by the OSMC on 16 June 2016 and is attached as Appendix 2.
5.	The recommendations contained within the final report are summarised as Appendix 1, with proposed actions set out against each recommendation.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
6.	The majority of the recommendations are based within existing work programmes. As such they are not considered likely to initially present any additional financial commitments. In practice future resource implications will be dependent upon whether, and how, each of the individual recommendations within the Inquiry report are progressed. In many cases progress will be dependent on identifying and securing appropriate grant funding, approval would be sought as required by financial procedure rules before any commitments are made. The funding to engage an organisation to oversee and kickstart the drive to becoming dementia friendly is to be paid for from a £65,000 grant provided by Southampton Clinical Commissioning Group for this purpose.
<u>Property/Other</u>	
7.	None
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
8.	Section 1 of the Localism Act 2011
<u>Other Legal Implications:</u>	
9.	None.
POLICY FRAMEWORK IMPLICATIONS	
10.	The outcome of the scrutiny review will contribute to the following priority within the draft Southampton City Council Strategy 2016-2020: <ul style="list-style-type: none"> • People in Southampton live safe, healthy, independent lives

KEY DECISION?	Yes
WARDS/COMMUNITIES AFFECTED:	All
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Making Southampton Dementia Friendly Inquiry – Summary of Recommendations and proposed responses
2.	Making Southampton Dementia Friendly – Final Report

Documents In Members' Rooms	
1.	None
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out.	No
Privacy Impact Assessment	
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) 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

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Making Southampton Dementia Friendly Inquiry – Summary of Recommendations

Recommendation	Accepted by Executive (Y/N)	How will the recommendation be achieved? (Key actions)	Responsible Officer	Target Date for Completion
<p>General Co-ordination and Strategic Direction</p> <p>1. That the Integrated Commissioning Unit engages an organisation to oversee and kickstart the drive to becoming dementia friendly.</p> <p>2. That the successful applicant / organisation submits an application to the ‘working to become dementia friendly’ on behalf of Southampton.</p> <p>3. That the Council works with existing members of the Southampton Dementia Partnership to establish a Dementia Action Alliance in Southampton.</p> <p>4. That the Council use strategic drivers such as the community safety plan, health and wellbeing strategy, local transport plan, planning function as well as strategies for older people and people with dementia as levers to reinforce the needs of people living with dementia.</p>	<p style="text-align: center;">Y</p> <p style="text-align: center;">Y</p> <p style="text-align: center;">Y</p> <p style="text-align: center;">Y</p>	<ul style="list-style-type: none"> • Develop and launch ‘making Southampton a dementia friendly city’ grant programme • Grant award • New work starts • Successful applicant to review requirements of BSI code of practice and foundation criteria for dementia friendly communities and submit application • Cabinet member to be identified to sponsor DAA • Identify leadership, stakeholders and involvement of people affected by dementia • Consider structure for DAA, local alliances per council ward, cluster or locality and how these contribute towards a DAA for the City • Explore working with strategy co-ordination team 	<p>Amanda Luker</p> <p>Amanda Luker</p> <p>Amanda Luker</p> <p>Amanda Luker</p>	<p>July 2016</p> <p>Sept 2016 Oct 2016</p> <p>Jan 2017</p> <p>Dec 2016</p> <p>Nov 2016</p>

Recommendation	Accepted by Executive (Y/N)	How will the recommendation be achieved? (Key actions)	Responsible Officer	Target Date for Completion
5. That the Council seeks to deliver the recommendations locally identified within the Local Government Associations recently published guide to combating loneliness.	Y	<ul style="list-style-type: none"> Completion of scrutiny inquiry, followed by the development of loneliness plan 	Adrian Littlemore	Mar 2017
<p>Challenge stigma and build understanding</p> <p>6. That Dementia Friends sessions are made compulsory for all customer facing Council employees, including elected members, and that it is included in Council and relevant Capita inductions.</p> <p>7. That the Council supports key staff and elected members to become dementia champions – so they can train and support other members and officers to become dementia friends and to act as ambassadors and supporters of work to promote dementia friendly communities locally.</p> <p>8. In partnership with the recommended Southampton Dementia Action Alliance a ‘Southampton DEMFEST’ is organised in 2017.</p>	<p>Y</p> <p>Y</p> <p>Y</p>	<ul style="list-style-type: none"> Work with HR leads to establish if DF sessions can be made compulsory Work with HR leads to discuss implementation - DF sessions are available on-line or face to face sessions can be arranged, either delivered by existing DF champions or newly created DF champions (see point 7) Actively encouraged and widely promoted Actively encourage and widely promoted to gain self-selection Identify gaps, teams and key staff Arrange DF champion training locally for SCC staff Identify key stakeholders Planning group to be established to progress plans, to consider if the event should be aligned to an existing community event, or a stand-alone event (dementia awareness week May) 	<p>Amanda Luker</p> <p>Amanda Luker</p> <p>Amanda Luker</p>	<p>Dec 2016</p> <p>Mar 2017</p> <p>May 2017</p>

Recommendation	Accepted by Executive (Y/N)	How will the recommendation be achieved? (Key actions)	Responsible Officer	Target Date for Completion
<p>Accessible community activities / Acknowledge potential/ Practical support to enable engagement in community life</p> <p>9. With the opening of the new arts centre imminent explore funding opportunities from the Arts Council to facilitate accessible activities for people with dementia.</p> <p>10. Explore the opportunity to create a dementia roadmap for Southampton that provides high quality information about the dementia journey alongside local information about services, support groups and care pathways to assist primary care to support people with dementia, their families and carers.</p>	<p>Y</p> <p>Y</p>	<ul style="list-style-type: none"> • Explore external funding opportunities • Consider information and advice requirements in the context of other citywide developments • Research best practice 	<p>Amanda Luker</p> <p>Amanda Luker</p>	<p>Mar 2017</p> <p>Mar 2017</p>
<p>Community-based solutions</p> <p>11. That the City Council's Housing Services engages with Hampshire Constabulary to utilise new systems to locate people with dementia that have gone missing.</p>	<p>Y</p>	<ul style="list-style-type: none"> • Ensure appropriate links are made with telecare operational board • Explore with Southampton University and Hampshire Constabulary whether the 'safer walking' pilot can be extended to Southampton 	<p>Sandy Jerrim</p>	<p>Dec 2016</p>
<p>Respectful and responsive businesses and services</p> <p>12. Through the Health and Wellbeing Board and NHS Southampton Clinical Commissioning Group General Assembly</p>	<p>Y</p>	<ul style="list-style-type: none"> • Communicate via SCC's representative to the CCG Primary Medical Care Committee the benefits to becoming dementia friendly using feedback from 	<p>Amanda Luker</p>	<p>Mar 2017</p>

Recommendation	Accepted by Executive (Y/N)	How will the recommendation be achieved? (Key actions)	Responsible Officer	Target Date for Completion
Southampton GP Practices are actively encouraged to sign up to the ISPACE initiative.		those already signed up to ISPACE initiative		
<p>Consistent and reliable travel options</p> <p>13. That the Council ensures that new travel and transport schemes in the city incorporate dementia friendly design principles.</p>	Y	<ul style="list-style-type: none"> • ICU to signpost applicable guidance • Identify forums where these can be discussed and further considered 	Amanda Luker	Mar 2017
<p>Easy-to-navigate environments</p> <p>14. That City Council Planning Officers consult groups representing people with dementia in the development of the Local Plan.</p> <p>15. That dementia experts at the University of Southampton are invited to give feedback on the Streets and Spaces framework to ensure it reflects the specific needs of people with dementia.</p> <p>16. The Council/CCG proactively engages with Hammerson (WestQuay landlord) to identify how their resources, enthusiasm and expertise can be utilised to increase support for dementia friendly Southampton.</p> <p>17. That office environment audits are</p>	Y	<ul style="list-style-type: none"> • Healthwatch to seek the views of population, including all disabilities • Use Alzheimer's Society user review panel as applicable 	Amanda Luker	Mar 2017
15. That dementia experts at the University of Southampton are invited to give feedback on the Streets and Spaces framework to ensure it reflects the specific needs of people with dementia.	Y	<ul style="list-style-type: none"> • Identify appropriate forum for guidance to be provided, if cost implication prevents implementation alternatives to be considered in order to become more dementia friendly 	Amanda Luker	Mar 2017
16. The Council/CCG proactively engages with Hammerson (WestQuay landlord) to identify how their resources, enthusiasm and expertise can be utilised to increase support for dementia friendly Southampton.	Y	<ul style="list-style-type: none"> • Identify formal links in the council and Hammersons to discuss and agree action plan • Following success from 2016, explore the possibility of an annual event at WestQuay to raise awareness of dementia with the general population 	Amanda Luker	Mar 2017
17. That office environment audits are	Y	<ul style="list-style-type: none"> • Identify audit tool 	Amanda	Mar 2017

Recommendation	Accepted by Executive (Y/N)	How will the recommendation be achieved? (Key actions)	Responsible Officer	Target Date for Completion
<p>undertaken on all City Council customer facing buildings.</p> <p>18. That the City Council explores opportunities to develop a Community Toilet Scheme in Southampton.</p>	<p>Y</p>	<ul style="list-style-type: none"> Identify lead officer to liaise with customer facing buildings and agree process for undertaking the audits Agree process for any recommendations as a result of the audit Build on current good practice of safer places, shop mobility schemes 	<p>Luker</p> <p>Amanda Luker</p>	<p>Mar 2017</p>

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Making Southampton Dementia Friendly Scrutiny Inquiry Panel

Dementia-friendly communities



PANEL MEMBERSHIP

Councillor Coombs (Chair)
Councillor Lewzey (Vice Chair)
Councillor Burke
Councillor Houghton
Councillor McEwing
Councillor Painton
Councillor Parnell

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SOUTHAMPTON
CITY COUNCIL

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Appendix 4 – Findings

Appendix 5 - Types of Dementia

Chair's Introduction



Councillor Hannah Coombs - Chair of the Making Southampton Dementia Friendly Inquiry Panel (2015/16)

I would like to thank all of the City Council officers, Integrated Commissioning Unit officers, members and contributors to the inquiry evidence gathering meetings. I am sure that when enacted, the recommendations made in this report will enable Southampton to achieve better outcomes for people with dementia and their carers and families through making the City dementia friendly. One in three people over 65 will have dementia by 2020 and 40 – 50% of the beds at the General Hospital are currently occupied by people with dementia, so this work is vital.

Although there are areas highlighted in the report where further work is needed, there is a lot of positive work being done, which the Panel were impressed to hear about and witness first hand at the Dementia Fun Friday session at Manston Court and at the dementia village in West Quay. We can build on the great work being done by Admiral Nurses, ISPACE GP practices, CPNs, the Alzheimer's Society, Age UK and MARC at Moorgreen Hospital to signpost people with dementia and their carers to services and activities and use this knowledge to create a dementia roadmap for Southampton.

Small and often inexpensive projects can have a huge effect on the life of a person with dementia, their carers and family, e.g. access to green open space with a bench, a quiet room in a train station, a wider aisle in the supermarket, a shop worker who takes the time to help with small change, a well signposted toilet, a flow detector on the bath to stop flooding, a MIND befriender who can take you to do a favourite activity and give your carer a precious couple of hours to themselves, a local school or library asking a person with dementia to help teach children to read (giving that person a sense of purpose), a place of worship offering a tailored service for people with dementia or a meals on wheels worker staying a bit longer to make sure the person with dementia eats and drinks.

Projects like those listed above are being delivered by the Senior Saints Project, the Making Highfield, Portswood and St Denys Dementia Friendly Group, the Museum Memory Box Project and Café at the General Hospital, Erskine Court, the Age UK gardening club at Sunrise, Bassett, the Park Run, Weston Court, the over 60s outreach supporter (who works with people with dementia who are still in their own homes), Mayfield Nursery, the Community Farm, and the district nurses and volunteers working with the GP clusters running clinics at Manston and Neptune Courts.

The good practice we have learnt about at the Dementia Friendly Hampshire project managed by Andover MIND will be invaluable in guiding our work, especially around awareness raising and promotional events. With their 440 members and 150 community volunteers (as of September 2015), they are an inspiration.

Some of the areas we need to work on in addition to those listed in the report are increasing the percentage of agency domiciliary care staff who attend the City Council's one day training course (which includes dementia training) from 25% to 100%; increasing the take up of dementia friend training (we are behind Eastleigh and the New Forest in this area); encouraging UHS to sign up to John's Campaign (where carers of a person with dementia have the same rights as carers of a child in hospital); increasing the number of ISPACE GP practices (10% have the accreditation); introducing some evening groups for younger carers who work or are in education; training existing leisure clubs and groups so that people with dementia can continue to attend them; making hospitals, shopping centres, residential homes and public offices easily navigable for people with dementia; and applying for funding for an SCA bus to take people with dementia and their carers to Manston Court for Dementia Fun Friday.

I look forward to working with the Southampton Dementia Partnership to set up the Southampton Dementia Action Alliance and achieve recognition as a Dementia Friendly Community.

Making Southampton Dementia Friendly

The Aim of the Inquiry

1. In March 2012 the Department of Health published the Prime Ministers Challenge to deliver major improvements in dementia care and research by 2015.
2. In February 2015 the Department of Health, building on the Challenge published in 2012, published the Prime Ministers Challenge on Dementia 2020 which sets out the programme of action to deliver sustained improvements in health and care and boost dementia research.
3. In acknowledgement that two thirds of people with dementia live in the community¹ a key objective within the 2020 Challenge includes:
 - Over half of people living in areas that are recognised as Dementia Friendly Communities.
4. A dementia friendly community is described as:

*'A city, town or village where people with dementia are understood, respected and supported, and confident they can contribute to community life. In a dementia friendly community people will be aware of and understand dementia, and people with dementia will feel included and involved, and have choice and control over their day to day lives.'*²
5. In recognition of the importance of this issue, and the opportunity to make a difference for people living with dementia and their carers in Southampton, the Overview and Scrutiny Management Committee (OSMC), at its meeting on 13th August 2015, requested that the Scrutiny Inquiry Panel undertake an inquiry looking at how Southampton can become a dementia friendly city.
6. The OSMC agreed that the inquiry would not focus on the wider issues of prevention, research, or clinical treatments for people with dementia.
7. The set objectives of the Inquiry were:
 - a. To understand how far we are progressing in making Southampton a dementia friendly city, and to identify further actions needed.
 - b. To align our work and priorities to the existing framework in place: Alzheimer's Society building dementia-friendly communities - a priority for everyone.
 - c. To support the registration to the recognition process for dementia friendly communities and achieve to the 'working to become dementia friendly' symbol.
8. The full terms of reference for the Inquiry, agreed by the OSMC, are shown in Appendix 1.

¹ Dementia UK, Second Edition - Overview, Alzheimer's Society, September 2014

² Alzheimer's Society, Guidance for communities registering for the recognition process for dementia friendly communities, 2013

How the inquiry was conducted

9. The Scrutiny Inquiry Panel undertook the inquiry over 6 evidence gathering meetings and received information from a wide variety of organisations. This included health professionals, charitable organisations supporting people with dementia, volunteers, housing managers, urban designers, shopping centre operators, commissioners, academics and bus operators. A list of witnesses that provided evidence to the Inquiry is detailed in Appendix 2.
10. To deliver the set objectives the agreed project plan identified that each evidence gathering meeting of the inquiry would focus on a number of the 10 key characteristics of a dementia friendly community.
11. At each meeting appropriate guests were invited to outline activities and practice in Southampton related to the 10 key areas and to identify what best practice looks like. This enabled the Panel to undertake a mini audit of the strengths and weaknesses/opportunities in the city and to recommend key actions that, if implemented, would help Southampton become more dementia friendly.
12. In undertaking this inquiry the Panel were made aware that the development of dementia friendly communities was a cross cutting issue and that councils, working in partnership with others, are well placed to deliver on this ambition.
13. The key findings, conclusions and recommendations from the inquiry are detailed succinctly later in this report.

Consultation

14. In order for dementia-friendly communities to succeed, the views and opinions of people with dementia and their carers must be at the heart of any considerations or decisions. In recognition of this principle from the outset the inquiry has sought to engage people with dementia and their carers. In addition to Panel Members attending a Dementia Friends Awareness session specific events designed to engage and understand the views of people with dementia in Southampton include:
 - A visit to the Memory Café at Medwall Court – 6th October 2015
 - A visit to Dementia Friendly Fridays at Manston Court – 12th February 2016.
15. Members of the Panel would like to thank all those who have assisted with the development of this review, in particular Amanda Luker, Commissioner within the Integrated Commissioning Unit, who has provided the Panel with invaluable advice throughout the inquiry.

Introduction

What is Dementia?

16. The word 'dementia' describes a group of symptoms that include loss of memory, difficulties with planning, problem solving, difficulties with language and communication, and sometimes, changes in mood or behaviour.
17. Dementia isn't a natural part of aging. It occurs when the brain is affected by a disease. Dementia is progressive, which means the symptoms will gradually get worse over time.

Types of Dementia

18. There are many types of dementia but the most common are Alzheimer's disease and vascular dementia. Of those people with dementia in the UK, 62% have Alzheimer's disease and 17% vascular dementia. Others include mixed dementia (10%), dementia with Lewy bodies (4%), rarer causes of dementia (3%) and fronto-temporal dementia (2%). Appendix 5 provides a brief description of each type of dementia.

Facts and Figures

19. In England, it is estimated that 676,000 people have dementia³. It is expected that this figure will double in the next 30 years as life expectancy increases.
20. Dementia costs society an estimated £26 billion a year, more than the costs of cancer, heart disease or stroke. In the next 30 years, predicted costs are likely to treble⁴.
21. The estimated number of people with dementia in Southampton is 2,618 (March 2015). This figure is expected to rise in line with an increase in the over 65 population which is expected to grow by 11% between 2012 and 2019.

What are Dementia Friendly Communities?

22. Traditionally, the focus for dementia care has been NHS treatments and care services delivered by local councils. Recently there has been a shift to a focus on how we can enable people who have been diagnosed with dementia to live as full a life as possible and encourage communities to work together to help people to stay healthier for longer.
23. Alzheimer's Society have been active in the move nationally towards supporting communities to become dementia friendly. They define a dementia-friendly community as one in which people with dementia are empowered to have high aspirations and feel confident, knowing they can contribute and participate in activities that are meaningful to them.⁵
24. A number of communities have already signed up to the national Dementia Friendly Communities accreditation process, overseen by Alzheimer's

³ Department of Health, Prime Minister's challenge on dementia 2020, February 2015, p10

⁴ Department of Health, Prime Minister's challenge on dementia 2020, February 2015

⁵ Alzheimer's Society, Building dementia-friendly communities: a priority for everyone, August 2013

Society, and are making progress supporting people with dementia to live well with the condition.

Why is it important that communities become dementia friendly?

25. People with dementia want to live everyday lives continuing to stay connected to their interests, social networks and communities. However, research suggests that people with dementia increasingly withdraw from everyday life.⁶
26. Two thirds of people with dementia live in the community, close to a third of whom live on their own. With the support from wider communities, enabling people with dementia to take part in everyday activities is key not only to enabling them to live fulfilling lives but to reducing and delaying their dependence on expensive health and social care services.⁷
27. Dementia has a significant financial impact. Analysis shows that a year living in the community with dementia is estimated to cost £24,128, including integrated health and social care package, together with respite, therapies and medication. A year in residential care costs an average of £35,424. Therefore a saving of £11,296.⁸ The more support we can give people with dementia to remain independent within communities the better for the individual and the greater the savings on public finances.

What are the key characteristics of a dementia friendly community?

28. In 2013 Alzheimer's Society and the National Dementia Action Alliance identified 10 key areas that communities working to become dementia friendly should focus on:

1. Involvement of people with dementia

Shape communities around the needs and aspirations of people living with dementia alongside the views of their carers. Each community will have its own diverse populations and focus must include understanding demographic variation, the needs of people with dementia from seldom heard communities, and the impact of the geography.

2. Challenge stigma and build understanding

Work to break down the stigma of dementia, including in seldom heard communities, and increase awareness and understanding of dementia.

3. Accessible community activities

Offer organised activities that are specific and appropriate to the needs of people with dementia. Also ensure that existing leisure services and entertainment activities are more inclusive of people with dementia.

4. Acknowledge potential

Ensure that people with dementia themselves acknowledge the positive contribution they can make to their communities. Build on the goodwill in the general public to make communities dementia friendly.

⁶ Alzheimer's Society, Building dementia-friendly communities: a priority for everyone, August 2013

⁷ LGA, Dementia Friendly Communities – Guidance for councils, July 2015

⁸ Alzheimer's Society, Building dementia-friendly communities: a priority for everyone, August 2013

5. Ensure an early diagnosis

Ensure access to early diagnosis and post-diagnostic support. Have health and social care services that are integrated and delivering person-centred care for people with dementia in all settings.

6. Practical support to enable engagement in community life

Deliver a befriending service that includes practical support to ensure people with dementia can engage in community life as well as offering emotional support.

7. Community-based solutions

Support people with dementia in whatever care setting they live, from maintaining independence in their own home to inclusive, high-quality care homes. Community based solutions to housing can prevent people from unnecessarily accessing healthcare and support people to live longer in their own homes.

8. Consistent and reliable travel options

Ensure that people with dementia can be confident that transport will be consistent, reliable and responsive and respectful to their needs.

9. Easy-to-navigate environments

Ensure that the physical environment is accessible and easy to navigate for people with dementia.

10. Respectful and responsive businesses and services

Promote awareness of dementia in all shops, businesses and services so all staff demonstrate understanding and know how to recognise symptoms. Encourage organisations to establish strategies that help people with dementia utilise their business.

What is the process to become accredited as a dementia friendly community?

29. The journey to become a dementia-friendly community will take time and Alzheimer's Society are currently reviewing the assessment process. To become part of the current dementia friendly communities recognition process, a representative from a community needs to fill out an online application form. By registering for the process your community commits to, amongst others, the following conditions:
 - Meeting the foundation criteria for a dementia-friendly community that have been developed
 - Providing a brief six-monthly update
 - Completing an annual self-assessment of progress towards the criteria.
30. Once a community has registered with the process, they may demonstrate how they meet the foundation criteria for 'working to become dementia friendly' by:
 - Ensuring the right local structure is in place to maintain a sustainable dementia friendly community

- Identifying a person to take responsibility for driving forward the work to support a community to become dementia friendly
- Having a plan in place to raise awareness about dementia in key organisations and businesses within the community that support people with dementia
- Developing a strong voice for people with dementia living in communities
- Raising the profile of the work to increase reach and awareness to different groups in the community
- Focusing plans on a number of key areas that have been identified locally
- Having in place a plan or system to update the progress of your community.



31. Once a community has demonstrated how they meet the criteria, they are issued with a symbol that they can give to organisations and businesses in their community that wish to be part of the dementia friendly communities' initiative and have stated what their actions are towards becoming dementia friendly.
32. The process is designed to enable communities to be publicly recognised for working towards becoming dementia friendly and to show that they are following common criteria that are based on what is known to be important to people affected by dementia and will change their experience.
33. At the time of the presentation to the Panel 115 communities had registered through the Alzheimer's Society Dementia Friendly Communities recognition process. In recognition that becoming a dementia friendly community may take a number of years the Panel, at the meeting on 29th October 2015 recommended that officers submit an application as soon as possible for Southampton to be recognised as 'working towards becoming dementia friendly' to formally start the journey.

Dementia Friends and Dementia Action Alliances

34. Dementia Friends, Dementia Champions and Dementia Action Alliances are important enablers to creating dementia friendly communities. Dementia Friends is a national initiative to raise awareness of dementia. There are 1.3 million Dementia Friends nationally who are able to recognise the symptoms and support people with dementia, with a target for a further 3 million by 2020.
35. Dementia Friends awareness sessions are delivered by Dementia Champions. To become a Dementia Friends Champion, a person must attend a one day course run by Alzheimer's Society.
36. A Dementia Action Alliance is a steering group of local stakeholders working with organisations and businesses to support and encourage them to take actions to work to become dementia friendly. To become a member organisations must sign up to the National Dementia Declaration and submit a short action plan setting out how they will work towards delivering the outcomes outlined in their declaration.

37. In September 2015 there were 170 Local Dementia Action Alliances nationwide. They are recommended vehicles for developing dementia friendly communities. Hampshire is recognised as being in the vanguard in developing dementia friendly communities and has an active Dementia Action Alliance that works under the umbrella of the Dementia Friendly Hampshire project, established in 2013 and managed by Andover Mind. Southampton has a Dementia Partnership but not a Dementia Action Alliance.

Conclusions and Recommendations

38. A summary of the key evidence presented at each of the inquiry meetings is attached as Appendix 3. In addition a summary of findings for Southampton against the key areas of focus for communities working to become dementia friendly is attached as Appendix 4. Conclusions were drawn from each meeting and disseminated to the Panel. All of the reports, presentations and minutes from the inquiry meetings can be found here:

<http://www.southampton.gov.uk/modernGov/ieListMeetings.aspx?CommitteeId=624>

Conclusions

- The inquiry has clearly demonstrated to the Panel that people can live well with dementia and that there are significant benefits to individuals living with dementia and the City of Southampton in becoming dementia friendly.
- The Panel were encouraged by the range and diversity of activities and support currently being provided to people with dementia and their carers across Southampton.
- The Panel recognised that there had been substantial improvements in the support to people with dementia and their carers in the city over the past few years, particularly in the integration of housing, health and social care services, and the increasing diagnosis rates, and that outcomes would continue to improve.
- However, Southampton can do more to support people with dementia and changes can be made that can make the day to day lives of people living with dementia and their carers better.
- Examples of good practice exist locally that Southampton can learn from as we seek to become dementia friendly. Hampshire has demonstrated what can be achieved with focus, planning and support.
- To help the city to become dementia friendly a priority must be to improve co-ordination. This will help spread good practice across Southampton and galvanise community support.
- To help achieve this priority the Panel, at the second meeting of the inquiry, recommended that the Integrated Commissioning Unit utilise an identified budget for 2015/16 to commence a procurement process to engage an organisation to oversee and kickstart the drive to becoming dementia friendly. This has proved invaluable in Hampshire.
- It is identified good practice that a Southampton Dementia Action Alliance is established to work alongside the aforementioned organisation procured to kickstart and co-ordinate activity.
- The journey to be recognised as a dementia friendly community should commence as soon as possible with a submission to Alzheimer's Society to be recognised as 'working to become dementia friendly'. The changes will not happen overnight but it is an opportunity to transform the lives of people with dementia and their carers in Southampton.

- It is essential that in order for the drive to become a dementia friendly community to succeed the views and opinions of people with dementia and their carers must be at the heart of any decisions and that consideration should be given to hearing the voice of people with dementia throughout the process.
- The findings and recommendations identified during the inquiry are reflected within Southampton Better Care vision; which is to join up care and support for each and every unique person in our city needing our care. Some of the areas that Better Care contributes to the lives of people living with Dementia specifically in relation to dementia friendly communities includes:
 - Workforce development project that involves organisations within the sphere of better care delivery have a commitment to ensuring that all staff have the skills required to undertake their role
 - The development of cluster teams, providing an integrated approach to care, includes the older person mental health services
 - With the progress of integration, care and support plans will be undertaken in a holistic person centred way
 - Development of cluster working, is resulting in all community providers statutory and non-statutory developing, this will support an increased knowing of where to go for particular resources or support
 - Carer awareness is key to the development of person.

Recommendations

39. Reflecting the key findings and conclusions the following actions are recommended to accelerate progress towards Southampton becoming a dementia friendly city:

General Co-ordination and Strategic Direction

Recommendation 1 - That the Integrated Commissioning Unit engages an organisation to oversee and kickstart the drive to becoming dementia friendly.

Recommendation 2 - That the successful applicant/organisation submits an application to the 'working to become dementia friendly' on behalf of Southampton.

Recommendation 3 - That the Council works with existing members of the Southampton Dementia Partnership to establish a Dementia Action Alliance in Southampton.

Recommendation 4 - That the Council use strategic drivers such as the community safety plan, health and wellbeing strategy, local transport plan, planning function as well as strategies for older people and people with dementia as levers to reinforce the needs of people living with dementia.

Recommendation 5 - That the Council seeks to deliver the recommendations locally identified within the Local Government Associations recently published guide to combating loneliness.

Challenge stigma and build understanding

Recommendation 6 - That Dementia Friends sessions are made compulsory for all customer facing Council employees, including elected members, and that it is included in Council and relevant Capita inductions.

Recommendation 7 - That the Council supports key staff and elected members to become dementia champions – so they can train and support other members and officers to become dementia friends and to act as ambassadors and supporters of work to promote dementia friendly communities locally.

Recommendation 8 - In partnership with the recommended Southampton Dementia Action Alliance a ‘Southampton DEMFEST’ is organised in 2017.

Accessible community activities / Acknowledge potential/ Practical support to enable engagement in community life

Recommendation 9 - With the opening of the new arts centre imminent explore funding opportunities from the Arts Council to facilitate accessible activities for people with dementia.

Recommendation 10 - Explore the opportunity to create a dementia roadmap for Southampton that provides high quality information about the dementia journey alongside local information about services, support groups and care pathways to assist primary care to support people with dementia, their families and carers.

Community-based solutions

Recommendation 11 - That the City Council’s Housing Services engages with Hampshire Constabulary to utilise new systems to locate people with dementia that have gone missing.

Respectful and responsive businesses and services

Recommendation 12 - Through the Health and Wellbeing Board and NHS Southampton Clinical Commissioning Group General Assembly Southampton GP Practices are actively encouraged to sign up to the ISPACE initiative.

Consistent and reliable travel options

Recommendation 13 - That the Council ensures that new travel and transport schemes in the city incorporate dementia friendly design principles.

Easy-to-navigate environments

Recommendation 14 - That City Council Planning Officers consult groups representing people with dementia in the development of the Local Plan.

Recommendation 15 - That dementia experts at the University of Southampton are invited to give feedback on the Streets and Spaces framework to ensure it reflects the specific needs of people with dementia.

Recommendation 16 - The Council/CCG proactively engages with Hammerson to identify how their resources, enthusiasm and expertise can be utilised to increase support for dementia friendly Southampton.

Recommendation 17 - That office environment audits are undertaken on all City Council customer facing buildings.

Recommendation 18 - That the City Council explores opportunities to develop a Community Toilet Scheme in Southampton.

Appendices

Appendix 1 –Inquiry Terms of Reference

Appendix 2 – Inquiry Plan

Appendix 3 – Summary of Key Evidence

Appendix 4 - Findings

Appendix 5 –Types of Dementia

Appendix 1 – Terms of Reference

Making Southampton a Dementia Friendly City Terms of Reference and Inquiry Plan

1. Scrutiny Panel membership:

- a. Councillor Coombs
- b. Councillor Burke
- c. Councillor Houghton
- d. Councillor Lewzey
- e. Councillor McEwing
- f. Councillor Painton
- g. Councillor Parnell

2. Purpose:

To review how far we are progressing in making Southampton a dementia friendly city, and to identify further actions needed using the recognised framework developed by Alzheimer's Society.

3. Background:

- In March 2012 the Department of Health published the Prime Ministers Challenge to deliver major improvements in dementia care and research by 2015.
- In August 2013 Alzheimer's Society produced 'Building dementia-friendly communities: a priority for everyone. In this report a dementia friendly community is described as:

'A city, town or village where people with dementia are understood, respected and supported, and confident they can contribute to community life. In a dementia friendly community people will be aware of and understand dementia, and people with dementia will feel included and involved, and have choice and control over their day to day lives.'

- In February 2015 the Department of Health published the Prime Ministers Challenge on Dementia 2020 which sets out the programme of action to deliver sustained improvements in health and care, create dementia friendly communities, and boost dementia research.
- The estimated number of people with dementia in Southampton is 2618 (March 2015). This figure has been rising and is expected to increase further in line with an increase in the over 65 population which is set to increase by 11% between 2012 and 2019.
- Southampton has a diagnosis rate of 65%; there is a need to review and improve the provision of post diagnostic support that is available, which includes making our city dementia friendly.
- The City has a dementia partnership that has good attendance from a range of health and voluntary sector agencies. There is an aspiration within

the partnership to extend the work into a formal framework that will enable delivery of dementia friendly community in a more co-ordinated way, to include wider representation, and to be appropriately resourced.

4. Objectives:

- d. To understand how far we are progressing in making Southampton a dementia friendly city, and to identify further actions needed.
- e. To align our work and priorities to the existing framework in place: Alzheimer's Society building dementia-friendly communities - a priority for everyone.
- f. To support the registration to the recognition process for dementia friendly communities and achieve to the 'working to become dementia friendly' symbol.

5. Methodology:

- a. Working within the existing framework - Alzheimer's Society building dementia friendly communities: a priority for everyone
- b. Benchmarking our current progress against framework
- c. Seek stakeholder views, including those living with dementia and their carers through attendance at existing networks
- d. Undertake desktop research
- e. Identify best practice

6. Proposed Timetable:

Seven meetings between September 2015 and March 2016.

7. Inquiry Plan (subject to the availability of speakers)

Meeting 1: 24th September 2015

- Introduction, context and background – Overview of Alzheimer's Society building dementia-friendly communities: a priority for everyone, and recognition process.
- Review current progress against recognition framework in Southampton.

To be invited:

- Cabinet Member for Health and Adult Social Care
- Penny Ford, Dementia Action Alliances Projects Manager, Alzheimer's Society
- Sara Miles, Programme Manager, Dementia Friendly Communities, Alzheimer's Society
- Debbie Morshead, Andover Mind, Dementia Friendly Hampshire Project Lead
- Barry Dickinson, Commissioner, Integrated Commissioning Unit, Portsmouth City Council & NHS Portsmouth Clinical Commissioning Group

Between meetings 1 and 2 – Consultation event engaging people with dementia and their carers.

Meeting 2: 29th October 2015

To develop an understanding, and identify best practice in the following areas:

- **Challenge stigma and build understanding** – work to breakdown the stigma of dementia, including seldom heard communities, and increase awareness and understanding of dementia
- **Acknowledge potential** – ensure that people with dementia themselves acknowledge the positive contribution they can make to their communities, build on the goodwill in the general public to make communities dementia friendly
- **Practical support to enable engagement in community life, and accessible community activities** – Offer organised activities that are specific and appropriate to the needs of people with dementia. Also ensure that existing leisure services and entertainment activities are more inclusive of people with dementia.

To be invited:

- Karen Cotton, Lead Admiral Nurse, Solent NHS Trust
- Sharon Harwood, Integrated Service Matron/Learning Facilitator, Southern Health NHS Foundation Trust
- Gary Walker, Services Manager Team South, Alzheimer's Society
- Sue Dewhirst, Public Health Support Manager, Public Health England South East
- Sally Denley, Public Health Development Manager, Southampton City Council
- Community Solutions Group, Southampton Integrated Commissioning Unit
- Arts Council South West

Meeting 3: 19th November 2015

To develop an understanding, and identify best practice in the following areas:

- **Community based solutions** – support people with dementia in whatever care setting they live, from maintaining independence in their own home to inclusive, high quality care homes. Community based solutions to housing can prevent people from unnecessarily accessing healthcare and support people to live longer in their own homes.

To be invited:

- Head of Housing Services, Southampton City Council
- Supported Services Manager, Southampton City Council
- Quality Lead for Residential and Care Homes, Southampton Integrated Commissioning Unit
- Community Solutions Group, Southampton Integrated Commissioning Unit

Meeting 4: 3rd December 2015

To develop an understanding, and identify best practice in the following areas:

- **Respectful and responsive business and services** – promote awareness of dementia in all shops, businesses and services so all staff demonstrated understanding and know how to recognise symptoms. Encourage organisations to establish strategies that help people with dementia utilise their business.
- **Consistent and reliable travel options** – ensure that people with dementia can be confident that transport will be consistent, reliable and responsive and respectful to their needs.

To be invited:

- Katherine Barbour, Senior Project Manager, Wessex Academic Health Science Network
- Phil Williams, Age UK Southampton
- Dianne Bizley, Solent Mind
- Sara Baily, Voluntary Sector Liaison Manager, Southampton Integrated Commissioning Unit
- Local bus operators
- Travel and Transport, Southampton City Council

Meeting 5: 21st January 2016

To develop an understanding, and identify best practice in the following areas:

- **Ensure an early diagnosis** – ensure access to early diagnosis and post-diagnostic support. Have health and social care services that are integrated and delivering person-centred care for people with dementia in all settings.

To be invited:

- Adult Social Care, Southampton City Council
- Dr Sue Robinson, Clinical Chair, Southampton City Clinical Commissioning Group
- Dr Cliff Howells, Clinical Programme Lead for Mental Health, Southampton City Clinical Commissioning Group
- Debbie Robinson, Head of Integrated Care, Southern Health NHS Foundation Trust
- University Hospital Southampton NHS Foundation Trust

Meeting 6: 25th February 2016

To develop an understanding, and identify best practice in the following areas:

- **Easy to navigate environments** – ensure that the physical environment is accessible and easy to navigate for people with dementia

To be invited:

- Housing, Southampton City Council
- Planning Policy, Conservation and Design, Southampton City Council

- Dr Ruth Bartlett, University of Southampton, Dementia Action Research and Education Network

Between the final evidence gathering meeting and agreeing the final report – Consultation event discussing emerging recommendations with people with dementia and their carers.

Meeting 7: Date TBC

To approve the final report of the inquiry and recommendations.

Appendix 2 - Inquiry Plan

DATE	MEETING THEME	TOPIC DETAIL	EVIDENCE PROVIDED BY
24/09/15	<p>Agree Terms of Reference</p> <p>and</p> <p>Introduction to the Inquiry</p>	Introduction, context and background.	<ul style="list-style-type: none"> • Councillor Shields (Cabinet Member for Health and Social Care) • Penny Ford (Dementia Action Alliances Projects Manager, Alzheimer’s Society) • Debbie Morshead (Dementia Friendly Hampshire Project Lead, Andover Mind) • Amanda Luker (Commissioner, Southampton Integrated Commissioning Unit) <p>Items appended to reports:-</p> <ul style="list-style-type: none"> • Inquiry draft Terms of Reference and Inquiry Plan • Building Dementia Friendly Communities: A priority for everyone, Alzheimer’s Society
29/10/15	<p>Challenge Stigma</p> <p>Acknowledge Potential</p> <p>Engagement in Community Life</p> <p>Accessible Community Activities</p>	To develop an understanding of the current position in Southampton and best practice.	<ul style="list-style-type: none"> • Sue Dewhirst (Public Health Support Manager, Public Health England) • Sally Denley (Public Health Development Manager, SCC) • Karen Cotton (Lead Admiral Nurse, Solent NHS Trust) • Gary Walker (Services Manager South Hampshire, Alzheimer’s Society) <p>Items appended to reports:-</p> <ul style="list-style-type: none"> ○ Feedback from a visit to the Memory Café at Medwall Court ○ Links to Arts Council initiatives

DATE	MEETING THEME	TOPIC DETAIL	EVIDENCE PROVIDED BY
19/11/15	Community Based Solutions	To develop an understanding of the current position in Southampton and best practice.	<ul style="list-style-type: none"> • Dr Rosalind Willis (Lecturer in Gerontology, Centre for Research on Ageing, University of Southampton) • Carol Alstrom (Associate Director of Quality, Integrated Commissioning Unit) • Morag Forrest-Charde (Integrated Care Transformation Manager, Integrated Commissioning Unit) • Nick Cross (Head of Housing Services, SCC) • Jean Brown (Supported Services Manager, SCC)
03/12/15	Respectful and Responsive Business and Services Consistent and Reliable Travel Options	To develop an understanding of the current position in Southampton and best practice.	<ul style="list-style-type: none"> • Phil Williams (Health & Wellbeing Development Officer, Age UK Southampton) • Katherine Barbour (Senior Programme Manager, Wessex Academic Health Science Network & Dementia Friendly Portswood High Street Volunteer) • Paul Walker (Travel and Transport Manager, SCC) • Matt Kitchin (General Manager, Bluestar, Southern Vectis and Unilink, Go South Coast Ltd) • Chrissie Bainbridge (Business Performance Director, First Hampshire, Dorset and Berkshire, General Manager Southampton)
21/01/16	Ensure an Early Diagnosis	To develop an understanding of the current position in Southampton and best practice.	<ul style="list-style-type: none"> • Dr Cliff Howells (Clinical Programme Lead for Mental Health, NHS Southampton Clinical Commissioning Group and Southampton GP) • Dr Maged Swelam (Consultant Psychiatrist, Older People Mental Health, Southern Health NHS Foundation Trust) <p>Items appended to reports:-</p>

DATE	MEETING THEME	TOPIC DETAIL	EVIDENCE PROVIDED BY
			<ul style="list-style-type: none"> ○ Joint declaration on post-diagnosis dementia care and support
25/02/16	Easy to Navigate Environments	To develop an understanding of the current position in Southampton and best practice.	<ul style="list-style-type: none"> ● Dr Ruth Bartlett (Associate Professor in Ageing and Social Research, Faculty of Health Sciences, University of Southampton) ● Darren Shorter (City Design Group Leader, Planning, SCC) ● Jonathan Brookes (Community Manager, Hammerson)
26/04/16	Agree final report.	Approve report for submission to Overview and Scrutiny Management Committee	N/A

The minutes for each meeting, the evidence submitted to the Scrutiny Inquiry Panel and presentations delivered at each meeting is available at: - <http://www.southampton.gov.uk/modernGov/ieListMeetings.aspx?CommitteId=624>

Appendix 3 – Summary of Key Evidence

Scrutiny Panel – Making Southampton Dementia Friendly

Inquiry Meeting 1 – 24 September 2015

Introduction to the inquiry

Summary of information provided:

Cabinet Member for Health and Social Care, SCC – Councillor Shields

- Welcomes the inquiry. Good chance to find out what is going on across the city and to position Southampton as a leading dementia friendly city in Europe.
- Key challenges in the city include: Appropriate mix of housing to support people to live independently; making our town and district centres dementia friendly; equipping public sector staff; understanding the leadership required from the City Council.

Dementia Action Alliances Projects Manager, Alzheimer's Society – Penny Ford

- 850,000 people with dementia in the UK by 2015, predicted to be 2m by 2051
- £26.3 billion per year (£11.6 billion unpaid care)
- 51% carers in work
- Two thirds of people with dementia live in the community. The more support we can give people with dementia to remain independent the better for the individual and the greater the savings on hard pressed public finances.
- A wide range of organisations, all working to become dementia friendly, through awareness raising, reviewing current practices and adapting to meet the needs of people living with dementia.
- Currently 170 Local Dementia Action Alliances: Steering Group of local stakeholders working with organisations and businesses to support and encourage them to take actions to work to become dementia friendly.
- There is a Dementia Friendly Community Assessment and a requirement for a 6 monthly progress update.
- Where should Southampton focus? – Concentrate on a few areas first; more Dementia Friends needed; work with bus companies to make sure people with dementia can get around the city; organise dementia awareness sessions for community groups; improve clarity of signage.
- Some good examples – Medway, York Railway Station

Project Lead, Dementia Friendly Hampshire - Debbie Morshead (Andover Mind)

- Dementia Friendly Hampshire Project commenced in March 2013 (Phase 1 was up to 2015)
- 1 full time and 6 part time employees – HCC funded
- 6 key objectives of the Dementia Friendly Hampshire Project:

- Consultation and engagement (C&E)
- Awareness
- Peer support – identify gaps in service provision
- Ambassadors – The face of the campaigns, championing the cause
- Hampshire Dementia Action Alliance (HDAA)
- Dementia Friendly High Streets
- Results achieved:
 - C & E - 141 events, 1025 people
 - Promotional Events – 249
 - Dementia Ambassadors – 26
 - Dementia Action Groups – 10 firm, 16 under development
 - Awareness - 348
 - Dementia Friends - 3404
 - Peer Support (new groups) - 23
 - HDAA - 440
 - Dementia Friendly High Streets - 10
- Dementia Friendly Hampshire look after the admin to enable the various Dementia Action Groups to focus on making a difference in the community and fund raising.
- Hampshire Constabulary and Fire and Rescue are signed up
- Good practice / How to guides have been developed for businesses and shopping centres.
- Top tips to creating dementia friendly communities:
 - Keep it personal
 - Be flexible
 - Sufficient resources and consider sustainability early in process
 - Communication is key
 - Let communities lead but key has been a dedicated team to oversee and kick start process
 - Involve everyone
 - Enjoy!
 - Southampton – Opportunities for inter-generational work with student population.

Commissioner, Southampton Integrated Commissioning Unit - Amanda Luker

- A Dementia Partnership exists in Southampton. Would like to establish a Dementia Action Alliance.
- Last year, working with a range of voluntary sector providers, a number of social activity groups were provided funding for 1 year to pilot initiatives. Including – art, seafaring, singing for the brain, walking, green care project at Down to Earth community farm.
- Some groups have been successful and have secured alternative funding. Some groups were not well attended and may not have been what people with dementia were looking for.
- Memory Cafes in the city supported by Admiral Nurses.
- Gaps in the city identified include – Awareness in care homes / residential homes, buses, engagement work about what people in Southampton want.

Conclusions from meeting:

- Significant benefits associated with communities becoming dementia friendly.
- Clear merits in having a dedicated team to oversee and kick start the process of becoming dementia friendly.
- Good practice exists in Hampshire and elsewhere and there are clear opportunities to learn from others.
- Need to ensure that people with dementia and their carers are fully engaged in the process.
- More Dementia Friends are needed.
- There is enthusiasm and support to make Southampton dementia friendly – start the process asap and don't wait until the inquiry is finished to make a difference.

Inquiry Meeting 2 – 29 October 2015

Challenge Stigma, Acknowledge Potential, Engagement in Community Life & Accessible Community Activities

- 6 Panel Members attended the Dementia Friends awareness session on 26th October 2015.

Summary of information provided:

A Public Health Perspective – Sue Dewhirst, Public Health Support Manager, Public Health England (PHE) & Sally Denley, Public Health Development Manager, SCC

- A briefing paper providing an update on current dementia projects undertaken by PHE and PHE South East (Wessex) was circulated. [Public Health England Briefing](#)
- Dementia is one of the 7 key priorities for PHE.
- Recognition that the uptake of Dementia Friends awareness sessions in Southampton needs to be increased. There is a need to identify gaps in the city where Dementia Friends sessions could be delivered.
- Opportunities to increase awareness across SCC by including Dementia Friends awareness session in the new employee induction programme and to make it compulsory for every customer facing employee and Councillor to attend a Dementia Friends awareness session.
- PHE are developing awareness and prevention leaflets and posters. There is value in ensuring these are distributed throughout the network of community centres and notice boards across Southampton, as well as through social media and the council's website.
- The Wessex Academic Health Science Network - Hoping to introduce John's campaign to UHS and Southern and Solent hospital services in Southampton; working well with GP Surgeries to make them dementia friendly; opportunity to develop a **dementia roadmap** for Southampton (a web based platform that provides information about the dementia journey alongside local information

about services, support groups and care pathways). More details from Katherine Barbour in December.

- Good practice regarding the NHS Health Checks (NHS HC) in Southampton - local training sessions last year to look at signs and symptoms of dementia and the role of the awareness raising in the NHS HC. This was run by Southern Health, Solent and Public Health (SCC) – 1 hour sessions in GP surgeries to capture the practice nurses and HCAs.
- Good feedback about it. During this training we decided to change our protocol around the awareness raising and ensure that all people seen for an NHS HC are told that the risk factors for Cardiovascular Disease are the same for Vascular dementia – promoting raising awareness from age 40+ rather than the recommended over 65s when it is potentially too late.

Lead Admiral Nurse, Solent NHS Trust – Karen Cotton

- Admiral Nurses are specialist dementia nurses who give practical and emotional support to family/informal carers, as well as the person with dementia.
- They have provided training sessions for Solent NHS employees on dementia awareness. This has helped Solent NHS employees to deliver dementia screening as part of their visits, helping to raise awareness and diagnosis of dementia in Southampton.
- Confidence is key to acknowledging potential and for people with dementia to engage in community life. Admiral Nurses work with people with dementia to give them confidence to understand and manage risk and to keep doing things they were doing pre-diagnosis as this is usually preferable to creating specialist activities.
- Society can be supported to become more confident in supporting people with dementia to enable them to continue to undertake social activities. Dementia Friends awareness is very important in building confidence within communities. More can be done in Southampton to encourage community groups, societies, cafes, churches and pubs etc to be dementia friendly.
- Specific issues raised related to the provision of respite care, and the importance of a range of respite options for carers to choose from, and the variation in the approach and attitude of banks towards people with dementia.

Services Manager South Hampshire, Alzheimer's Society - Gary Walker

- A presentation was delivered by Gary Walker - [Alzheimer's Society Presentation](#)
- Historically Alzheimer's Society have not been very active in Southampton. Following the recent grant award from the ICU activity levels are growing.
- Alzheimer's are working with Memory Advisors and Admiral Nurses. Working together we can make a difference to help people living with dementia (Inc. carers) stay in control for longer.
- Alzheimer's now run a number of groups in Southampton although sustainability is a concern. Potential to significantly increase reach to people and their carers who live with Dementia in Southampton.

- Working in partnership with Southampton Football Club has opened up opportunities to increase the number and sustainability of groups, with the potential to bring in additional external funding.
- 'One Million Hands' Partnership with the Scouts could help to reduce the stigma by 'normalising' dementia amongst this generation. Targeting schools is key.
- It is important that there is an increase in the numbers of Dementia Friends within Southampton; stronger links are developed with Mental Health; referral routes into social activities are improved; operational support is provided for a local structure in Southampton to develop and maintain a sustainable DFC (see recommendation from report on Consultation feedback).

Arts Council

- Amanda Luker, Commissioner within the ICU, outlined the funding opportunities that are available from the Arts Council to help support people with dementia.

Conclusions from meeting:

- Dementia Friends can make a significant difference to reducing stigma, and increasing engagement in community life. More Dementia Friends are needed in Southampton.
- Opportunities exist to increase awareness in the council by making Dementia Friends sessions compulsory for all customer facing employees and including it in council inductions.
- Activity and awareness is growing in Southampton. Co-operation and co-ordination is essential to maximise opportunities and effectiveness to support people with dementia and their carers. A Dementia Action Alliance would help this process.
- Need to improve referral routes into social activities.
- Explore funding opportunities from the Arts Council.

Inquiry Meeting 3 – 19 November 2015

Community Based Solutions

Summary of information provided:

Lecturer in Gerontology: Centre for Research on Ageing, University of Southampton - Dr Rosalind Willis

- A presentation was delivered by Dr Willis - [Insights from a Gerontologist's research](#)
- The numbers of people with dementia are not increasing as quickly as was once predicted - Potentially due to healthier lifestyles, better education, improvements in care, etc.
- Carers who had familiarity with the social care system were more satisfied

- Many South Asian carers viewed social services as fulfilling an important role, and something to be used when absolutely necessary (at crisis point) - Formal social services are not incompatible with British Asian cultural values
- 'One-stop-shop' memory clinics can provide access to a range of helpful services (joined-up care)
- Continuity of care is valued and important in dementia care
- Need to improve communication between social services and carers/service users at every stage of the process: Outreach, assessment, meet language needs at all stages, more follow-up calls / visits (not dropped from caseload)
- These issues are particularly problematic for the South Asian group, who had additional barriers to knowledge about social care services.

Associate Director of Quality, Integrated Commissioning Unit – Carol Alstrom

- Mixed picture regarding care homes in Southampton and supporting people with dementia. Some homes are responding to the dementia challenge (Fair Havens care home is exceptional and has even trained kitchen staff as well as care staff). The ICUs role is to drive up standards amongst the 9 nursing homes and 54 residential care homes.
- Care homes can take an assessment against a 'dementia friendly' toolkit. The ICU is encouraging this and is supporting care homes to make improvements.
- A number of training sessions focussing on dementia awareness and support for People with dementia (PWD) are offered by SCC.
- Dignity Champions Network & Dignity Forum; Residential Homes Forum; Bi-monthly meeting of Registered Managers all help to raise the profile of dementia awareness and share good practice across care homes in Southampton.
- The creation of the ICU has helped with co-ordination and communication. Providing staff training on dementia is a contracting criteria for care homes that provide services for PWD.
- Good progress made but need to build on work developed through the Domiciliary Care Framework and transfer this to care homes.
- Training is an ongoing challenge because of high staff turnover in sector (as much as 50%). Estimated that around 25% of employees have been provided with dementia awareness sessions.

Integrated Care Transformation Manager, Integrated Commissioning Unit - Moraig Forrest-Charde

- A presentation was delivered by Moraig Forrest-Charde – Southampton Better Care vision
- The Southampton Better Care Plan should contribute to improving the lives of PWD by ensuring that care is integrated and centred on the needs of the individual, and that services are more proactive at identifying need.
- The new Domiciliary Care Framework commenced in spring 2015. 14 agencies are now delivering care to 1,200 people in their own homes (if council funded). This is a significant reduction in agencies.
- The new framework has a strong emphasis on staff awareness and skills

- The new framework has resulted in a number of improvements through improved communications and trust, sharing good practice and improving quality through stronger relationships.
- Working with agencies to provide personalised services – Working towards flexible care and support plans (inc banking time when the individual needs more care).
- Providers undergo ICU led quality reviews that supports the performance and contract meetings.
- The Domiciliary Care Forum meets quarterly – Working to improve outcomes and make framework a success.
- Good engagement with GPs, working closely with SCC Housing Services and now beginning to reach out to housing associations. Looking for council support to access private landlords.

Head of Housing Services, SCC – Nick Cross & Supported Services Manager, SCC – Jean Brown

- A presentation was prepared by Nick Cross and Jean Brown – [Housing Services](#)
- SCC Housing Services deliver a number of supported housing schemes across the city to help people to live independently.
- SCC has invested in buildings to improve standards. New builds include Erskine Ct an Extra Care development built following HAPPI principles (Housing our Ageing Population Panel for Innovation) with a development planned at Woodside Lodge.
- New build schemes are easier than re-designing existing properties such as Graylings and Manston Ct, a vibrant scheme that has been re-modelled using designing for dementia principles.
- Specific housing initiatives are supported by the ‘Decent Neighbourhoods Programme’ that has been improving the public realm and communal spaces using design guidelines, and the programme of adaptations to homes to enable people to continue to live independently.
- Dementia Friendly Fun Fridays – Successful volunteer led initiative from Marston Ct. Preliminary findings show that for every £1 invested there has been a £44.69 return in wellbeing and social value.
- Working with the Saints Foundation.
- All housing staff working with older people have undertaken dementia awareness sessions. In Supported Services 3 or 4 officers are Dementia Champions.
- Number of opportunities and challenges for housing including transport; engaging local businesses and communities with housing schemes (Graylings off Shirley High example of scheme struggling to engage with community); supporting younger people with dementia and ensuring that the right tenants are in the properties; and exploring the potential of telecare in the city (including working with partners such as Hampshire Constabulary).
- Telecare – Potential to further engage with Hampshire Constabulary to link with developing technologies to help locate people with dementia that go missing.

Conclusions from meeting:

- Evidence of strong links and integrated services between housing / Integrated Commissioning Unit / domiciliary care / residential and nursing care that are helping to provide community based solutions for people with dementia.
- Recognition of importance of training and dementia awareness – Consider dementia awareness training for Action Line staff.
- As part of the development of telecare in the city SCC could further explore the potential of engaging with Hampshire Constabulary to utilise new systems to locate people with dementia that have gone missing.

Inquiry Meeting 4 – 3 December 2015

Respectful and Responsive Business and Services
Consistent and Reliable Travel Options

Summary of information provided:**Health & Wellbeing Development Officer, Age UK Southampton – Phil Williams**

- Age UK Southampton are working closely with Business in the Community (BITC) to encourage businesses to support local voluntary organisations. Working with their Community Social Responsibility reps is often productive. It is a win/win situation for businesses and communities.
- Key to dementia friendly high streets is to work with a community that is enthusiastic and start small, if it is seen to work it will escalate.
- Need to engage with banks and post offices.
- Dementia Friends awareness is key. Get staff in businesses aware of dementia.
- Age UK Southampton are leading a review into assisted transport for older people. Engaging with SCA and SCC.
- Age UK Southampton have undertaken an office environment audit to become a dementia friendly office through a national Age UK initiative working with Innovations in Dementia. It was a simple process that identified the importance of clear signage so that people with dementia know that they are in the right place, where the toilets are and how to navigate themselves back to where they need to be.

Senior Programme Manager, Wessex Academic Health Science Network (WAHSN) & Dementia Friendly Portswood High Street Volunteer – Katherine Barbour

- [Handout](#) provided on the work of the WAHSN focussing on dementia.
- ISPACE programme to make GP surgeries dementia friendly – The Old Fire Station Surgery was the first to complete the process and others are in train but only 10% of Southampton GP practices have engaged in the initiative so far.
- Acute Development Programme – UHS has an active Memory Café, Admiral Nurses are engaged, Memory Box (Wessex Heritage Trust Lottery Funded

initiative) on wards at UHS and all Wessex acute hospitals are either signed up to, or in the process of signing up to John's Campaign (campaign that carers of people with dementia should have the same rights as the parents of children when admitted to hospital).

- Portswood, Highfield and St Denys Dementia Action Group are attempting to make Portswood a Dementia Friendly High Street – Active steering group meets regularly.
- Progress has stalled – Hampshire had paid employees driving progress. It is a big time commitment for volunteers. Would like to work with Dementia Champions.
- Continuing to deliver Dementia Friends information sessions on a monthly basis.
- Would support a 'DemFest' in Southampton in 2016.

Travel and Transport Manager, Southampton City Council – Paul Walker

- A [presentation](#) was delivered by Paul Walker on legible cities and networks and the improvements made to the branding, consistency and legibility of signage in Southampton.
- Improved stop kerb facilities to make getting on and off buses easier, and through the Better Bus area funding installed next stop audio and visual announcements on buses across South Hampshire.
- Many services are route branded to assist people getting on the right bus.
- Developing "super stops" which are easier to use.
- Recognition that the council could use its influence to ensure that new travel and transport schemes in the city incorporate dementia friendly design principles, especially when the council part funds initiatives.
- The Travel and Transport Manager would review the Key Performance Indicators used to monitor the contract with SCA to see if they identified support for people with dementia.

General Manager, Bluestar, Southern Vectis & Unilink at Go South Coast Ltd – Matt Kitchin

- A presentation was prepared by Matt Kitchin – [Go South Coast](#)
- Recently launched new fleet of buses with light coloured flooring designed following feedback from people with dementia.
- Engaged in the Dementia Alliance on the IOW – used a bus to raise awareness of dementia on the Island that is utilised by the NHS. The initiatives brought people with dementia back onto the IOW bus network.
- Extensive dementia awareness initiatives undertaken by staff, including all drivers, and it is now embedded into the Certificate of Competency Training Course (CPC).
- Rolling out safe journey cards across the network. Options to include a phone number of a contact on the card.
- Communicate timetable changes on set times each year. Alongside publication of new route specific timetables they work with the Daily Echo, Pensioners Forum and hospital groups to raise awareness of any timetable

changes. Timetables are distributed wherever they are requested including libraries. Inevitable not all people are informed.

- Willing to work with Age UK to designate the Bluestar office in Southampton a 'Safe Haven'.

Business Performance Director, First Hampshire, Dorset & Berkshire. General Manager, Southampton - Chrissie Bainbridge

- A presentation was prepared by Chrissie Bainbridge – [First Bus](#)
- Driver training on dementia awareness – A CPC module is undertaken by drivers developed in conjunction with Alzheimer's Society and the Mental Health Action Group.
- Heart-warming to see the change in attitude of some drivers following the sessions. Training has been hugely beneficial and feedback has been positive.
- Need to do more to roll out awareness sessions across all staff groups.
- Safe Journey cards issued similar to Go South Coast Ltd and next stop audio on buses is working. Radios on board buses have also been used to look out for people with dementia that have gone missing.
- Timetables are provided in one book, not route specific timetables. Sent to anybody who asks for it or is on the mailing list.
- Happy to work with Age UK for First offices to become a 'Safe Haven'.

Conclusions from meeting:

- Consider office environment audit for all SCC customer facing buildings.
- Potential for DemFest 2016 in Southampton.
- Opportunity for the council to use its influence to ensure that new travel and transport schemes in the city incorporate dementia friendly design principles, especially when the council part funds initiatives.
- Progress is being made by SCC and bus operators to make services more dementia friendly.

Inquiry Meeting 5 – 21 January 2016

Ensure an early diagnosis

Summary of information provided:

Clinical Programme Lead for Mental Health NHS Southampton City Clinical Commissioning Group - Dr Cliff Howells

- 70% diagnosis rate for dementia in Southampton. Diagnosis rates have increased dramatically due to work across the system.
- GP's are getting better at diagnosing dementia. Tests for dementia will improve.

- The City Council's website is a useful tool for signposting people to support. Financially it is better to have these tools signposting people with dementia (PWD) and their carers to support rather than GP's themselves.
- In the city Community Navigator roles are available to individuals living with dementia and their carers to provide a way of linking people up to activities and services in the community that they may benefit from, including non-medical services providing social, practical or emotional support.
- Within Primary Care support for PWD includes a wider team of professionals than just GP's. Senior Nurse Practitioners are increasingly being used to support and diagnose PWD.
- The Better Care Fund is leading to closer integration between health and social care. Systems on the ground are being streamlined leading to better outcomes for PWD. There is more to do.
- Encouraging Southampton GP Practices to sign up to ISPACE (programme to make GP surgeries dementia friendly) – Once a few surgeries start to demonstrate the benefits of ISPACE this initiative will roll out quickly across the city.
- BME communities – Cultural issues can deter people from BME communities in Southampton from accessing services at the right time, or at all. Accessing the community is key. Identified good practice includes outreach through the mosques and temples and into West Itchen Trust.
- There is an issue of ensuring that dementia awareness and support leaflets are available in GP Surgeries.

Consultant Psychiatrist, Older People Mental Health, Southern Health NHS Foundation Trust - Dr Maged Swelam

- Memory Clinics are run by Southern Health at Moorgreen Hospital and Western Community Hospital. Assessments are also undertaken in the community.
- Early referrals from primary care has increased. 47% of primary care dementia referrals to Southern Health are for people with mild cognitive impairments. In 2008 not many patients were seen at this early stage.
- Secondary care memory assessment are not self-referral, however the memory advisory service will accept referrals from a number of sources including self-referral.. All contact is followed up by a letter to their GP.
- Southern Health will continue to see people in clinics until they are stable. Memory Advisors signpost people to services.
- Services are now working more collaboratively. In the last 18 months following the establishment of the Better Care Fund there is improved working across sectors (primary care, acute, mental and physical health, and adult social care). Dr Swalem meets on a regular basis with stakeholders from across the system, including the Admiral Nurses, GP's and housing services, to address issues and improve outcomes for patients. Organisational boundaries are becoming blurred.
- Memory checks are now part of the NHS Health check programme.
- In Southampton Southern Health and GP's encourage PWD to talk about financial issues, including power of attorney, at an early stage.

- Loneliness is an issue across the city. It has been linked in some studies to an increased risk of Alzheimer's disease. There is a need to signpost these people to activities in voluntary groups.

Conclusions from meeting:

- Diagnosis rates in Southampton have significantly improved.
- The closer integration of health and care services is helping streamline processes. There is increasing collaboration and sharing good practice.
- More work is required through the Better Care Fund to improve the service received by PWD and their carers.
- There is an issue of ensuring that dementia awareness and support leaflets are available in GP Surgeries.
- Combating loneliness would help to address a number of issues in the city.
- The LGA has recently published a guide to [combating loneliness](#) for local authorities.

Inquiry Meeting 6 – 25 February 2016

Easy to navigate environments

Summary of information provided:

Associate Professor in Ageing and Social Research, Faculty of Health Sciences, University of Southampton - Dr Ruth Bartlett

- A [presentation](#) was delivered by Dr Bartlett.
- In addition to the understood memory problems dementia also impacts on sensory abilities. Therefore design is important for people with dementia (PWD).
- PWD cannot always process what they see properly. It effects vision and hearing so flooring and music in retail centres can be problematic.
- PWD have rights to expect effective measures to be taken to promote social inclusion and mobility under the UN Convention on the Rights of Person with a Disability.
- Six design principles for a Dementia Friendly Community
 1. Familiarity
 2. Legibility – Southampton's is generally clear and good
 3. Distinctiveness
 4. Accessibility
 5. Safety
 6. Comfort
- New technologies are being developed to support PWD (linked to discussion on telecare and housing at meeting 3).

City Design Group Leader, Southampton City Council – Darren Shorter

- In November 2015 SCC published a [Streets and Spaces Framework](#) that sets out public realm design guidance for Southampton city centre that expresses, in greater detail, the aspirations set out in the City Centre Action Plan.
- The 6 principles of design for PWD are the same principles for good place making within the public realm.
- In developing the Framework a number of studies of design environments with health issues in mind were reviewed.
- The Framework recognises that the physical environment impacts on people's mental health and encouraging better connected environments.
- Key design themes, following stakeholder engagement, include:
 1. Continuity and consistency in design
 2. Legibility
 3. Comfort – Massive increase in seating in city centre over past decade
- Looking at opportunities to connect the new and emerging landmarks in the city together, and to reclaim some streets that are not main transport thoroughfares for pedestrians.
- Consideration to be given to removing curbing on pedestrian streets.
- General consensus that signage in the city is clear and increasingly consistent.
- Effective maintenance of the public realm is important. Maintenance costs are factored into the planning and design of the public realm in Southampton.
- The next Local Plan is in development. Opportunities to consult PWD in the development of the Local Plan.
- Opportunity for University of Southampton 'dementia experts' to give feedback on the Streets and Spaces framework to ensure it reflects the specific needs of PWD.
- Concerns were expressed about the availability of public toilet facilities in the city. A number of cities have a community toilet scheme that enables local businesses like pubs, restaurants and shops, to work together with the Council to make additional clean, safe and accessible toilets available to the public.

Community Manager, Hammerson – Jonathan Brookes

- A [presentation](#) was delivered by Jonathan Brookes
- Hammerson (owners of West Quay, as well as the emerging Watermark West Quay) recognises that there exists ethical and commercial drivers to making the retail experience dementia friendly.
- Hammerson have developed a Dementia Friendly Charter for all of their shopping centres. A toolkit runs alongside this. This reflects the BSCS Dementia Friendly Guide 2015.
- The Charter identifies 4 key areas that Hammerson retail centres will focus on: Improving staff awareness and understanding; Reviewing our store's physical environment; Supporting our employees affected by dementia; Support our local community to become more dementia friendly.
- A number of developments have taken place in West Quay to make the design of the centre more Dementia Friendly. This includes improving the acoustics to reduce background noise; installing comfortable seating;

improving lighting levels at entrances and exits; improving wayfinding to toilets and accessible disabled facilities.

- Further adaptations to the physical environment are planned at West Quay including: An audit by third party to support creation of revised action plan; Providing a quiet space in stores for people to sit and relax; Project to improve overall way finding- this will assist a person who may have dementia to find entrances, exits and toilets; Car parks - Marked bays with colour coding scheme and improved pedestrian access routes; Retailer Engagement - Tenant fit out manual guidelines and retail delivery guide.
- People focussed changes planned include: Training and awareness - Dementia champions and training for all front line staff; Dementia-friendly customer service - focus on increasing staff awareness; Retailer Engagement - monthly meetings, retail liaison and mystery shopping.
- Supporting the local community – A community plan exists for West Quay, working with local stakeholders; Encourage the use the centre as a community space for initiatives such as Dementia Friends session and ‘tea and talk; Keen to engage in Dementia Awareness Week; Seed funding exists to set projects up, this could help support Dementia Friendly Community initiatives in Southampton.
- Dementia awareness training – Very early stages regarding working with retailers but rolling this out for Hammerson employees.

Conclusions from meeting:

- Due to sensory and cognitive challenges design is important to enable PWD to continue to be active citizens.
- New technologies are being developed to support PWD
- The Council’s new Street and Spaces Framework incorporates the principles of design for PWD within the principles for good place making within the public realm.
- Opportunities exist to consult PWD in the development of the Local Plan.
- Opportunity for University of Southampton ‘dementia experts’ to give feedback on the Streets and Spaces framework to ensure it reflects the specific needs of PWD.
- Consideration should be given to implementing a community toilet scheme in Southampton.
- Positive developments at West Quay for PWD. Opportunities exist to work with Hammerson to support local dementia awareness initiatives and to engage with the Council & CCG on events marking Dementia Awareness Week, including the New Arts Centre.

Appendix 4 – Findings

Key Area of Focus for communities working to become dementia friendly	Positive Developments in Southampton	Weaknesses / Opportunities for Southampton	Recommendations
<p>General Co-ordination and Strategic Direction</p>	<ul style="list-style-type: none"> • Hampshire Constabulary and Hampshire Fire and Rescue are already signed up to Hampshire’s Dementia Action Alliance. • Good neighbour scheme being explored/developed. 	<ul style="list-style-type: none"> • Co-operation and co-ordination is essential to maximise opportunities and effectiveness to support people with dementia and their carers. • Opportunity exists for the Council to use its influence to promote the needs of people living with dementia. • Loneliness is an issue across the city. It has been linked in some studies to an increased risk of Alzheimer’s disease. Combating loneliness would help to address a number of issues experienced in the city, including progressing dementia friendly Southampton. 	<ol style="list-style-type: none"> 1. That the Integrated Commissioning Unit engages an organisation to oversee and kickstart the drive to becoming dementia friendly. 2. That the successful applicant /organisation submits an application to the ‘working to become dementia friendly’ on behalf of Southampton. 3. That the Council works with existing members of the Southampton Dementia Partnership to establish a Dementia Action Alliance in Southampton. 4. That the Council use strategic drivers such as the community safety plan, health and wellbeing strategy, local transport plan, planning function as well as strategies for older people and people with dementia as levers to reinforce the needs of people living with dementia. 5. That the Council seeks to deliver the recommendations locally identified within the Local Government Associations recently published guide to combating loneliness.

Key Area of Focus for communities working to become dementia friendly	Positive Developments in Southampton	Weaknesses / Opportunities for Southampton	Recommendations
<p>Challenge stigma and build understanding</p>	<ul style="list-style-type: none"> • Activity and awareness is growing in Southampton. • ‘One Million Hands’ Partnership with the Scouts could help to reduce the stigma by ‘normalising’ dementia amongst this generation. 	<ul style="list-style-type: none"> • More Dementia Friends are needed in Southampton. • Opportunities exist to increase awareness in the Council. • Demfest 2015, that took place at the Sir Harold Hillier Gardens, raised awareness of dementia across Hampshire. 	<ol style="list-style-type: none"> 6. That Dementia Friends sessions are made compulsory for all customer facing Council employees, including Councillors, and that it is included in Council / Capita inductions. 7. That the Council supports key staff and elected members to become dementia champions – so they can train and support other members and officers to become dementia friends and to act as ambassadors and supporters of work to promote dementia friendly communities locally. 8. In partnership with the recommended Southampton Dementia Action Alliance a ‘Southampton DEMFEST’ is organised in 2017.
<p>Accessible community activities</p> <p>Acknowledge potential</p>	<ul style="list-style-type: none"> • Working with a range of voluntary sector providers, a number of social activity groups were provided funding for 1 year to pilot initiatives. Including – art, seafaring, singing for the brain, walking, green care project at Down to Earth community farm. • Mapping socials networks and existing resources, ensuring that these are 	<ul style="list-style-type: none"> • Supporting organisations to secure external funding from businesses to secure long term future by developing sustainable economic model. • Potential to significantly increase reach to people and their carers who live with Dementia in Southampton. 	<ol style="list-style-type: none"> 9. With the opening of the new arts centre imminent explore funding opportunities from the Arts Council to facilitate accessible activities for people with dementia. 10. Explore the opportunity to create a dementia roadmap for Southampton.

Key Area of Focus for communities working to become dementia friendly	Positive Developments in Southampton	Weaknesses / Opportunities for Southampton	Recommendations
Practical support to enable engagement in community life	<p>recorded and updated on a single portal; Southampton Information Directory</p> <ul style="list-style-type: none"> Admiral Nurses, specialist dementia nurses who give practical and emotional support to family/informal carers, as well as the person with dementia are active in Southampton. Memory Cafes, Memory Advisers 	<ul style="list-style-type: none"> Need to improve referral routes into social activities. Opportunity to develop a dementia roadmap for Southampton (a web based platform that provides information about the dementia journey alongside local information about services, support groups and care pathways). 	
Community-based solutions	<ul style="list-style-type: none"> SCC Housing Services deliver a number of supported housing schemes across the city to help people to live independently. SCC has invested in buildings to improve standards. New builds include Erskine Ct an Extra Care development built following HAPPI principles (Housing our Ageing Population Panel for Innovation) with a development planned at Woodside Lodge. New build schemes have been re-modelled using designing for dementia principles. Dementia Friendly Fun Fridays – Successful volunteer led initiative from Marston Ct. Preliminary findings 	<ul style="list-style-type: none"> New technologies are being developed to support people with dementia. Potential to further engage with Hampshire Constabulary to link with developing technologies to help locate people with dementia that go missing. 	11. That the City Council’s Housing Services engages with Hampshire Constabulary to utilise new systems to locate people with dementia that have gone missing.

Key Area of Focus for communities working to become dementia friendly	Positive Developments in Southampton	Weaknesses / Opportunities for Southampton	Recommendations
	<p>show that for every £1 invested there has been a £44.69 return in wellbeing and social value.</p> <ul style="list-style-type: none"> • All housing staff working with older people have undertaken dementia awareness sessions. In Supported Services 3 or 4 officers are Dementia Champions. • Evidence of strong links and integrated services between housing / Integrated Commissioning Unit / domiciliary care / residential and nursing care that are helping to provide community based solutions for people with dementia. • The creation of the Integrated Commissioning Unit has helped with co-ordination and communication. 		
Ensure an early diagnosis	<ul style="list-style-type: none"> • 70% diagnosis rate for dementia in Southampton. Diagnosis rates have increased dramatically due to work across the system. • GP's are getting better at diagnosing dementia. Tests for dementia will improve. • Early referrals from primary care has increased. 47% of primary care dementia referrals to Southern Health 		

Key Area of Focus for communities working to become dementia friendly	Positive Developments in Southampton	Weaknesses / Opportunities for Southampton	Recommendations
	<p>are for people with mild cognitive impairments. In 2008 not many patients were seen at this early stage.</p> <ul style="list-style-type: none"> • Services are now working more collaboratively. The Better Care Fund is leading to closer integration between health and social care. Systems on the ground are being streamlined leading to better outcomes for people with dementia. • Memory checks are now part of the NHS Health check programme. 		
<p>Respectful and responsive businesses and services</p>	<ul style="list-style-type: none"> • ISPACE programme to make GP surgeries dementia friendly. The Old Fire Station Surgery was the first to complete the process and others are in train. • Portswood, Highfield and St Denys Dementia Action Group are attempting to make Portswood a Dementia Friendly High Street – Active steering group meets regularly. • Age UK Southampton are working closely with Business in the Community (BITC) to encourage businesses to support local voluntary organisations. 	<ul style="list-style-type: none"> • Only 10% of Southampton GP practices have engaged in the ISPACE initiative so far. • Progress has stalled at Portswood, Highfield and St Denys Dementia Action Group – Hampshire has paid employees driving progress. 	<p>12. Through the Health and Wellbeing Board and NHS Southampton CCG General Assembly Southampton GP Practices are actively encouraged to sign up to the ISPACE initiative.</p>

Key Area of Focus for communities working to become dementia friendly	Positive Developments in Southampton	Weaknesses / Opportunities for Southampton	Recommendations
Consistent and reliable travel options	<ul style="list-style-type: none"> Improved stop kerb facilities to make getting on and off buses easier, and through the Better Bus area funding installed next stop audio and visual announcements on buses across South Hampshire. Progress is being made by SCC and bus operators to make services more dementia friendly. Bluestar recently launched a new fleet of buses with light coloured flooring designed following feedback from people with dementia. Rolling out safe journey cards across the network Extensive dementia awareness initiatives undertaken by bus operators, including all drivers, and it is now embedded into the Certificate of Competency Training Course. 	<ul style="list-style-type: none"> Opportunity for the council to use its influence to ensure that new travel and transport schemes in the city incorporate dementia friendly design principles, especially when the council part funds initiatives. Transport issues identified as a major issue by Cluster Community Action Group workshops, the ICU are mapping need and co-designing a solution. 	13. That the Council ensures that new travel and transport schemes in the city incorporate dementia friendly design principles.
Easy-to-navigate environments	<ul style="list-style-type: none"> SCC published a Streets and Spaces Framework that sets out public realm design guidance for Southampton city centre that expresses, in greater detail, the aspirations set out in the City Centre Action Plan. The 6 	<ul style="list-style-type: none"> The next Local Plan is in development. Opportunities to consult people with dementia in the development of the Local Plan. Opportunity for University of Southampton 'dementia experts' to 	<p>14. That City Council Planning Officers consult groups representing people with dementia in the development of the Local Plan.</p> <p>15. That dementia experts at the University of Southampton are</p>

Key Area of Focus for communities working to become dementia friendly	Positive Developments in Southampton	Weaknesses / Opportunities for Southampton	Recommendations
	<p>principles of design for people with dementia are the same principles for good place making within the public realm.</p> <ul style="list-style-type: none"> • Improvements made to the branding and legibility of signage in Southampton. General consensus that signage in the city is clear and increasingly consistent. • Positive developments at West Quay for people with dementia. • Age UK Southampton have undertaken an office environment audit to become a dementia friendly office through a national Age UK initiative working with Innovations in Dementia. 	<p>give feedback on the Streets and Spaces framework to ensure it reflects the specific needs of people with dementia.</p> <ul style="list-style-type: none"> • Opportunities exist to work with Hammerson to support local dementia awareness initiatives and to engage with the Council & CCG on events marking Dementia Awareness Week, including the New Arts Centre. • Opportunity for an office environment audit for all SCC customer facing buildings. • Concerns were expressed about the availability of public toilet facilities in the city. A number of cities have a community toilet scheme that enables local businesses like pubs, restaurants and shops, to work together with the Council to make additional clean, safe and accessible toilets available to the public. 	<p>invited to give feedback on the Streets and Spaces framework to ensure it reflects the specific needs of people with dementia.</p> <ol style="list-style-type: none"> 16. The Council/CCG proactively engages with Hammerson to identify how their resources, enthusiasm and expertise can be utilised to increase support for dementia friendly Southampton. 17. That office environment audits are undertaken on all City Council customer facing buildings. 18. That the City Council explores opportunities to develop a Community Toilet Scheme in Southampton.

Appendix 5

Types of Dementia - The dementia guide published by the Alzheimer's Society.

Alzheimer's disease

Inside the brain

Abnormal material called 'plaques' and 'tangles' builds up in the brain. This disrupts how nerve cells work and communicate with each other, and the affected nerve cells eventually die.

There is also a shortage of some important chemicals in the brain when someone has Alzheimer's disease. Reduced levels of these chemicals mean messages don't travel around the brain as well as they should.

Early symptoms

Alzheimer's disease usually begins gradually with mild memory loss. This is because the first changes in the brain are often in the part that controls memory and learning. A person with Alzheimer's disease might forget people's names or where they have put things. They might also have problems with language, such as finding the right word for something.

Other early symptoms include feeling confused or finding it hard to follow what is being said. Some everyday activities might seem challenging, for example, someone might get muddled checking change at the shops. Some people also become more withdrawn and experience mood swings.

Vascular dementia

Inside the brain

The word 'vascular' relates to blood vessels. Vascular dementia results from problems with the blood supply to the brain – without enough blood, brain cells can die.

There are several types of vascular dementia. One type is caused by stroke (called stroke-related dementia). Another is caused by poor blood supply to deep parts of the brain (called subcortical vascular dementia).

Strokes happen when a blood clot blocks the flow of blood to part of the brain, or when a blood vessel bursts in the brain. Vascular dementia sometimes follows a large stroke. More often though, it comes after a number of small strokes (called multi-infarct dementia).

Subcortical vascular dementia – when there is poor blood flow to the deep parts of the brain – is often due to narrowing of the arteries supplying the brain.

Early symptoms

If someone has had a large stroke, symptoms of vascular dementia can begin suddenly. Symptoms can then remain stable or even get a little bit better over time in the early stages. If the person has another stroke, these symptoms might get worse again.

If someone has a series of small strokes, their symptoms may remain stable for a while and then get worse in stages (rather than have a gradual decline). With subcortical vascular dementia, symptoms may get worse gradually or in stages.

The symptoms of vascular dementia will depend on which part of the brain has been damaged. Some people might have physical weakness on one side due to a stroke. Other changes include difficulty thinking quickly or concentrating and there might be short periods when they get very confused. Some people might also become depressed or anxious. Memory loss isn't always a common early symptom.

Mixed dementia

It's possible for someone to have more than one form of dementia – called mixed dementia. The most common combination is Alzheimer's disease with vascular dementia. It's also possible to have a combination of Alzheimer's disease and dementia with Lewy bodies.

Dementia with Lewy bodies

Inside the brain

This form of dementia gets its name from tiny abnormal structures called Lewy bodies that develop inside brain cells. Similar to the plaques and tangles of Alzheimer's disease, these structures disrupt the way the brain functions, reducing levels of chemical messengers and causing cells to die.

Lewy bodies are also found in people with Parkinson's disease. One third of people who have Parkinson's disease eventually develop dementia (called Parkinson's disease dementia).

Early symptoms

People who have dementia with Lewy bodies might find it hard to remain alert and have difficulties planning ahead, reasoning and solving problems. These symptoms typically vary a lot from one day to the next.

People might have problems with how they see things. For example, it might be hard to judge distances or they might mistake one object for another. Many people see things that aren't really there (visual hallucinations). Disturbed sleep patterns are also common.

However, if someone has dementia with Lewy bodies, their memory will often be affected less than someone with Alzheimer's disease. Many people with dementia with Lewy bodies also develop symptoms like those in Parkinson's disease, including shaking (especially in the hands), stiffness and difficulty moving around.

Frontotemporal dementia

Inside the brain

The term frontotemporal dementia covers a range of conditions. It was originally called Pick's disease and this term is sometimes still used. Frontotemporal dementia mostly affects people in their 40s, 50s and 60s (younger than most people who get Alzheimer's disease or vascular dementia). It's caused by damage to areas of the brain called the frontal and temporal lobes. These areas control behaviour, emotional responses and language skills.

In most cases, abnormal proteins collect within brain cells in these lobes and cause the cells to die. Important chemicals that carry messages around the brain are also affected.

Early symptoms

There are three different forms of frontotemporal dementia – behavioural variant, semantic dementia and progressive non-fluent aphasia. With behavioural variant frontotemporal dementia, changes in personality or behaviour are often noticed first. The person might seem withdrawn or not to care as much about other people. They might make socially inappropriate remarks. They may also become obsessive or impulsive, for example developing fads for unusual foods.

When someone has semantic dementia their speech is usually fluent but they lose the meaning or understanding of some words. Language is also affected in progressive non-fluent aphasia. Speech is often slow and requires a lot of effort.

People in the early stages of frontotemporal dementia often don't experience day-to-day memory loss.

Rarer causes of dementia

A wide range of other conditions can lead to dementia. These are rare, and together account for only about 5% of all people with dementia. However, they are more common in younger people with dementia.

These diseases include:

- Corticobasal degeneration.
- Creutzfeldt-Jakob disease.
- HIV-related cognitive impairment.
- Huntington's disease.
- Alcohol-related brain damage and Korsakoff's syndrome.
- Multiple sclerosis.
- Niemann-Pick disease type C.
- Normal pressure hydrocephalus.
- Progressive supranuclear palsy.

DECISION-MAKER:	CABINET		
SUBJECT:	ADULT SOCIAL CARE AND SUPPORT PLANNING POLICY		
DATE OF DECISION:	20 SEPTEMBER 2016		
REPORT OF:	CABINET MEMBER FOR HOUSING AND ADULT CARE		
<u>CONTACT DETAILS</u>			
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STATEMENT OF CONFIDENTIALITY	
Not applicable.	
BRIEF SUMMARY	
This report seeks authorisation to formally adopt and implement the Adult Social Care and Support Planning Policy following the conclusion of a twelve week public consultation.	
RECOMMENDATIONS:	
	(i) To consider the outcome of the public consultation on the proposed policy, which took place between 31 May 2016 and 23 August 2016, as set out in the consultation report, attached at Appendix 2.
	(ii) To approve the proposed Adult Social Care and Support Planning Policy, as attached at Appendix 1.
	(iii) To delegate authority to the Service Director, Adults, Housing and Communities to make any minor amendments or updates required to the policy, following consultation with the Cabinet Member, Housing and Adult Care and the Director of Quality and Integration.
	(iv) To note the development of a Service Charter, which will set out standards that customers can expect when using adult social care services under the new policy.
REASONS FOR REPORT RECOMMENDATIONS	
1.	The proposed policy will enable the Council to fulfil its duties under the Care Act 2014 in a more equitable way; will support independence; and will help to ensure that eligible social care needs are met in cost effective ways that lead to the best outcomes for individuals, their carers and families.
2.	The policy is designed to improve levels of consistency and transparency

	<p>within the Council’s provision of adult social services and has been subject to twelve week public consultation. The Council gave genuine and conscientious consideration to the views and representations received from the consultation. The final version of the policy has been influenced and updated as a result of the feedback received from consultation participants, which has sought to address any concerns raised during the consultation.</p>
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ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3.	<p>The status quo could be maintained by not adopting a policy, however, there would continue to be a low level of assurance regarding the policy objectives outlined at Section 6 and statutory requirements outlined in Sections 19-23. Not adopting a policy can therefore not be recommended.</p>
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DETAIL (Including consultation carried out)

4.	<p><u>Context</u></p> <p>The Care Act 2014 requires local authorities to provide individuals in receipt of funded adult social care with a personal budget (a sum of money allocated to meet the individual’s assessed unmet eligible needs) as part of their care and support plan. There is currently no local policy which provides guidance to be followed by practitioners when calculating the value of an individual’s personal budget, and as a result there is a risk of inconsistency within local practice when performing this task, particularly when determining the extent to which the individual’s circumstances and personal preferences should influence the cost of meeting the individual’s assessed unmet eligible needs, (needs that are eligible for funded adult social care but where the individual is currently not receiving support for those needs).</p>
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5.	<p>Whilst the Council must always have regard for these factors when determining the most appropriate ways of meeting an individual’s assessed unmet eligible needs, leaving this issue unresolved risks a widening disparity in the content of individual care and support plans, and an inequitable distribution of the finite resources available to the Council for the purpose of meeting the adult social care needs of the local population.</p>
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6.	<p>To address this, a draft policy was developed by the Council to ensure that the tasks of assessment, care and support planning, and review are routinely undertaken in a consistent and transparent manner, which will in turn provide assurance against the following objectives:</p> <ul style="list-style-type: none"> • The adult social care business process is undertaken in a manner that is at all times compliant with the Council’s duties and powers under the Care Act 2014, the updated statutory guidance and the Regulations • Equitable treatment and fairness in the provision of funded care and support • Sufficient and appropriate regard is given to individual circumstances and personal preference when determining the value of an individual’s personal budget
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7.	<p>Achievement of these objectives will promote wellbeing amongst the city’s residents, whilst simultaneously providing greater assurance of consistent and fair distribution of resources across the adult social care caseload, sustainable investment in local care and support services.</p>
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8.	<p>In April 2016, the Council Management Team in consultation with the Cabinet Member for Health and Adult Social Care agreed to undertake a twelve week</p>
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	<p>public consultation on the draft policy. The Council did not have a statutory duty to consult on the draft policy as it does not describe a major change in approach, but instead clarifies existing practice in line with the Council's duties under the Care Act 2014. There was, however, a duty to consult arising from a legitimate expectation of consultation due to the Council's past practice of consulting over Adult Social Care policies. As the policy is also a statement from the Council on the manner and methods to be used by its adult social care practitioners when conducting the tasks of assessment, care and support planning, and review, the consultation additionally represented an ideal opportunity for people with current or future care and support needs and their families to influence their experience of receiving these services from the Council and was undertaken on this basis.</p>
9.	<p><u>Consultation Summary</u></p> <p>The public consultation was undertaken from 31st May 2016 to 23rd August 2016. The consultation objectives, methodology, and outcomes are fully detailed in the Consultation Report at Appendix 2. The consultation was widely promoted and participation was encouraged through numerous channels. Local service user representative organisations were engaged both prior to the initiation of formal consultation and during the consultation itself, and played a key role in designing the consultation format and plan.</p>
10.	<p>Overall, 129 stakeholders engaged with the consultation process and gave their views on the draft adult social care and support planning policy. The Council received some detailed representations during the consultation period, some of which raised concerns about specific aspects of the draft policy. The vast majority of responses received constructively focused on consultation participants' desire to further refine, enhance, and clarify the wording of the policy, which has led to over 90 updates and amendments to the draft policy and significant improvement to the quality of the final version. In cases where it has not been possible to accept a recommended change, a rationale for this has been provided. A list of all comments received from the public and our response to each can be found on the Council's website at: www.southampton.gov.uk/ascpolicyconsultation.</p>
11.	<p>One of the most frequent comments made by consultation participants was in relation to the use of formal language and inclusion of terms within the policy that are unfamiliar to the general public. This result was anticipated as the primary target audience for the policy are the Council's adult social care practitioners and as such the use of profession-specific terms within the policy cannot be avoided. Participants were advised at the outset, however, that the feedback received would be used to develop a public-facing page of the Southampton Information Directory entitled, 'Adult social care assessments, care and support plans, and reviews - what to expect,' which would act as a summary of the policy elements of greatest interest to the public. Taking into account feedback received during the consultation, an Adult Social Care Service Charter is being developed, which will describe the standards of service to be expected by the public when engaging with the council's Adult Social Services under the new policy.</p>
12.	<p>As noted in the Consultation Report, some participants also expressed concern that the policy would lead to a change to their care and support plan. In response, it is not possible to predict the impact of the policy on existing adult social care service users as only a review in the usual manner of the</p>

	individual's care and support plan would reveal that the amount of money required to meet an individual's assessed unmet eligible needs has changed, necessitating a re-calculation of the individual's personal budget value. This has always been the case and would not be a consequence of having implemented the policy. However, the policy is designed to ensure that when the adult social care practitioner is making such considerations, he/she does so through the application of consistent criteria, with appropriate regard for individual circumstance and personal preferences, and in a manner that is demonstrably transparent for the service user, family members, and advocates. The potential impact of the policy is more fully detailed in the Equality and Safety Impact Assessment at Appendix 3.
13.	Consultation participants also frequently commented on the length of time which has passed since their care and support plan was last reviewed by the Council. The Council is currently working with its strategic service partner on a project to ensure the timely completion of all overdue adult social care reviews. In addition, some of the extra social work time freed up by the council's digital transformation programme will be used to ensure that future reviews are kept up to date. Combined with the growing ability of health and other colleagues in integrated teams to carry out social care assessments, with appropriate training and support, the council is moving to a more sustainable model for carrying out adult social care assessments and reviews.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
14.	There are approximately 3,000 individuals in receipt of adult social care whole or partly funded by the Council at a total net cost of £38.56m per annum. The policy provides guidance to officers responsible for calculating the financial value of an individual's personal budget (i.e. weekly cost of care) following completion or review of an individual's care and support plan and as such may have implications for budgetary performance within the adult social care portfolio.
15.	Officers expect a favourable financial impact to follow from implementation of the policy, by assuring greater levels of consistency, equity, and efficiency in the manner in which care and support needs are met. However, it is not possible to quantify this prediction in financial terms as the outcome of future assessments and reviews cannot be known in advance.
16.	A 2016-17 efficiency target for meeting adult care needs and purchasing care more cost effectively of £500k (less than 1.5% of addressable expenditure) has been budgeted for. Implementation of this policy is one of a number of actions being taken by officers that will enable this target to be achieved, though it is important to be clear that the policy itself does not have a specific savings target associated with it, and that personal budgets will not be reduced in order to meet a defined level of expenditure.
17.	Policy implementation and compliance monitoring will be undertaken within existing staff resources.
<u>Property/Other</u>	
18.	Not applicable.

LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
19.	The Care Act 2014, its Regulations and the Statutory Guidance impose statutory duties and powers on Local Authorities' when it carries out functions in relation to Adult Social Care and Support. This includes promoting the individual's well-being, taking steps to prevent or delay the development of the individual's needs for care and support and duties to provide information and advice, including on the choice of types of care and support and how to access it.
20.	Under Section 26 of the Act the Council must set a personal budget (PB) which sets out the cost to the Council of meeting the individual's needs and the amount (if any) the adult must pay.
21.	The Council must also keep under review the care and support plans it has produced and also on reasonable request by the individual. If as a result of a review the plan is revised the PB will also need to be reconsidered to ensure it meets the current assessed needs.
22.	The statutory guidance makes it clear that the Council should have a consistent method for calculating personal budgets and that any method for calculating the PB produces equitable outcomes to ensure fairness in care and support packages. The guidance also makes it clear that any process used must be transparent, timely and sufficient.
Other Legal Implications:	
23.	When carrying out any public functions including the formulation and adoption of policies the Council must have due regard to the public sector equality duty (PSED) under the Equality Act 2010. The Council must take into account a number of factors including the need to eliminate discrimination, harassment and victimisation, advance equal opportunity and foster good relations. The service users who will benefit from the personal budgets are likely to be protected by the PSED and the Human Rights Act 1998 which has a similar duties to the PSED. In particular the protection under Article 14 the prohibition of discrimination and Article 6 the right to respect private and family life.
POLICY FRAMEWORK IMPLICATIONS	
24.	The policy will provide a clear structure for the provision of adult social care services in the city, helping to deliver aspects of the Southampton Health and Wellbeing Strategy and the Sustainable Community Strategy (Southampton City Strategy 2015-2025) identified in the policy framework.
25.	The policy supports the following Council priorities: <ul style="list-style-type: none"> • We will protect vulnerable adults and enable people to live independently • We will be a modern, sustainable council

KEY DECISION?	Yes	
WARDS/COMMUNITIES AFFECTED:	All wards	
<u>SUPPORTING DOCUMENTATION</u>		
Appendices		
1.	Adult Social Care and Support Planning Policy	
2.	Consultation Report	
3.	Equality and Safety Impact Assessment	
Documents In Members' Rooms		
1.	None	
Equality Impact Assessment		
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.		Yes
Privacy Impact Assessment		
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.		No
Other Background Documents		
Other Background documents available for inspection at: N/A		
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	

Southampton City Council

Adult Social Care and Support Planning Policy



Southampton City Council

Adult Social Care and Support Planning Policy

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Policy – Adult Social Care and Support Planning			
Version	4.7	Approved by	
Date last amended	26.08.16	Approval date	Insert date
Lead officer	Derek Law	Review date	Insert date
Contact	derek.law@southampton.gov.uk	Effective date	Insert date

1. Purpose

- 1.1. The purpose of this policy is to ensure:
 - The tasks of adult social care assessment, care and support planning, and review are undertaken in a manner that is at all times compliant with the Council's duties under the Care Act
 - Equitable treatment and fairness in the provision of funded care and support
 - Sufficient and appropriate regard is given to individual circumstances and personal preference when determining the value of an individual's personal budget.
- 1.2. This policy does not describe a major change in approach - it clarifies and systematically organises existing practice in line with the council's duties under the Care Act.

2. Scope

- 2.1. Southampton City Council is responsible for the delivery of care and support for adults normally resident in the area, although the Council may under certain circumstances be additionally responsible for urgent non-resident cases and in cases where there is a cross border dispute with another authority. 'Adult' generally refers to individuals aged 18 or over, but in certain circumstances also applies to young adults under the age of 18 years. Individuals with eligible needs may include:
 - People with a physical and/or sensory disability
 - People with a learning disability
 - People with a cognitive disability
 - People with a mental health problem
 - Young people in transition
 - Carers (including young carers)

3. Policy Statement

- 3.1. The Care Act 2014 has changed the way in which social care support is arranged and provided. The main focus of the Act is to promote wellbeing. The wellbeing principle underpins the whole of the Act and its associated regulations and guidance. However, the Act does not specify a set approach to determining wellbeing and as such the Council will consider each person's case on its own merits, based upon what the person wants to achieve and how the Council's actions will affect their wellbeing. The Council's starting assumption is that individuals are best-placed to determine the wellbeing outcomes they want for themselves, both within their own homes and as members of their local community.
- 3.2. One of the ways individual wellbeing is promoted by the Council is through the provision of services to meet eligible needs. The Care Act requires councils to allocate resources for the purpose of meeting the individual's **unmet eligible needs**, (a need that is eligible for social care but where the individual is currently not receiving support for that need), through the

provision of a personal budget, and these resources must be allocated in a manner that is timely, transparent, and sufficient. In determining how to meet individual needs, however, the Council will take into reasonable consideration its own finances and budgetary position, and must comply with its related public law duties. This includes the importance of ensuring that the funding available to the Council is sufficient to meet the needs of the entire local population. The Council will consider how to balance that requirement with the duty to meet the eligible needs of an individual in determining how (but not whether) an individual's needs should be met.

- 3.3. The Council will take decisions on a case-by-case basis that weigh up the total cost of different potential options for meeting needs, and include the cost as a relevant factor in deciding between suitable alternative options for meeting needs. This does not mean choosing the cheapest option; but the one that delivers the outcomes desired for the best value. The Council will impose no arbitrary ceiling on the value of personal budgets, nor will personal budgets be reduced in order to meet a defined level of expenditure.
- 3.4. In determining the value of an individual's personal budget, the Council will consider the circumstances of the individual and have regard for their views, wishes, feelings, and beliefs. Individual preference and circumstances, however, will not in of themselves determine the personal budget value as the Council must balance its commitments and obligation to personalise care with the principle that financial constraints within public services are such that choice in funded care cannot be limitless.
- 3.5. The Council's aim is to enable individuals to take responsibility for organising and managing their need for personal social care or other support to the fullest extent possible given the circumstances of the individual.
- 3.6. Risk is a part of everyday life and inherent in everything that we do. The identification and management of risk within the context of adult social services requires a balanced approach between what is seen as acceptable or unacceptable and recognising that the concept of risk will vary from person to person. There may however be occasions when the Council's usual positive approach to risk must be balanced with its duty to have proper arrangements in place to protect individuals who are potentially vulnerable to abuse or exploitation. This is especially important if an individual's circumstances change and decisions need to be made as a result by the individual or others acting in their best interests. Whilst individuals should as far as possible exercise their right to choose the support they need to achieve their desired outcomes, they must also understand the consequences of those choices and take responsibility for them.

4. Context

- 4.1. This policy should be viewed within the context of Southampton's [Joint Health and Well-Being Strategy](#) and is key to achievement of the strategy's objective of supporting the city's residents to live and age well.
- 4.2. This policy should also be read in conjunction with the [Multi-Agency Safeguarding Policy](#) and the [Non-Residential Contributions Policy](#).
- 4.3. This policy should additionally be read in conjunction with the [Customer Strategy 2015-2018](#) which outlines the strategic vision to put customers at the heart of everything that the council does. The council understands and recognises that in an ever changing digital world most people would prefer to do things for themselves, at a time and place convenient to them. Therefore wherever possible the council will ask an individual, their family, friends and carers

to use these digital and online tools to support how an individual receives care and support from the council. They will be easy to use and will empower individuals, their family, friends and carers to be fully involved and at the centre of their care and assessment. Furthermore they will help people receive support, advice or guidance in a timely fashion.

5. General responsibilities and universal services

- 5.1. This section outlines the care and support functions that the Council will provide to all individuals that come into contact with the care and support system, regardless of whether they have needs assessed as eligible for Council support.

Promoting wellbeing

- 5.2. The Council will actively work to promote the wellbeing of the residents of Southampton when assessing need, developing care and support plans, or undertaking reviews. The Council will consider how any actions it proposes may affect the individual in relation to:

- Personal dignity (treating the individual with respect)
- Physical and mental health and emotional well being
- Protection from abuse and neglect
- Control by the individual over day to day life (including over care and support)
- Participation in work, education, training and recreation
- Social and economic well being
- Domestic, family and personal relationships
- Suitability of living accommodation
- The individual's contribution to society

- 5.3. How the Council promotes an individual's wellbeing will vary depending on the circumstances, needs, goals and wishes of the individual. It is likely that some aspects of wellbeing will be more relevant to one individual than another. The wellbeing principle is intended to incorporate the key principles of living independently and being included in the community as expressed in [Article 19 of UN Convention on Rights of People with Disabilities](#). The Council will facilitate independent living wherever possible and appropriate (Section 10 below provides further information on how the personal budget setting process promotes independent living).

Preventing, reducing or delaying unmet eligible needs

- 5.4. The Council collaborates with its partners through Southampton Connect and service providers to develop services, facilities and resources that help prevent, delay or reduce people's unmet eligible need for care and support. Southampton Connect has made a commitment to being a city of prevention and early intervention, and to achieve this has adopted the city's [Prevention and Early Intervention Approach](#). A wide range of preventative services are available locally including but not limited to those which provide information and advice, those which support individuals to adopt more healthy behaviours and lifestyles, and those which provide housing-related support.

- 5.5. Regardless of whether the individual is ultimately assessed as having any unmet eligible needs or not, when an individual comes into contact with the care and support system, they will be proactively directed towards, and supported to access, preventative interventions and information and advice wherever this is appropriate and might help prevent, delay or reduce the development of their needs.
- 5.6. When the Council provides an individual with, or supports them to access a preventative intervention, the Council will provide the individual with information in relation to the services offered or measure undertaken.
- 5.7. The individual must agree to the provision of any preventative intervention or other step proposed by the Council. Where they refuse but continue to have unmet eligible needs for care and support, the Council will proceed to offer the individual an assessment.
- 5.8. The Council will always look to identify if reablement, (a short and intensive service designed to help people who have experienced deterioration in their health and/or have increased support needs to relearn the skills required to keep them safe and independent at home), is likely to be of benefit to an individual with unmet eligible care and support needs. Reablement is provided for up to 6 weeks free of charge. If a reablement intervention is arranged, eligibility for Council support will be evaluated under the Care Act eligibility criteria after the reablement intervention has taken place.
- 5.9. Carers play a significant role in preventing the care and support needs of the individual they care for from escalating. As such, the Council will seek to support carers from developing care and support needs themselves.

Information and advice

- 5.10. Information and advice are fundamental to promoting wellbeing and enabling people to take control of, and make well-informed decisions about their care and support and can also help prevent and delay people's need for care and support. Information and advice will be available and offered to people in need of care and support irrespective of whether they have been assessed as having unmet eligible needs.
- 5.11. The Council will make available to all individuals information and advice on care and support and carers through a variety of channels and formats, this includes, but is not exclusive to, face-to-face, telephone, online and printed media. Any information and advice which people access, or are provided with, will be:
 - Clear, comprehensive and impartial
 - Consistent, accurate and up-to-date
 - Given at an early or appropriate stage
 - Appropriate and proportionate
 - Provided in an appropriate format
 - Recorded within the appropriate section of the individual's needs assessment

- 5.12. Regardless of the channel or format used to provide information and advice to individuals on a case by case basis, the information given must be consistent with the content of the [Southampton Information Directory](#).

6. Assessment and identifying unmet eligible needs

Assessment overview

- 6.1. Every case will be assessed individually and where a duty is established under [Section 18](#) of the Care Act 2014, arrangements will be made to meet assessed unmet eligible need.
- 6.2. If an individual or carer has unmet eligible care and support needs, an assessment will identify what support is required and whether the individual has an eligible need for Council support. The duty to offer or arrange an assessment applies regardless of any other concerns or queries, such as [ordinary residence](#).
- 6.3. The purpose of the assessment is to provide an appropriate and proportionate picture of the needs and outcomes that an adult wishes to achieve in their day-to-day life, whether those needs are eligible for care and support from the Council, and how provision of care and support may assist the adult in achieving their desired outcomes.
- 6.4. An assessment is a service in its own right, even if no other services or support are being provided to an individual.
- 6.5. Undertaking an assessment is not a commitment by the Council to provide or arrange adult social care services, but is a means of collecting the information required to make a decision as to what support an individual does require and whether they are eligible for support through the Council.
- 6.6. The assessment process takes the individual from initial contact through to supported self-assessment or face-to-face assessment, support planning and review. The assessment informs eligibility determination and the allocation of resources to meet unmet eligible unmet needs.

Principles of assessment

- 6.7. In line with the Care Act, any assessment will abide by the following principles:

<p>1. Assessments must be appropriate</p> <p>Assessments must be carried out in a manner that has regard to the individual's situation, preferences and outcomes.</p>
<p>2. Assessments must be proportionate</p> <p>Assessments should only be as intrusive as necessary to establish an accurate picture of the unmet eligible needs of the individual. This involves hearing and understanding the initial presenting problem, not taking this at face value and ensuring underlying needs are explored and understood</p>
<p>3. Assessments must be person-centred</p> <p>The individual must be at the centre of the assessment process as the expert in their own life. Assessments should be collaborative, with the individual involved in the process as much as possible,</p>

or as much as they wish.

4. Assessments should use a strengths-based approach

Assessments should identify the strengths the individual has which could be mobilised to help them achieve their outcomes. A strengths-based approach recognises personal, family and community resources that individuals can make use of.

5. Assessments should use a 'whole family' approach

Assessments must take a holistic view of the person's needs in the context of their wider support network. This includes consideration of both how the adult, their support network, and the wider community can contribute towards meeting the outcomes they want to achieve, and whether or how the adult's needs for care and support impact on family members or others in their support network. Where a young carer is identified, the practitioner must make a referral for a young carer's assessment.

6. Assessments are a key element of the prevention approach

Assessments must consider whether the individual would benefit from available preventative interventions. Assessments can include a pause while the person receives such services.

7. Assessments should be outcomes-focussed

Assessments should explore what the individual wants to achieve and how this might be done.

The supported self-assessment process

- 6.8. Supported self-assessment is an assessment led by the individual with appropriate help from a family member, friend, carer or advocate, and supported by the Council as required. The objective is to place the individual in control of the assessment process and enable them to lead as fully in the process as they wish to.
- 6.9. The Council will offer supported self-assessment as a form of assessment at the initial point of contact if the adult or carer is willing, able and has the capacity to undertake such an assessment. If the individual does not wish, or is unable to self-assess, then a face-to-face assessment will be undertaken.
- 6.10. As required by the Care Act, the Council will assure itself that the self-assessment is a complete and accurate reflection of the individual's needs.
- Where possible, the process of verifying and obtaining supplementary information will not repeat the self-assessment process. However, where the supported self-assessment is incomplete or inaccurate, it may be necessary to repeat part or all of the assessment.
 - Providing the individual gives their consent, the practitioner may consider it useful to seek the views of those who are in regular contact with the individual, such as their carer(s) or other appropriate people from their support network, and any professional involved in providing care (e.g. GP, district nurse, housing support officer).
- 6.11. The assessment process is flexible and can be adapted to best fit with the person's needs, wishes and goals. Where appropriate, the Council's preferred option is a supported self-assessment, however, individuals are not obliged to undertake a supported self-assessment

and may prefer to be assessed by the Council using another format for example, a face to face assessment or joint assessment.

- 6.12. A case study illustrating good practice in completion of supported self-assessments may be found [here](#).

The face-to-face assessment process

- 6.13. An assessment should commence within a reasonable time of receiving the referral or initial contact. Individuals will be informed of indicative timescales over which the assessment will be conducted and be kept informed throughout the assessment process.
- 6.14. The assessor will work with the individual to establish clear expectations at the assessment or review stage regarding the purpose of the assessment.

Fluctuating unmet eligible needs

- 6.15. In establishing unmet eligible needs, the Council will consider the individual's care and support history over a suitable period of time to take account of potential fluctuation of needs.
- 6.16. Fluctuating unmet eligible needs refers to needs which may not be apparent at the time of assessment, but have been an issue in the past and are likely to arise again in the future. Care needs over a suitable period of time will be fully explored to establish as complete a picture of the range of fluctuation as possible.

Example – Assessment of Fluctuating Needs

Miss S's assessment identified that she has Multiple Sclerosis and requires a frame or wheelchair for mobility. She suffers badly with fatigue, but for the majority of the time she feels able to cope with daily life with a small amount of care and support. However, during relapses she has been unable to sit up, walk or transfer, has lost the use of an arm or lost her vision completely. This can last for a few weeks, and happens two to three times a year.

Assessments for carers

- 6.17 Carers can be eligible for support in their own right where support is required to help them maintain their caring role or when the caring role is having a significant impact on their wellbeing. A carer's assessment may be undertaken individually or in combination with the assessment of the individual needing care and support, where both the individual and carer agree to this. The outcomes against which eligibility for support for carers is assessed are detailed more fully at Appendix 3.
- 6.18 If it is identified that carers may benefit from services, or if requested, a separate carer's assessment will be completed to specifically determine the extent to which they may have their own eligible unmet needs. Carers are entitled to an assessment even if the service user does not agree to undertake an assessment of their own need.

Safeguarding

- 6.19 Where the Council has reasonable cause to suspect that a person that has a need for care and support (regardless of whether or not the Council is meeting those needs) is experiencing or is at risk of abuse or neglect and as a result of those needs is unable to protect themselves against abuse or neglect or risk of it, the Council must make whatever enquiries it considers necessary to decide what further action, if any, should be taken. Further information regarding local adult safeguarding processes may be found in [Southampton's Safeguarding Adults Multi-agency Policy, Guidance, and Toolkit](#).
- 6.20 Where the adult has care and support needs the Council will continue to carry out a needs assessment and determine whether they have eligible needs, and if so, how these will be met. The assessment for care and support will run parallel to the safeguarding enquiry and the enquiry will not disrupt the assessment process or prevent the Council from meeting unmet eligible needs. The required interrelationship between safeguarding and assessment processes are detailed more fully in sections 42 and 43 of the Multi-Agency Safeguarding Policy.

Advocacy and participation support

- 6.21 The Council must be confident at all times that the individual is able, or is fully supported, to be involved as far as possible in the assessment process. The Council will make any reasonable adjustments to the assessment process required to enable an individual to be fully involved. An appropriate person or independent advocate will be engaged if the individual still has substantial difficulty in any of the following areas:
- Understanding relevant information
 - Retaining information
 - Using or weighing the information as part of engaging
 - Communicating views, wishes and feelings

Assessing capacity

- 6.22 It must be assumed that an individual has capacity unless it has been established that they lack capacity. The practitioner will establish that the individual has the mental capacity to fully understand and be involved with the assessment by checking they understand the questions being asked, are capable of providing answers, understand the implications on their personal circumstances of the overall process and have the capacity to express their wishes and feelings.
- 6.23 Where an individual appears to lack the capacity to assess their own support needs, an assessment under the Mental Capacity Act (MCA) 2005 will be undertaken.

What happens after the assessment?

- 6.24 The practitioner will ensure the individual and those involved are in agreement with the content of the assessment. If agreement is not feasible, the assessment should reflect who is and is not in agreement with everything stated in the document. Please see Section 11 of the policy 'Appeals/disputes' for guidance on resolving disagreement.

- 6.25 The individual will be provided with a written copy of their assessment. The assessment may also be shared with anyone else the individual requests it to be shared with.
- 6.26 Where an independent advocate is involved in supporting the individual, the practitioner will keep the advocate informed so they can support the adult to understand the outcome of the assessment and its implications.

Refusal of assessment

- 6.27 The Council is not required to carry out assessment where an individual with possible unmet eligible care and support needs or a carer feels they do not need care or do not want local authority support, unless, there is evidence to suggest that the individual concerned lacks the mental capacity to make this decision or is a vulnerable adult (i.e. (i) under constraint, (ii) subject to coercion or undue influence or (iii) some other reason preventing them from expressing real and genuine consent). Where this situation arises the practitioner must consult with Legal Services to seek advice on what legal remedies and powers are available.

Urgent unmet eligible need

- 6.28 The Care Act permits the Council to meet unmet eligible needs which appear to be urgent, without having first conducted a needs assessment, financial assessment or eligibility criteria determination. The Council will respond to urgent unmet eligible need wherever possible by undertaking an assessment, but in some urgent situations will proceed to meet unmet eligible need in order to provide a safe environment for the individual at risk.
- 6.29 The Council may meet urgent unmet eligible needs regardless of whether the adult is ordinarily resident in its area.
- 6.30 The Council's duty to meet unmet eligible needs will also arise when urgent needs arise as a result of service failure of a provider, including services that are not registered or regulated by the Care Quality Commission (i.e. day services, personal assistants).

Care and Support plan reviews

- 6.31 The Council has a statutory duty to carry out a regular and proportionate re-assessment or review of each individual's care and support plan. Reviews are undertaken using the same principles, processes, and criteria as those described above for the initial assessment. The review will be used to ensure that needs are being met and that support is appropriate. Frequency of reviews will be agreed and included in the support plan, but may be undertaken more frequently as needed. Individuals and carers are entitled to request a review of their overall situation in the interim if their circumstances change.

Transitions to adulthood

- 6.32 Effective person-centred transition planning is essential to help young people and their families prepare for adulthood. The Care Act identifies three particular groups in relation to transitions - young adults approaching adulthood, carers of those young adults, and young carers approaching adulthood. The Council must undertake a transition assessment of anyone

in the three groups when there is significant benefit to the young person or carer in doing so by considering the circumstances of the young person or carer and whether it is an appropriate time to undertake the assessment as they prepare for adulthood.

- 6.33 A young person in this context is defined as an individual in their teenage years who will most likely be preparing for their adult life, although it can refer to anyone under the age of 18 years. A transition assessment is required for any young person who is likely to have need for adult care and support after turning 18. The young person may already be receiving children's services, but not necessarily so.

7. Determining eligibility

The national eligibility criteria

- 7.1. The Care Act 2014 sets out the provision on eligibility criteria. It is supported by the Care and Support (Eligibility Criteria) Regulations 2014. The eligibility criteria introduce a minimum eligible threshold establishing what level of needs must be met by local authorities.
- 7.2. The final decision on eligibility sits with the Council, regardless of the assessment type used. Following an assessment, the Council will determine whether the person is eligible for care and support, by applying the national threshold as outlined below:

National eligibility criteria for adults with unmet eligible care and support needs

An adult's needs meet the eligibility criteria if:

- a. The **adult's needs arises from, or are related to, a physical or mental impairment or illness** (includes conditions such as physical, mental, sensory, learning or cognitive disabilities or illness and brain injuries)

PLUS

- b. As a result of the adult's needs, the adult is **unable to achieve two or more of the outcomes** specified (see Appendix 2)

PLUS

- c. As a consequence there is, or is likely to be, **a significant impact on the adult's wellbeing**

An adult's needs are only eligible when they meet all three of the conditions (a-c) above

- 7.3. In relation to 'c' above, the term 'significant' may only be understood to have its everyday meaning as it is not further defined within the Care Act, because the circumstances which create a significant impact on the wellbeing of one individual may not have the same effect on another, and the cumulative effect of the impact on a number of areas of wellbeing may have a significant impact on the individual's overall wellbeing. Making the eligibility determination, therefore, requires professional judgement of how the person's wellbeing is affected as a result of their needs on a case by case basis.
- 7.4. Determining eligibility for Council support may be undertaken at various stages of the assessment process depending on the individual's needs and will involve evaluation of all available assessment information.
- 7.5. In order to ensure that care and support services are delivered in a fair, equitable and transparent way, the Council will apply the national eligibility criteria to each individual to determine whether they are eligible for adult social care services.
- 7.6. The length of time required to complete the assessment will depend on the level and complexity of individual need in each case. The eligibility decision, however, will be made within an appropriate and reasonable time of the assessment being completed.
- 7.7. Individuals with unmet eligible needs who are offered a reablement service may receive a subsequent assessment that may establish that they no longer have unmet eligible needs.
- 7.8. The outcomes against which eligibility must be assessed are detailed more fully at Appendix 2.

What happens if someone does meet the national criteria?

- 7.9. When it is clear to the assessor that the individual's needs are above the national eligibility threshold they will be offered help to find options to meet their assessed unmet eligible needs. The level of funding they may receive will be determined by the completion of a financial assessment.

What happens if someone does not meet the national criteria?

- 7.10. Individuals who do not satisfy the eligibility criteria requirements should be signposted to locally available universal services, details of which may be found in the [Southampton Information Directory](#).
- 7.11. Where following the assessment it is determined by the Council that it is not required to meet the individual's needs, the individual will be provided with a written explanation for this determination.
- 7.12. The Council may at its discretion choose to meet needs that do not meet the eligibility criteria. When doing so, the Council would also normally achieve this via signposting to universally available preventative services.

8. Care and support planning

- 8.1. Individuals will receive a care and support plan for the needs the Council is required to meet. The plan will set out how needs are to be met and will be regularly reviewed to determine progress against expected outcomes.
- 8.2. The plan will be both person-centered and person-led, and the Council will take all reasonable steps to involve and agree the plan with the person the plan is intended for, the carer (if there is one), and any other person requested by the individual to be involved.
- 8.3. The care and support plan must contain the following elements:
 - The needs identified by the assessment
 - Whether, and to what extent, the needs meet the eligibility criteria
 - The needs that the authority is going to meet, and how it intends to do so
 - The outcomes which agreed care and support are designed to achieve
 - For a carer, the outcomes the carer wishes to achieve, and their wishes around providing care, work, education, and recreation where support could be relevant
 - The personal budget value (see Section 9 below)
 - Information and advice on what can be done to reduce the needs in question, and to prevent or delay the development of needs in the future
 - Where needs are being met via a direct payment, the needs to be met via the direct payment and the amount and frequency of the payments
- 8.4. The Council will give a copy of the care and support plan to the person for whom the plan is intended, any other person they request to receive a copy and their independent advocate if they have one.

9. Allocating funding to unmet eligible needs (personal budget)

Overview

- 9.1. Everyone whose needs are met by the Council, whether those needs are eligible or if the Council has chosen to meet other needs, will receive a personal budget.
- 9.2. The personal budget gives the individual clear information regarding the money that has been allocated to meet needs identified in the assessment. Whilst the assessment identifies all eligible needs, the Council is only required to provide support for assessed eligible needs that are not already being met. So, for instance, the Council is not required to meet any eligible needs which are being met by a carer (even though those needs have been recognised and recorded as eligible during the assessment process), though if there is a subsequent breakdown in the caring relationship, needs which have already been identified as eligible will then be met by the Council through the personal budget.
- 9.3. The personal budget will be an amount sufficient to meet the individual's identified unmet eligible care and support needs and will be broken down into:

- The amount the individual must pay (established following a financial assessment if unmet eligible needs are to be met through services which are charged for), and
- The amount the Council will pay

The indicative budget

- 9.4. Following assessment, an indicative budget will give the individual an early estimate of how much money it is likely to cost to get the support required to meet their unmet eligible needs. The indicative budget value will be represented as a weekly cost of care and will be calculated by multiplying the current average unit cost of the required care type by the amount of care required. So for example, if an individual requires 10 personal care visits of 30 minutes each (0.5 of an hour) per week, and the average cost to the Council for an hour of personal care is £14.40, then the individual's indicative budget value will be £72.00 per week, (10 x 0.5 x £14.40 = £72.00).
- 9.5. The indicative budget will be shared with the individual at the start of support planning to allow them to make informed and appropriate decisions about how their unmet eligible needs are met. The individual must be made aware that the value of their indicative budget may decrease or increase depending on decisions made during development of the support plan. The final value of the individual's personal budget will be further affected when determining the actual cost of meeting the individual's needs with the Council's providers of care and support services, which may be higher or lower than average for a variety of reasons, (i.e. complexity of individual need, service user location, variations in the supply of and demand for different service types). To enable practitioners to calculate the value of each individual's indicative budget, and to comply with the council's duty under the Care Act to be transparent in its approach to calculating the value of personal budget, the Council will publish a list of local average care and support costs which will be updated annually.

The personal budget

- 9.6. The final, actual allocation (the personal budget) is agreed as part of the care and support planning process. When establishing the value of the personal budget, the Council is required to consider the cost of local quality provision to ensure that the personal budget reflects local market conditions and that care appropriate to the individual's needs can be obtained for the amount specified in the budget. To confirm the value, the practitioner must refer the individual's care and support plan via their senior practitioner or relevant funding panel to the Council's Care Placement Service (CPS). The CPS will 'market test' the cost of meeting the needs detailed in the care and support plan and confirm the final value of the personal budget for the practitioner, who will then share this information with the individual. In certain circumstances the personal budget may be substantially different to the estimated amount in the indicative budget.
- 9.7. If the individual has capital or savings above £23,250, or if the value that they are assessed as having to pay following a financial assessment exceeds their personal budget, then the individual will not receive any funding from the Council.
- 9.8. If the individual or a third-party on their behalf is making a top-up payment in order to secure the care and support of their choice the top-up payment will not form part of the personal budget as the budget must reflect the costs to the Council of meeting the needs.

- 9.9. The support provided by a carer does not affect the eligibility determination for an individual with eligible unmet care and support needs. An assessment of the cared for person's eligible unmet need and the subsequent determination of the individual's personal budget value will however reflect the contribution made by carers in meeting the individual's needs.
- 9.10. Costs for reablement and intermediate care will not be included in the personal budget.
- 9.11. Further detail regarding the financial assessment process may be found in the 'Paying for Care' section of the [Southampton Information Directory](#).

Use of the personal budget

- 9.12. The individual can choose how their personal budget is used. This may be through one (or a combination of), the following ways:
- Managed account held by the Council, with support required to meet unmet eligible need arranged by the Council
 - Managed account held by a third party (known also as an Individual Service Fund)
 - Direct payment (For more information, please refer to the direct payments section of the [Southampton Information Directory](#))
- 9.13. The manner in which the personal budget is used will be recorded within the care and support plan, and will be kept under review to ensure needs continue to be met. If an individual's unmet eligible needs change, a review of their needs will be undertaken and a new revised personal budget allocated as required.

Care and support arranged by the Council

- 9.14. In cases where an individual chooses to take their personal budget as a managed account held by the Council, the care and support required to meet the needs outlined in the care and support plan (including any amendments to the package of care) must be arranged via the Council's Care Placement Service, rather than directly by practitioners themselves. This is done to:
- Enable the Council to comply with its duty under the Care Act to ensure a sufficient and diverse supply of high quality care and support services
 - Ensure best value in the cost of externally provided care and support
 - Ensure consistency in the personal budget value calculation process

Direct payments and third party managed accounts

- 9.15. The Council will offer direct payments to all individuals in receipt of a personal budget in the first instance so that she/he can purchase services that they are eligible to receive, unless the individual falls into one of the following categories:
- Offenders on a community order, suspended sentence, or released from prison on licence

- People with a drug or alcohol dependency who are subject to community treatment orders
 - People who are receiving care and support from their spouse or partner or another family member living at the same address (it may be possible in some cases to allow this by authorisation of a Service Manager).
- 9.16. Payments can be made as single payments for a specific event or item or 'ongoing' for needs over a short or long period of time. People can have all or part of their needs met via direct payments, with the Council arranging the remainder as a 'mixed package' of care.
- 9.17. A request for needs to be met via a direct payment does not mean that there is no limit on the amount attributed to the personal budget. There may be cases where it is more appropriate to meet needs via care and support services purchased by the Council, rather than by making a direct payment. For instance, this may be the case where there is no local market for the particular type of care and support that the person wishes to use the direct payment for, except for services provided by the Council. It may also be the case where the costs of an alternate provider arranged via a direct payment would be more than the Council would be able to arrange the same support for, whilst achieving the same outcomes for the individual.
- 9.18. Where an individual has a third party managed account or support to facilitate administration of a direct payment, the additional charge for this will be included as part of the direct payment amount. The Council may also at its discretion pay someone (i.e. family or other household member) to provide administration and management support or services to a direct payment recipient, which may be appropriate in cases where the personal budget value is exceptionally high.
- 9.19. The direct payment recipient must agree to use the money only to secure services to meet their eligible needs and outcomes as determined by assessment and set out in their care and support plan. The Council, once satisfied that the person's assessed eligible needs will be met through the arrangements he or she makes using the direct payment, still retains a duty to ensure eligible needs are met.
- 9.20. The ability to meet needs by taking a direct payment will be clearly explained to the individual in a way that works best for them, so that they can make an informed decision about the level of choice and control they wish to take over their care and support.
- 9.21. The Council may from time to time undertake audits of direct payment arrangements to ensure compliance with this and other relevant Council policy.

10. Meeting eligible unmet needs

Ways of meeting unmet eligible needs

- 10.1. Personal budgets enable creative approaches to be taken to meet an individual's unmet need and also reduce reliance on traditional services (e.g. use of personal assistants). The Council promotes wellbeing through a range of interventions, including preventative services and community resources, as well as through more formal support such as care services and services designed to support independent living and reablement.

- 10.2. The Council will ensure that other sources of funding (i.e. benefit entitlements) and support are always explored before the allocation of a personal budget.
- 10.3. Where unmet eligible needs are capable of being met in two or more ways, the Council will favour the most cost effective given the circumstances of the individual and with regard for their personal preferences.
- 10.4. The Council will take decisions on a case-by-case basis which weigh up the total costs of different potential options for meeting needs, and include the cost as a relevant factor in deciding between suitable alternative options for meeting needs. This does not mean choosing the cheapest option; but the one which delivers the outcomes desired for the best value. This may mean that in some cases, the Council sets a personal budget which is lower than the cost of the option that a service user prefers, but in each case, the Council will carefully consider the individual's circumstances and their views, wishes and feelings before reaching a decision.
- 10.5. The Council will ensure that a person's entitlement to a personal budget is reviewed regularly to ensure that he/she is still eligible and that his/her outcomes are being met in the most cost-effective way. The Council recognises that the unmet eligible needs of individuals may both increase and decrease over time, and the packages of care being received by individuals are adjusted accordingly in line with these changes, which may include a change in the location and/or type of care provided.
- 10.6. The Council will ensure that at least one option is available and affordable within an individual's personal budget, and will try to ensure that there is more than one where possible.

Community services

- 10.7. Support to access community facilities will focus on developing independence and skills, training, paid work and volunteering opportunities unless the individual's assessment indicates that he/she would be unable to benefit from such services. The individual's care and support plan should specify the expected length of time required to achieve the desired outcome, and be reviewed at the end of the time period to determine if the need has been met or if the service is still required.
- 10.8. In cases where transport has been assessed as an unmet eligible need which cannot be met without support from the Council, the cost of getting individuals to and from a day service will be taken into account when determining the most cost effective means of providing day care for a service user. The method of transport should be appropriate to meeting the needs of the service user, be sustainable and represent value for money. This includes where appropriate assisting the service user in accessing public transport, and supporting individuals to increase their ability to travel independently.

Independent living

- 10.9. Where appropriate, individuals will be assessed and supported to apply for a Disabled Facilities Grant (DFG), or other Local Authority funding, where available, which may fund adaptations in owner occupied homes and in homes rented from a private landlord or registered provider of social housing (housing association). Adaptations are also available in homes rented from the council. An individual's unmet eligible needs will be reviewed on completion of the adaptation and the personal budget may be revised accordingly.

- 10.10. The Council is committed to increasing the use of telecare solutions (e.g. alarms, monitors) as a means of promoting independence, keeping people safe, and preventing/ delaying the escalation of need for more intensive levels of care and support. The option of using technology as a means of meeting the unmet eligible needs of people living in their own home will be routinely considered as part of the care and support planning process.
- 10.11. There may be times when the Council cannot safely meet a person's needs in the current home. If there are very significant risks it may be that an alternative placement is the most appropriate way to meet that need. If appropriate, the Council will seek lawful authorisation from the Court of Protection where the Council believes it is in the best interests of the individual to be cared for in an alternative setting.

Housing with care

- 10.12. 'Housing with care' (i.e. extra care, supported living) is a service model associated with a range of positive benefits, including:
- Slower deterioration in functional ability when compared with people living in traditional care homes, and in particular, a lower incidence of falls
 - Less usage of health services, including fewer nursing consultations and hospital inpatient
 - Good quality of life and social wellbeing, including reduced social isolation and loneliness
- 10.13. To ensure the Council complies with its duty under the Care Act to prevent and delay the development of need for care and support, and to promote independent living, the Council has adopted 'housing with care' as its preferred alternative to a care home in circumstances where an individual's unmet eligible needs can no longer be safely met in their current home. Further information about housing with care may be found here.

Residential and nursing care

- 10.14. People living in 24-hour funded care should receive appropriate daytime activity, stimulation and access to community facilities as part of that 24-hour care.
- 10.15. As outlined in the Care and Support (Choice of Accommodation) Regulations 2014, where the Council is responsible for meeting an individual's care and support needs and their needs are assessed as requiring a particular type of accommodation, the individual has the right to choose between different providers of that type of accommodation as long as the preferred accommodation would not cost the authority more than it would usually expect to pay for care of this type.
- 10.16. If an individual prefers to move to accommodation which is more expensive than the Council would normally expect to pay, this would be agreed provided that a third party (or in certain circumstances, the service user) agrees to pay the difference between the Council's usual price and the actual cost of accommodation.
- 10.17. Should the third party payments cease or self-funder's assets drop below the £23,250 capital limit, there is no obligation on the Council to continue to maintain the resident in the more

expensive accommodation and this will be made clear to all parties, including the care home service provider, from the outset.

- 10.18. Instances may arise where individuals, particularly those ready to be discharged from hospital, insist they will only accept a placement in a chosen care home. If a place is available in the preferred home, the individual can exercise their right to choose. If a place in the preferred home is not available, the individual will be required to choose an available alternative. The Council works in partnership with University Hospital Southampton NHS Foundation Trust and Solent NHS Trust, and in line with the local Managing Complex Discharge Policy, patients may not remain in hospital when they are fit for discharge to wait for a placement in a preferred home when a suitable alternative is available.

Services for carers

- 10.19. Services provided primarily for carers will be separately identified from any provision for the cared for person via a carers assessment and carers personal budget.
- 10.20. The Council commissions a range of services to meet eligible needs that support carers' health and wellbeing and enable them to continue in their caring role.
- 10.21. When assessing and meeting the unmet eligible needs of carers and individuals with care and support needs, the Council will adopt a "whole family" approach, which aims to respond to the needs of both the individual and carer equally.
- 10.22. The Care Act specifies that a carer's need for support can be met by providing care to the person they care for. Where a service is provided directly to the adult needing care, even though it is to meet the carer's eligible unmet needs (e.g. replacement care), the adult will be liable to pay any charge. It is important that the adult with needs agrees to receive that type of care and any subsequent charge.

Support and services not normally covered by personal budgets

- 10.23. Where an individual chooses to use their personal budget as a managed account held by the Council with support required to meet unmet eligible need arranged by the Council, the following services and/ or activities would not normally be included within the individual's personal budget allocation:
- The Council would not usually expect to pay for leisure activities as these should mostly be met from the individual's income or benefit in the first instance.
 - Veterinary bills and costs for securing the property would not usually be paid by the Council. However, where the Council does incur costs for these as there are no other options available, the Council will look to recover the costs from the individual.
 - Costs for transport to an activity or service should usually be met by usage of Disability Living Allowance, Personal Independence Payments, Attendance Allowance or other sources of income of the individual. The Council would not expect to pay for transport to an activity or service unless it is established as a clear unmet need for individuals with assessed eligible needs and there are no alternative ways for the needs to be met.
 - The Council does not have responsibility for provision of NHS services such as patient transport.

Jointly funded care

- 10.24. Where an individual is in receipt of a care package that is jointly funded by the Council and an NHS Clinical Commissioning Group, the policy of the organisation funding the greatest share of the care package cost will have precedence in guiding the care planning process. Where the Council is the 'lead' funder for a jointly funded package of care, practitioners should also have regard for the care planning policy of the co-funding organisation.

11. Appeals/ disputes

- 11.1. The Council will take all reasonable steps to limit appeals or disputes regarding assessments, support planning, reviews and personal budget allocation, including:
- Effective care and support planning
 - Transparency in the personal budget allocation process
 - Informing people in advance of the timescales that are likely to be involved in different stages of the adult social care business process
 - Keeping people informed as to how their own case is progressing
 - Providing adult social care services in a manner that is compliant with the Council's [Customer Service Charter](#).
- 11.2. The Care Act enables regulations to be produced for permitting appeals against a number of adult social care decisions including personal budget setting. These regulations have not yet been produced, but when they have been the Council will put in place suitable arrangements for these appeals to be determined.
- 11.3. For individuals who lack mental capacity to make certain decisions the Council, the individual, family members and/or their representative can make an application to the Court of Protection to ask the court to make a number of declarations and decisions. If there is a dispute about the personal budget setting it is possible for the court of protection to be asked to make a best interests decision (e.g. to decide on the type and level of the care package). Further information on the Court of Protection can be found [here](#).
- 11.4. Individuals who remain dissatisfied with the Council's decision will be referred to the Council's complaints procedure and, ultimately, the Local Government Ombudsman. Further detail regarding the Council's complaints procedure can be found [here](#).

12. Governance

- 12.1. The Council's nominated Director of Adult Social Services (DASS) is the lead officer accountable for ensuring that local adult social care practice is undertaken in a manner that is at all times compliant with this policy, and will ensure appropriate and effective measures are in place for monitoring the services' performance against the standards and terms outlined within the policy so as to provide adequate assurance to the Council's Corporate Management Team. This includes provision of leadership, adequate staff training and supervision, development of any further practice guidance or procedures required, and production/ dissemination of any financial or activity-based management information.

- 12.2. This policy will be reviewed annually. Authority to make any minor amendments to the policy is delegated to the Council's nominated Director of Adult Social Services, following consultation with the Cabinet Member for Housing and Adult Care and the Director of Quality and Integration.

13. Appendices

Appendix 1: Legislation and Statutory Guidance

1. *Relevant legislation and statutory guidance*

- 1.1 Care Act 2014 www.legislation.gov.uk/ukpga/2014/23/contents/enacted
- 1.2 Care Act Statutory Guidance (2016 update)
<https://www.gov.uk/guidance/care-and-support-statutory-guidance>
- 1.3 Children Act 1989 www.legislation.gov.uk/ukpga/1989/41/contents
- 1.4 Children and Families Act 2014 www.legislation.gov.uk/ukpga/2014/6/contents/enacted
- 1.5 Data protection Act 1998 www.legislation.gov.uk/ukpga/1998/29/contents
- 1.6 Disabled persons (Employment) Act 1944 www.legislation.gov.uk/ukpga/Geo6/7-8/10
- 1.7 Freedom of Information Act 2000 www.legislation.gov.uk/ukpga/2000/36/contents
- 1.8 Health and Social Care Act 2012 [/www.legislation.gov.uk/ukpga/2012/7/contents/enacted](http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted)
- 1.9 Mental Capacity Act 2005 www.legislation.gov.uk/ukpga/2005/9/contents
- 1.10 Mental Health Act 1983 [/www.legislation.gov.uk/ukpga/1983/20/contents](http://www.legislation.gov.uk/ukpga/1983/20/contents)
- 1.11 The Care and Support (Charging and Assessment of Resources) Regulations 2014
http://www.legislation.gov.uk/uksi/2014/2672/pdfs/uksi_20142672_en.pdf

Appendix 2: Specified outcomes for eligibility

For **adults with unmet eligible care and support needs**, the specified outcomes referred to in the national eligibility criteria, of which 2 or more must be unable to be achieved, are as follows:

Specified outcome	Examples of how the Council should consider each outcome (<i>not an exhaustive list</i>)
(a) Managing and maintaining nutrition	Does the adult have access to food & drink? Is the adult to prepare and consume the food and drink?
(b) Maintaining personal hygiene	Is the adult able to bathe/wash themselves? Can they launder their clothes?
(c) Managing toilet needs	Can the adult access the toilet unaided? Can they manage their toilet needs?
(d) Being appropriately clothed	Can they to dress themselves & be appropriately dressed? Are they able to dress appropriate for different weather conditions

(e) Being able to make use of their home safely	Can the adult access their property & move around home safely? E.g. are there steps up to property, can they use kitchen facilities, access the bathroom? Fire safety risks?
(f) Maintaining a habitable home environment	Is the home sufficiently clean and maintained to be safe? Do they need support to sustain their occupancy & maintain amenities such as water, electricity & gas?
(g) Developing or maintaining family or personal relationships	Is the adult lonely or isolated? Do their needs prevent them maintaining/developing personal relationships?
(h) Accessing and engaging in work training education or volunteering	Does the adult have the opportunity to apply themselves & contribute to society through work, training, education or volunteering? Can they physically access facility/support to participate?
(I) Making use of necessary facilities/services in the local community including public transport and recreational facilities or services.	Can they get around community safely & use facilities such as public transport, shops or recreational facilities? Is support needed to attend healthcare appointments (note the Council is not responsible for provision of NHS services such as patient transport)
(j) Carrying out any caring responsibilities the adult has for a child	Does the adult have any parenting or caring responsibilities?

An adult is to be regarded as being unable to achieve an outcome if the adult is:

- Unable to achieve it without assistance;
- Able to achieve it without assistance but doing so causes the adult significant pain, distress or anxiety;
- Able to achieve it without assistance but doing so endangers or is likely to endanger the health or safety of the adult, or of others; or
- Able to achieve it without assistance but takes significantly longer than would normally be expected.

Appendix 3: Specified circumstances for carers eligibility

- 1.1. For Carers the specific circumstances referred to in the national eligibility criteria for carers are as follows.
- 1.2. The carer's physical or mental health is, or is at risk of, deteriorating.
- 1.3. The carer is unable to achieve any of the following outcomes:
 - Carrying out any caring responsibilities the carer has for a child;
 - Providing care to other persons for whom the carer provides care;
 - Maintaining a habitable home environment in the carer's home (whether or not this is also the home of the adult needing care);
 - Managing and maintaining nutrition;
 - Developing and maintaining family or other personal relationships;

- Engaging in work, training, education or volunteering;
- Making use of necessary facilities or services in the local community, including recreational facilities or services; and
- Engaging in recreational activities.

1.4. A carer is to be regarded as being unable to achieve an outcome if the carer is:

- Unable to achieve it without assistance;
- Able to achieve it without assistance but doing so causes the carer significant pain, distress or anxiety; or
- Able to achieve it without assistance but doing so endangers or is likely to endanger the health or safety of the carer, or of others.

Southampton City Council Adult Social Care and Support Planning Policy – Consultation report

Appendix 2

Introduction

1. Southampton City Council undertook consultation with service users, stakeholders and staff regarding the draft Adult Social Care and Support Planning Policy between 31 May 2016 and 23 August 2016.
2. The draft policy was developed to ensure:
 - Adult social care business processes re undertaken in a manner that is, at all times, compliant with the council's duties under the Care Act 2014
 - Equitable treatment and fairness in the provision of funded care and support
 - Sufficient and appropriate regard is given to individual circumstances and personal preferences when determining the value of an individual's personal budget.
3. The draft policy will help the Council to achieve these objectives by ensuring that the tasks of assessment, support planning, and reviews are routinely undertaken in a consistent and transparent manner. It is important to emphasise that the draft policy does not reflect a major change in our approach. It is instead designed to clarify and organise existing practice in line with the Council's existing duties under the Care Act 2014. As such, the substance of the draft policy itself was not subject to consultation as the council's duties under the Act are beyond the Council's influence.
4. In April 2016, the Council Management Team in consultation with the Lead Member for Health and Adult Social Care agreed to undertake a 12 week public consultation on the draft policy with key stakeholders and the public before a final decision is taken.

Aims

5. The Council did not have a statutory duty to consult on the draft policy as it does not describe a major change in approach, but instead clarifies and organises existing practice in line with the Council's duties under the Care Act 2014. There was, however, a duty to consult arising from a legitimate expectation of consultation due to the Council's past practice of consulting over Adult Social Care policies. As the policy is also a statement from the Council on the manner and methods to be used by its adult social care practitioners when conducting the tasks of assessment, care and support planning, and review, the consultation additionally represented an ideal opportunity for people with current or future care and support needs and their families to influence their experience of receiving these services from the Council and was undertaken on this basis.
6. The overall purpose of the consultation was to ask residents, stakeholders and practitioners about the following aspects of the draft policy:
 1. Is the draft policy clear?
 2. Is the draft policy open and transparent?
 3. Is the draft policy sufficiently informative (provides you with enough information)?
 4. Does the draft policy comply with law?
7. This report summarises the processes and activities undertaken by the Council to achieve these aims and includes a summary of the consultation responses both for the consideration of decision makers and any interested individual or organisation.

Consultation principles

8. The Council takes its duty to consult with residents and stakeholders on changes to services very seriously. The council's consultation principles ensure all consultation is:
 - Inclusive: so that everyone in the city has the opportunity to express their views.
 - Informative: so that people have adequate information about the proposals, what different options mean, and a balanced and fair explanation of the potential impact, particularly the equality and safety impact.

- Understandable: by ensuring that the language used to communicate is simple and clear and that efforts are made to reach all stakeholders, for example people who are non-English speakers or disabled people.
 - Appropriate: by targeting people who are more likely to be affected and using a more tailored approach to get their feedback, complemented by a general approach to all residents, staff, businesses and partners.
 - Meaningful: by ensuring decision makers have the full consultation feedback information so that they can make informed decisions.
 - Reported: by letting consultees know what was done with their feedback.
9. The Council is committed to consultations of the highest standard, which are meaningful, and comply with the following legal standards:
- Consultation must take place when the proposal is still at a formative stage
 - Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response
 - Adequate time must be given for consideration and response
 - The product of consultation must be carefully taken into account.
10. The city of Southampton also has a compact (or agreement) with the voluntary sector in which there is a commitment to undertake public consultations for a minimum of 12 weeks wherever possible. This aims to ensure that there is enough time for individuals and voluntary organisations to hear about, consider and respond to consultations. This time period is also in line with national government guidance. In accordance with this, the consultation on the draft adult social care policy ran for 12 weeks, to ensure that as many people as possible are given sufficient opportunity to have their say.

Approach and methodology

11. The consultation on the draft policy sought views on the proposal from relevant staff, residents, stakeholders and partner organisations. The formal consultation ran from 31 May 2016 to 23 August 2016.
12. Deciding on the best process for gathering feedback from stakeholders when conducting a consultation requires an understanding of the audience and the users of the service. It is also important to have more than one way for stakeholders to feedback on the consultation, to enable engagement with the widest range of the population. In order to ensure the proposed approach was proportionate and appropriate stakeholder meetings were held with a forum group to get their feedback and input on the approach to the consultation. This allowed potential consultees and organisations who work in this area the opportunity to shape the way the consultation would practically work.
13. The agreed approach for this consultation was to use a combination of paper and online questionnaires as the basis with a range of service user focus groups and four open drop-in sessions. It was felt that due to the complexity of the consultation it was important to provide a significant amount of face to face contact with consultees to provide clarity and answer any questions. The focus groups were designed and delivered in a practical way to encourage engagement with the policy and ensure sufficient feedback was gathered for each of the four consultation aims.
14. Due to the fact the consultation is on a 23 page policy document there were methodological considerations to make sure respondents had ample opportunity to familiarise themselves with the policy before responding. Printed versions were circulated prior to focus group meetings and were widely available (online and in paper copies) throughout the consultation period. In addition to the main questionnaire and face to face activities, a general response email and postal address was also advertised. This was to allow for respondents who, for whatever reason, could not or would not wish to use the questionnaire.
15. Once the consultation materials were finalised, and a week before the consultation went live, a briefing with sector representatives was held. This session was to give a group of key stakeholders the chance to provide feedback on the consultation plan and materials and to ask any questions. There was some

feedback on the consultation and questionnaire, it was decided with this group to delay the start of the consultation by a week and changes to the materials were made following this feedback.

Promotion and communication

16. Throughout the consultation, every effort was made to ensure that as many people as possible were aware of the draft policy and had an opportunity to have their say. Particular effort was made to communicate the proposals to and through support groups that work with adult social care clients. Other communication channels were also used to ensure a wide range of people were aware of the consultation. The draft policy, a Frequently Asked Questions (FAQs) document, the Equality and Safety Impact Assessment (ESIA) and the questionnaire were available on a dedicated council webpage throughout the consultation period. The public drop-in sessions were also promoted on the webpage.
17. The consultation was promoted in the following ways:
- A link to the consultation webpages was sent to key stakeholders
 - Posters advertising both the drop-ins and a link to the questionnaire were distributed to community centres, GPs and the Councils day centres across the city
 - Copies of the draft policy and posters advertising the drop-ins and links to the questionnaire were distributed to libraries across the city
 - Copies of the draft policy, FAQs and questionnaires were sent to a range of support organisations in the city to distribute
 - A link to the survey and details of the drop-in sessions were promoted a number of times using the following council Stay Connected e-bulletins:
 - Your City, Your Say (External, 3,350 subscribers)
 - City News (External, 5,300 subscribers)
 - Community News and Events (External, 7,100 subscribers)
 - The Bulletin (Internal)
 - Policy Watch (Internal)
 - The Council twitter account was used to signpost people to the survey/ drop-ins.
 - An information stand was set-up in the main corridor of the Civic Centre throughout the 12 weeks, which held copies of the draft policy, information posters, questionnaires and information advertising how people can have their say through public drop-ins, the generic email address, online survey link and postal address for where to send comments.
18. In addition to the above, the consultation was also promoted by the Council's Community Development Officers. The officers distributed the consultation information to Time Bank membership (volunteering project in the community), and posted on Facebook and Twitter. It was also promoted at the Repair Café and leaflets were distributed at the 'Big Day In', an event aimed at families with autism.

Consultation respondents

Questionnaire

19. In total, 27 people responded to the draft Adult Social Care and Support Planning policy, of which 22 were complete questionnaires and five were partially completed. The questions within the questionnaire focused on the draft policy itself. The questionnaire was split into various sections:
- Whether respondents had read the policy and if so which areas.
 - Clarity, transparency, how informative it is and whether it is in accordance with the law.
 - How it could affect respondents or their families.
 - Alternative options that the Council should consider within the policy and any other comments on the policy as a whole.
 - Demographic information, such as age, gender and home postcode.
20. All of the questionnaire submissions that had at least one question on the draft policy completed were included in the analysis. As a result of this the demographic information outlined below may not cover all respondents.

21. It should be note that, as engagement opportunities should be open for anyone to take part, they will not necessarily be representative of the whole population of Southampton. It is however important that as wide a range of people as possible were engaged and given the opportunity to share their views.
22. The least represented groups who answered the questionnaire were the under 16, 16-24 and 85 or over, with no respondents from these groups answering the questionnaire. People between the ages of 45 and 64 were most represented with over half of all respondents belonging to this age range. This is in line with normal expectations as the over 45 year olds tend to participate in greater numbers. As an example, in the Southampton City Council's Public Space Protection Order Consultation, 62% of respondents who engaged with the consultation were over the age of 45. Within this particular consultation four fifths of respondents were between the age of 45 and 64.
23. Respondents were also asked their gender. The breakdown of respondents was three fifths female and two fifths male. Again it is commonly observed with questionnaires and consultations carried out by Southampton City Council that women are more likely to participate, and this is reflected within this data.
24. In total, from the information that was provided by respondents, it is possible to see that;
- Just over one third of respondents considered themselves to have a disability of some sort.
 - Just under half of respondents, who responded to this question, stated that they were a local resident, just under a quarter stated they are currently in receipt of care and just under a fifth stated that they are carers. Family members of care users and staff members within adult social care were also represented.
 - Almost two fifths of consultees, who responded to this question, stated that they were employed by Southampton City Council. A fifth of respondents stated that they worked either for the NHS, Voluntary sector or independent service provider. The remaining two fifths stated that they did not work for any of the organisations listed.

Drop-ins

25. Four public drop-in sessions were held in various locations across the city, which attracted 15 residents in total. The drop-ins provided an opportunity for the public find out more about the draft policy, collect information such as a questionnaire or a copy of the draft policy and ask any questions or make comments on the draft policy and any other adult social care queries the public may have. Details and locations of the drop-ins are listed below:-
- Manston Court, Lordshill – Tuesday 14 June (5pm - 7pm)
 - Sembal House, Handel Terrace – Wednesday 22 June (10am – 12noon)
 - Merryoak Community Centre, Merryoak – Friday 22 July (3pm – 5pm)
 - Central Library, Civic Centre – Saturday 30 July (11am – 1pm).

Your Care Your Say email inbox

26. Throughout the consultation the dedicated email inbox received two emails from respondents. The content of these emails has been noted and included in the consultation feedback.

Focus groups

27. Throughout the consultation it was important to conduct multi-layered engagement. For this reason focus groups were offered to stakeholders (who were engaged with before the consultation went live). In total, 75 people attended a focus group or discussion session. Alongside this they were also able to specify which areas of the policy they were particularly interested in engaging with. The individual policy section headings discussed at each group have been added (in quote marks) to each focus group summary paragraph so it is clear which groups fed back on which parts. Focus groups were held with;

- Healthwatch through Southampton Voluntary Services as part of their informal Strategic Group meeting
 - Choices Advocacy as part of their monthly “The Hub” meeting
 - Mencap as part of their Carer’s Lunch
 - Solent Mind
 - Carers in Southampton
28. Each session was modified and tailored to the audience and the focus or aim that the particular group felt would be of most use. Alongside this any information, comments or views that were given on any other area of the policy, adult social care or the consultation as a whole were also noted and collated as part of the consultation. All focus groups were attended by a member of the Adult Social Care team as well as two members of the Research and Consultation team.
29. The focus group held at Southampton Voluntary Services with Healthwatch’s Strategic Group had eight attendees. Feedback was gathered on ‘assessment and identifying unmet eligible needs and determining eligibility’, ‘general responsibilities and universal services’ and ‘allocating funding to unmet eligible needs and meeting eligible needs’.
30. The focus group with Choices Advocacy, as part of their The Hub session, centred more on communication and health and wellbeing with the policy. 16 attendees (including advocates) gave feedback on how and why the Council (as well as other organisations) communicate with them and how this could be improved. Alongside this, within the ‘general responsibilities and universal services’, a further engagement occurred centred on promoting wellbeing. Attendees were asked to state what each action meant to them and how they would want to see this carried out by the Council.
31. The focus group held at Mencap had 19 attendees (including staff members of Mencap). Feedback was gathered on ‘assessment and identifying unmet eligible needs and determining eligibility’, ‘care and support planning’, ‘allocation of funding to unmet eligible needs and meeting eligible needs’ and ‘appeals and disputed and governance’.
32. An informal focus group was held at Solent Mind with three attendees (including staff members of Solent Mind). Within this engagement the reasoning behind the policy was explained and attendees were given the opportunity to express concerns and ask questions about how this might affect them.
33. The focus group held at Carers in Southampton had 13 attendees (including staff members of Carers in Southampton). Feedback was gathered on ‘care and support planning’, ‘assessment and identifying unmet eligible needs and determining eligibility’, and ‘allocation of funding to unmet eligible needs and meeting eligible needs’.
34. In addition to the focus groups an informal discussion was also held at a regular Consult and Challenge (an independent service user / provider forum) meeting on 20 July 2016. There were 16 services users or representatives of groups present at the meeting, general feedback about the draft policy and the consultation were provided. All feedback received was noted and collated as part of the consultation.
35. A drop-in session was also held for council social workers and other members of staff, where they has the opportunity to find out more about the draft policy to ask questions on the draft policy and the consultation. A total of 10 attended this session.

Consultation results

36. The feedback and comments gathered during the consultation have been summarised by the key questions the consultation set out to address. There is also a section summarising the general feedback on adult social care services received during the consultation process. While this is not directly relevant to this consultation it is natural that issues would be raised by consultees while thinking about the draft adult social care policy and this feedback should not be lost.

37. Of the 27 people that answered the questionnaire, three fifths stated they had read the draft policy and two fifths stated that they hadn't. Of the people that had read the draft policy, two thirds said they had read the whole document. The most read sections of the draft policy were 'purpose and scope', 'assessment and identifying unmet eligible needs and determining eligibility', 'care and support planning', and 'allocating funding to unmet eligible needs (personal budget) and meeting eligible needs'.

Is the draft policy clear?

38. Respondents to the questionnaire and focus group attendees were asked for their views on how clear they felt the policy was. Within this, respondents were able to:

- Assess clarity of the policy as a whole
- Assess clarity of particular areas in which they had read

39. Respondents were asked to rate the draft policy from 0-10 (where 0 was not at all clear, and 10 was completely clear) on the clarity of the policy. 16 respondents stated that the policy was clear (completely or otherwise). A further 17 stated that they felt the policy was unclear, with the remainder of consultees stating that they were neutral. This created an average score of 4.9 which indicates opinions are divided more or less between clear and unclear. For a full breakdown see Figure 1.

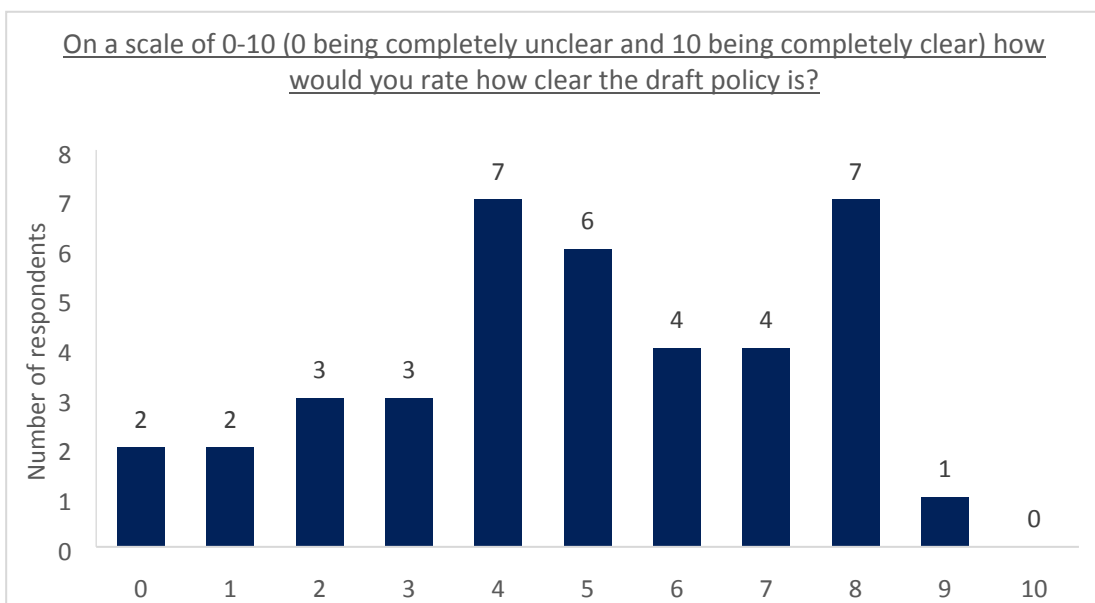


Figure 1

40. Respondents were also given the opportunity to give comments and thoughts the on clarity of various areas of the policy, either through conversation or an open text box. Each of the comments was individually considered and groupings were created depending on the feedback given. For a full breakdown see Figure 2.

- The majority of responses stated that definitions and examples were needed throughout the policy to make it easier to understand and apply to personal situations (56 responses)
- Many responses stated that the document was overly complex (35 responses) or the language used was overly wordy (22 responses)
- Another common theme was the lack of an easy read or public facing version that could act as a summary to help people to understand (10 responses).

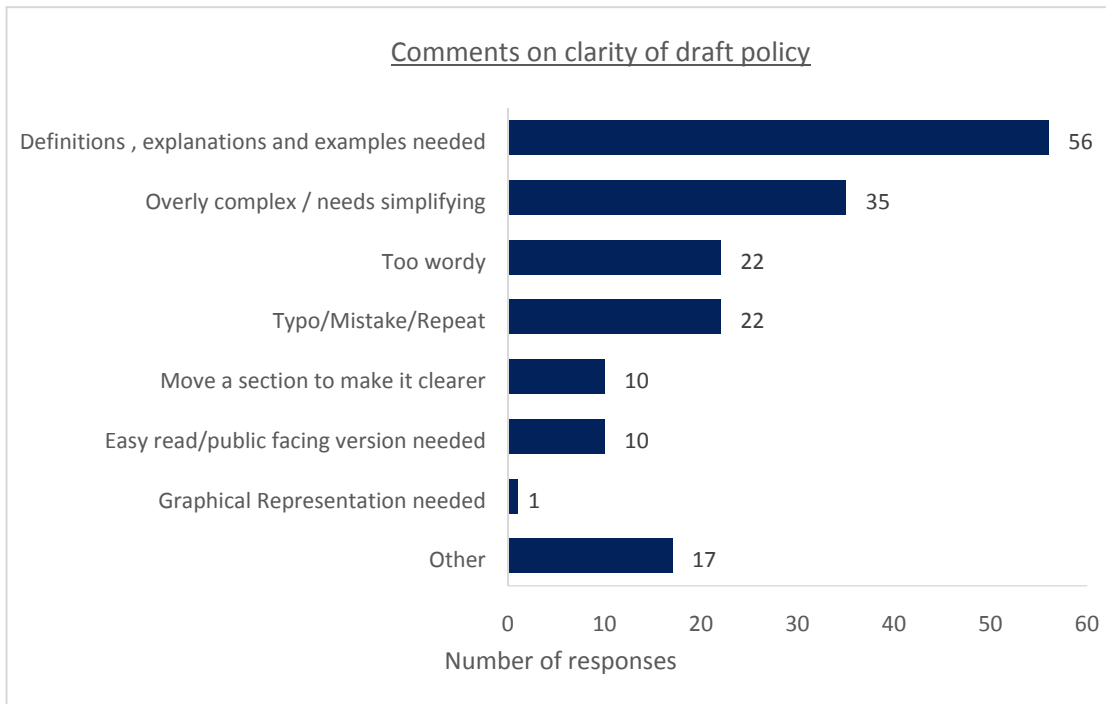


Figure 2

41. Of the responses given it was clear that certain areas of the policy elicited more responses than others. 63 responses (almost half of all responses) were against the ‘allocating funding to unmet eligible needs (personal budget) and meeting eligible needs’ section. 47 responses (a third) focused on the ‘assessment and identifying unmet eligible needs and determining eligibility’ section. For a full breakdown please see Figure 3.

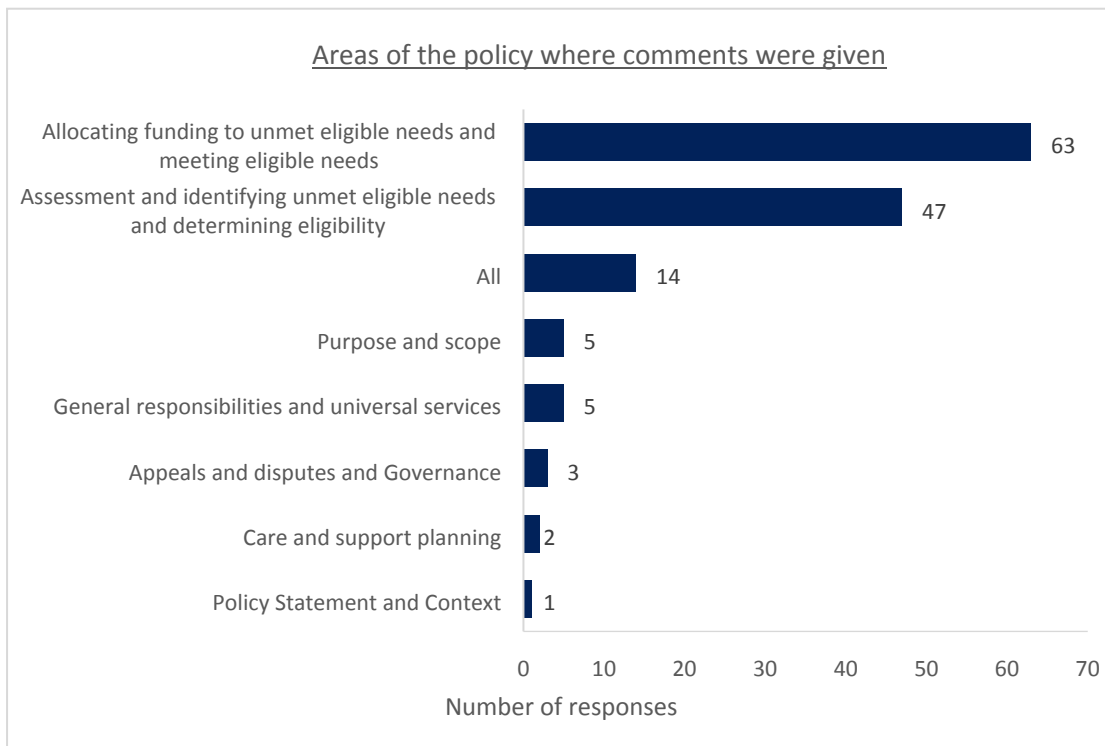


Figure 3

Is the draft policy open and transparent?

42. Respondents to both the questionnaire and focus group attendees were asked for their views on whether they felt the policy was open and transparent. To make sure as much of the policy was covered as possible, the focus groups were tailored to try and make sure every area of the policy had some feedback.
43. Feedback was elicited either through conversation or an open text box. Each of the comments was individually considered and groupings were created depending on the feedback given. For a full breakdown see Figure 4.
- The majority of responses stated that realistic, clear and honest information and language is needed through the policy (9 responses). Examples of these sorts of comments ranged from requesting information on whether this was to make services better, intended as a money saving exercise or in order to be in line with documentation such as the Care Act. Alongside this a general worry about creating a culture where the cheaper method is preferred was also raised.
 - Around one third of responses (5 responses) asked for consistency within the policy and adult social care. Examples of these comments were centred upon the way certain terms were used which could introduce ambiguity or whether disparity will be addressed in services and how they are delivered.
 - Other comments centred on the complexity of the language obscuring the transparency of the documents and leading on from that whether extra appendices or documentation should be provided within the policy.

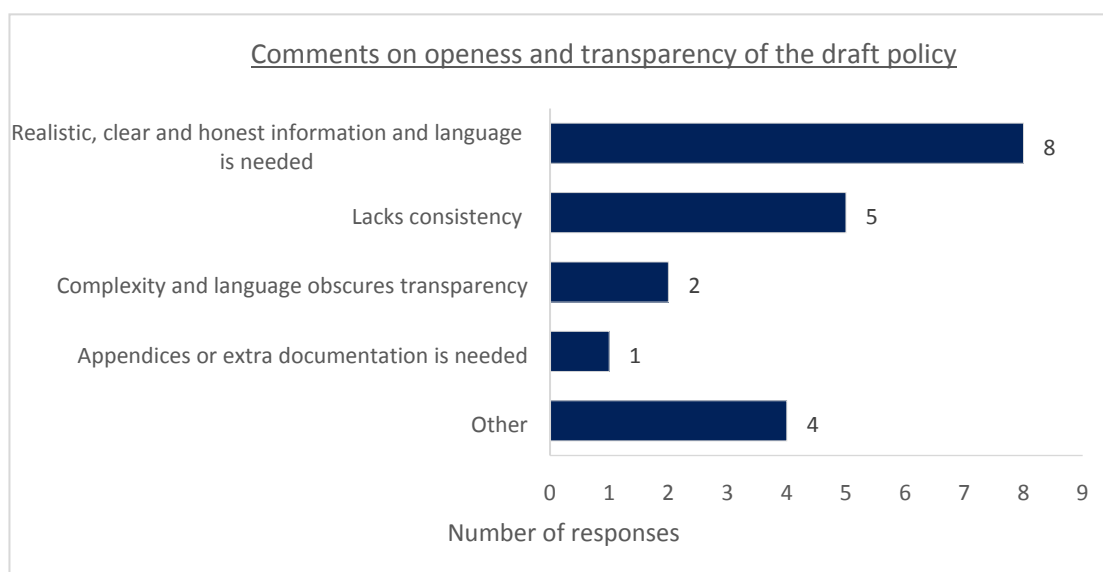


Figure 4

44. Of the responses given, it was clear that certain areas of the policy elicited more responses than others. 9 responses (over half of all responses) were against the 'allocating funding to unmet eligible needs (personal budget) and meeting eligible needs' section. 4 responses (almost a third) focused on the 'assessment and identifying unmet eligible needs and determining eligibility' section. For a full breakdown please see Figure 5.

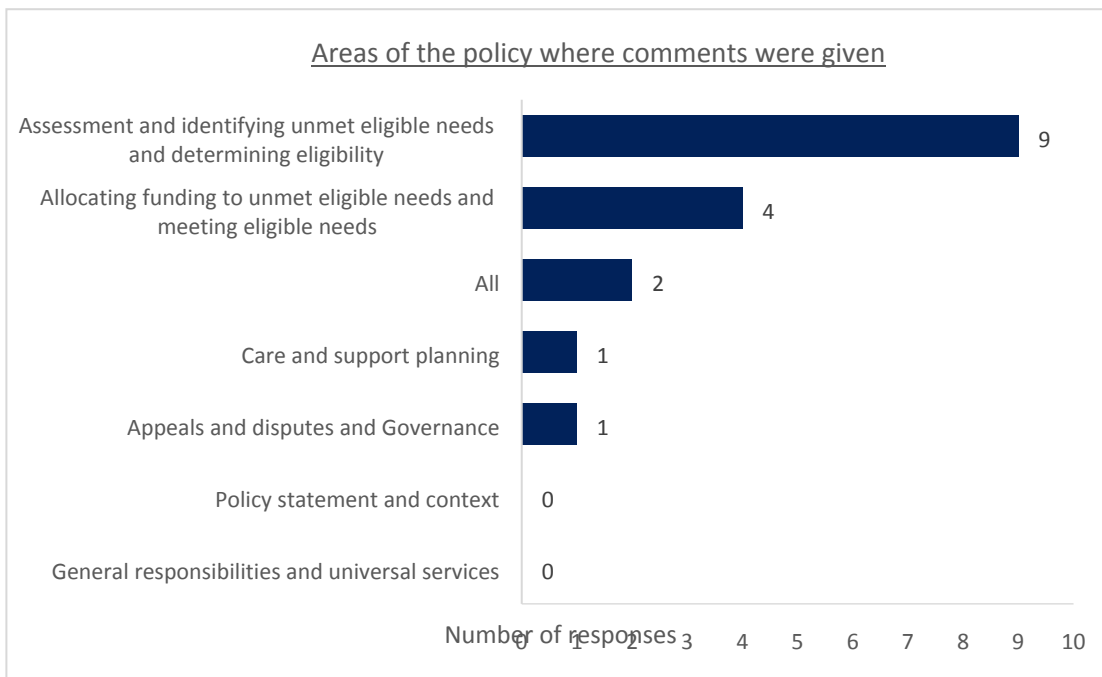


Figure 5

Is the draft policy sufficiently informative (provides you with enough info)?

45. Respondents to both the questionnaire and focus group attendees were asked for their views on whether they felt the policy was sufficiently informative. Within this, respondents were able to:

- Assess how sufficiently informative particular areas which they had read
- To make sure as much of the policy was covered as possible, the focus groups were tailored to try and make sure every area of the policy had some feedback.

46. Feedback was elicited either through conversation or an open text box and each of the comments was individually considered. The majority were about specific sections within the policy requiring greater clarification and explanation. Within these the overarching themes were:

- Certain areas are too vague or are lacking details. This often meant that aspects of the policy could not be fully understood or further explanation was needed on how certain areas of the policy will be carried out or put into practice.
- Many respondents were unaware of the Southampton Information Directory (SID) and/or required more information on how it is updated and how it will be used in parallel with this policy.
- Timelines would be a useful addition when trying to explain reasonable time frames for services such as assessments.
- If further documentation is referred to within the policy then it should be included or easily accessible. The examples of this were the Care Act 2014 and the UN Convention of Human Rights.
- The lack of definitions for key terms and acronyms. For certain information to be fully understood, consultees felt it important that the key words or phrases used are fully explained.
- Accountability and where particular responsibilities lie is an important aspect that certain respondents felt could be explained in more detail. It is important that those who will be directly affected by the policy are aware what the Council should do or the support they should provide and what is the responsibility of the individual.
- Finally other comments talked about the length and complexity of the document. As the policy was seen as long and sometimes hard to understand, the information that is provided within it could be misinterpreted or missed completely. To counter this, a number of consultees stated that a summary of the document and key definitions could help to avoid this issue.

47. Of the responses given, it was clear that certain areas of the policy elicited more responses than others. 28 responses (almost half) focused on the 'assessment and identifying unmet eligible needs and determining eligibility' section. 15 responses (a quarter) were against the 'allocating funding to unmet eligible needs and meeting eligible needs' section. For a full breakdown please see Figure 16.

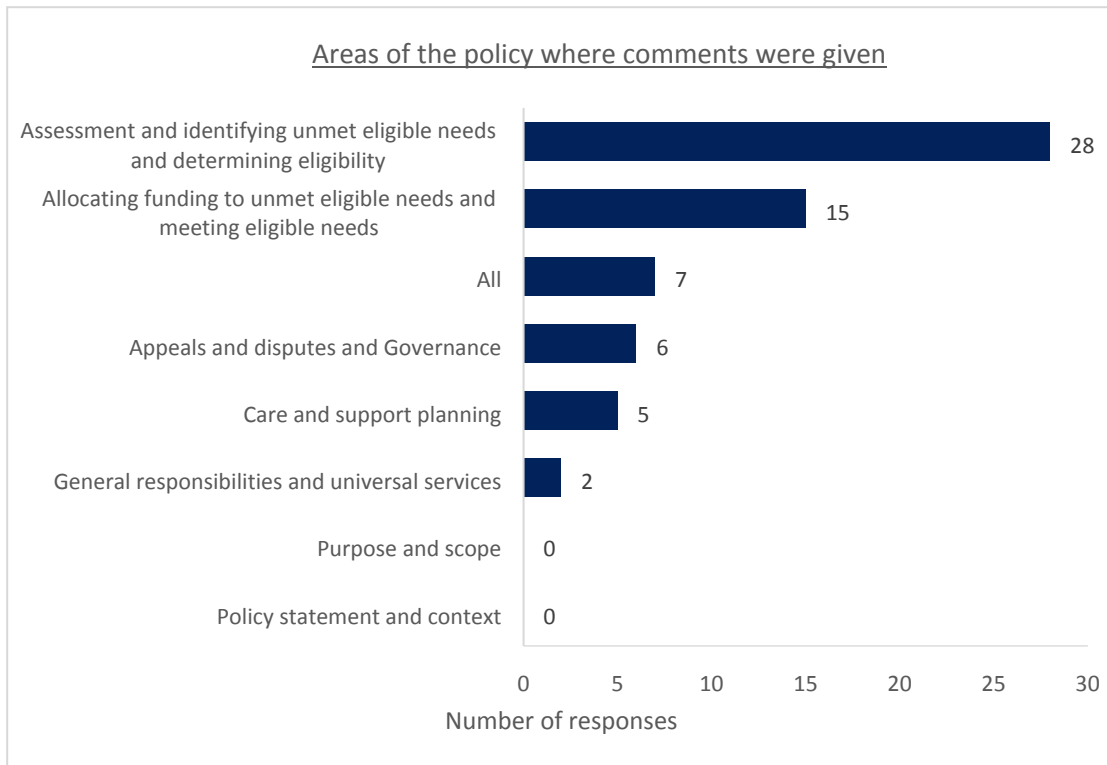


Figure 6

Does the draft policy comply with law?

48. Respondents to both the questionnaire and focus group attendees were asked for their views whether they thought the policy was in accordance with the law. Within this, respondents were able to:

- Assess whether the entire policy was in accordance with the law
- Assess whether individual areas in which they read were in accordance with the law.

49. Respondents were asked to state with they thought the draft policy is compliant with the Care Act 2014, statutory guidance and regulations. Almost three quarters of those who responded stated that they did not know or were unfamiliar with the law. Of the remaining responses more respondents believed that the draft policy was compliant than those who did not. For a full breakdown see Figure 7.

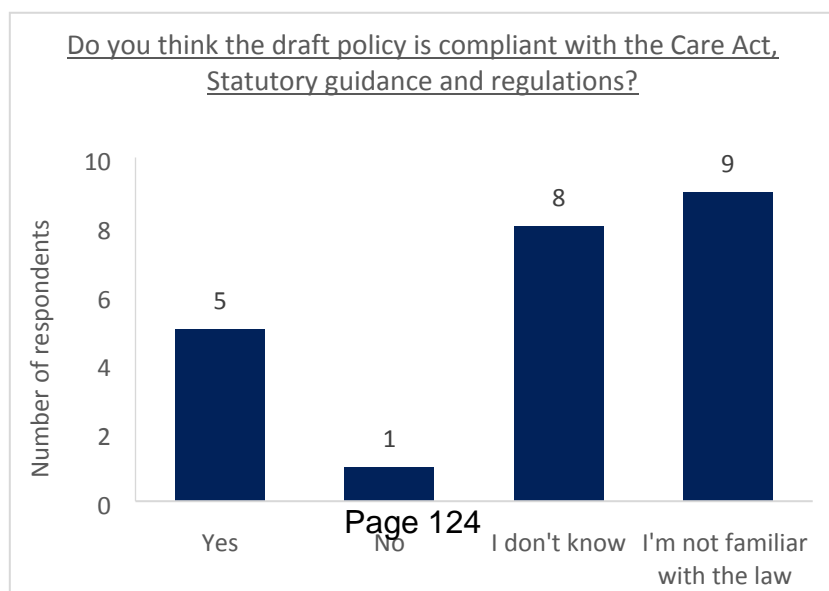


Figure 7

50. Respondents were also given the opportunity to provide comments and thoughts on whether they believed the policy was compliant with the Care Act, statutory guidance and regulations through conversation at focus groups or an open text box. Each of the comments was individually considered and are listed below.

• How are lay people supposed to know whether this is in accordance with the law?
• How is anyone supposed to make a judgement on whether it is in accordance with the law?
• 6.1 Not clear if you don't know what Section 18 of the Act is. Brief description needed.
• Court of Protection needs to be in here with specifics of what it does, how it works, how it can help etc.
• Incorrect information around personal budgets

Overall opinions on the policy and any impacts

51. Respondents were asked whether they had any other comments or whether there were any impacts that could affect consultees or their families. A free textbox was given to capture these views from those who responded. Alongside this, those who attended the focus group were able to offer alternative options.

52. In terms of 'any other comments', each of the comments that were given were individually considered. The overarching themes have been given below:

- Communication was an area where many respondents felt there could be an improvement. The examples given centred mainly on the fact some consultees were unaware that the draft policy existed. Other examples were about closing the feedback loop. The feedback given stated that, although the engagement within this policy has been varied, it is vital that the opinions, views and thoughts given are communicated to those who responded as well as how they may have affected the policy.
- Respondents stated that it would have been useful to have seen a simplified summary document or easy read version of the policy. This is needed to communicate the message to the general public, in its current form it is too complex. As well as this access to larger print documents would be helpful.
- Equality is an important consideration that needs to be highlighted within the policy and can take many different forms (such as ethnicity, gender or care needs).
- Preventative measures and voluntary services should take greater importance within the policy. If support can be provided earlier, crises can then be avoided and pressure relieved on services.
- Finally there were also comments given on the layout, presentation and errors (typos or duplicated sections). One example was the image on the front page of the document. A range of consultees felt that the image was misjudged and should be changed to something that better represents adult social care.

53. In terms of impacts on consultees or their families, each of the comments that were given were individually considered. General themes were present throughout. Most of the comments were centred on worries that the policy could make the journey or interaction with adult social care more difficult. The main worries were:

- The issue of choice was raised throughout the consultation. The worry amongst certain respondents is that the policy will allow people to choose, but this will be constrained choice by the Council

- Support was also an area where consultees highlighted concerns. Mainly this was about whether the same level of support will be available as the needs of people (carers as well as those who are cared for) change. The health and wellbeing of the person who provides care also needs to be considered as if their health deteriorates then problems could be created and greater pressure felt on services.
- Finally views on the financial pressures within adult social care were also provided. Within this, consultees stated that they were worried that due to financial constraints and possible changes that could occur that would affect the level of support provided (such as care homes, reablement centres and community centres).

Alternative suggestions

54. Respondents were asked whether they had any alternative options that the Council should consider when finalising the content of the draft Adult Social Care and Support Planning Policy. A free textbox was given to capture these views from those who responded. Alongside this, those who attended the focus group were able to offer alternative options as part of the tasks that were carried out.
55. Each of the comments that were given were individually considered and general themes were present throughout. The overarching themes have been given below:
- Many respondents stated that the document, although mainly designed for practitioners, needs to have a simplified version that is more public facing. This could be in terms of an easy read version, a summary or a shorter, more distilled document that outlines the 'highlights' that people need to understand.
 - Timelines and further graphical representations (such as flow charts) were a common feature that consultees felt would be useful to show various areas of the policy. An example given is a timeline of reasonable times that people should expect for reviews to occur.
 - Respondents also stated that the document should be more person centred and further examples or details should be provided around inclusivity (such as how ethnic background or specific needs are being considered).
 - Communication, signposting and closing the feedback loop were areas where consultees felt there could be an improvement. Often people who use the services have said that they need to be listened to, and the only way to prove this is to keep people informed about decisions that are being made.
 - Carers felt that a public forum where questions can be asked and information given to the Council would be beneficial. Rather than consultations on individual documents or issues, a meeting would allow them to detail how the changes have affected them and any fears, which would hopefully be allayed.
 - Finally there were more specific comments made about the processes that are in the policy. An example of this was centred on people being able to swap to face to face assessment if services such as self-assessment prove difficult.

Feedback from Social workers and staff

56. A total of 10 council officers / practitioners from Adult Social Care teams attended the drop-in aimed at council staff. Those who engaged with this session were able to listen to a Service Manager give an overview of the draft policy and it provided an opportunity for those staff who attended to ask questions. In summary, the points raised during the session were:-
- Housing with care section does not reference age restriction. It is also felt that housing needs need to be taken into account.
 - If the policy is a document aimed at practitioner, it must include more detail.

Feedback from Choices Advocacy

57. The focus group with Choices Advocacy, as part of their The Hub session, centred more on communication of information and advice and health and wellbeing within the policy. Attendees (including advocates) gave feedback on how and why the Council (as well as other organisations) communicate with them and how this could be improved. Alongside this further engagement occurred, which centred on promoting wellbeing. Attendees were asked to state what each action meant to them

and how they would want to see this carried out by the Council. In summary, the main points from the session are highlighted tables 1 and 2 below:

Communication – information and advice

How and why do you and the council communicate with each other?		Other comments
Visit the council offices	Have meetings with the council	Promised support by one worker at the council (Adult Social Care Team) and then let down by another in the team – an inconsistent approach.
Libraries	Partnership Board - SCC listen to our views of how we want things done.	<i>'Adult Social Services - didn't feel they listened to me. Now I don't know what to do for help'.</i>
Housing offices	Easy read and pictures	<i>'Menu driven options on telephone are hard to use'.</i>
The council sends letters to me	Bus passes done through the council	<i>'Housing services have not been helpful. They say they will get back to you and they don't! Even when my carer or advocate tries to help me'.</i>
Website	Safety around the house	<i>'Should be clearer on who is entitled to what - always mixed messages. It depends who you get on the phone'.</i>
Phone	Notice boards	<i>'Kept on hold for too long when phoning the council'.</i>

Table 1

Promoting wellbeing

Wellbeing	What does it mean to you?	What needs to change
Control over your daily life	Housing and my home	Impossible to make changes/adaptations to a house so the council need to do this. They need to be quicker at making these changes. Moving people instead of changing their house to suit their needs seems like a waste of money and can affect people's health.
Treating the person with respect	Be polite, speak slowly and clearly (especially if people have accents). Explain things I don't understand.	Social workers need to make sure they are doing this and being trained to do so.
Taking part in work, education, training and education	Working with companies and organisations	Employers don't want to take people with disabilities so the council should do more to try and encourage companies to take on disabled workers.

Table 2

Feedback on adult social care services received while consulting on the draft policy

58. Throughout the engagement and consultation period, general feedback given on adult social care services was collected. Respondents who attended focus groups were given the opportunity to give comments and thoughts on adult social care as a whole. Those who engaged with this through the focus groups were given the chance to enter into free dialogue. This feedback will be shared with the Southampton City Council Adult Social Care management team.

59. Almost all of the comments were given about improving services. These overarching themes have been given below:

- The way complaints are registered and dealt with needs to be improved. Comments were given about the fact people need help when making a complaint and the systems in place need to be clearer and more streamlined.

- Direct payments were mentioned as a possible area for improvement. Mainly the idea of referrals not occurring in a timely fashion meaning that the level of direct payments are not as high as they should be.
- A greater level of communication and information should be provided for those within the adult social care system. Examples of this included knowing how long processes should take, how to engage with social workers and finance teams within the Council and where information or templates will be held or updated (in terms of the Southampton Information Directory). Alongside this, carers provided feedback that more signposting is needed as they are currently unaware of how to get a social worker or what support they can provide.
- Finally support and staffing were other concerns given by consultees. These comments were mainly about what support will be available for those who need to access adult social care and whether current staffing will be able to deal with this. Self-assessment is also an overall worry from respondents stating there still needs to be support for those who use this process. Alongside this, carers provided feedback that more support is needed for day to day activities. The needs of the carer can change as well as those who are cared for.

60. A generic email address was also active throughout the consultation period and respondents used this to share their thoughts and comments adult social care as a whole. In addition, the public facing drop-in also gathered wider adult social care comments. The overarching themes have been given below:

- A respondent felt that their child, who is a young adult requiring adult social care services, had been 'let down by the system'.
- Cuts faced to council day centres has affected those with physical disabilities. The one-size fits all approach does not work as services are 'applied to others whose mental capacity is normal or near normal – this is inappropriate'.
- The city should be working towards provision of regular group peer support (mental health social clubs).
- Cuts in services and resources and staffing levels should be spread evenly in line with the basic Council sponsored remit of the Southampton Fairness Commission.
- Tackling social isolation is key and should be done in partnership across the city, focusing on partnership with faith organisations.

Feedback on the consultation process and approach

61. The Council is committed to make the whole consultation process as transparent as possible. As a part of this, any feedback on the consultation process itself received during the course of the consultation is gathered here. Overall, out of the 296 comments collected, 16 were on the consultation process itself, representing less than 6% of the total consultation responses. Comments are defined as responses that were related to the consultation objectives.

62. The comments made regarding the consultation process are shown in Table 3.

A useful experience which hopefully will help 'users' in future.
Best focus group session I've seen.
Communications - Anyone who is registered as a carer, social worker, social services etc. should be contacted. Everyone should have got a copy of the policy and survey.
Concerns were raised about how well and widely the consultation had been promoted and communicated
Consultations like this has certainly has brought it to life and made it a lot more meaningful. The Council should carry on doing consultations like this.
Contact age concern so you get views from all services
Ethically the report should be circulated before it goes to cabinet as the people you do research with have a right to see what you are doing with their comments and data.
Good to see consultation is COMPACT compliant (12 weeks)
Groups who had been involved with a focus group were positive about the experience

Materials should have been circulated before the consultation began so people could make sure they had read the policy.
The questionnaire was much more open-ended than usual and very clear. Did the same person/team write the draft?
There were questions about how much engagement had taken place directly with the social workers who will use the policy
Very grateful you came out to talk to us – there should be more opportunities like this.
Very interesting session. Informative and interactive and good to meet with other carers.
We hope we have made a difference
Workshops like this with carers need to happen more often.

Table 3

Conclusion

63. Overall, 129 stakeholders have engaged with the consultation process and given their views on the draft adult social care and support planning policy. The consultation has engaged with a range of individuals to allow residents in Southampton to give their views on the potential introduction of the policy. 100 of the 129 consultation participants took part in a face to face activity, underlining the importance of making a significant effort to offer these sessions as a part of the consultation.
64. Despite the challenging subject matter of the consultation, the drop-ins, focus groups, and questionnaire responses generated over 290 individual comments on the draft policy which have each been considered and have led to over 90 separate changes to the policy.
65. The main findings show that when respondents were asked to rate the draft policy from 0-10 in terms of clarity, there was an average score of 4.9. Responses were reasonably evenly spread with the largest proportion in the middle section with ratings between 4 and 6. This indicates opinions are divided more or less between clear and unclear.
66. A significant amount of the feedback received about the consultation itself was positive.
67. In order to close the loop on the consultation all the groups involved will be sent copies of the reports and revised policy, and there will be a debrief session with the sector representatives who have been involved in the whole process.
68. This consultation has ensured compliance with local and government standards. This report and the Cabinet report outline the full picture of the consultation results and will be used to inform decision makers.
69. In conclusion, this consultation allows Southampton City Council's Cabinet to understand the views of residents and stakeholders on the draft adult social care and support planning policy. Therefore it provides a sound base on which to make a decision.

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Equality and Safety Impact

The **public sector Equality Duty** (Section 149 of the Equality Act) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people carrying out their activities.

The Equality Duty supports good decision making – it encourages public bodies to be more efficient and effective by understanding how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people’s needs.

The Council’s Equality and Safety Impact Assessment (ESIA) sets out the equality impact assessment in compliance with the Equality Act 2010 and the public sector equality duty and also includes an assessment of the community safety impact assessment to comply with section 17 of the Crime and Disorder Act and will enable the council to better understand the potential impact of the budget proposals and consider mitigating action.

<p>Name or Brief Description of Proposal</p>	<p>Adult Social Care and Support Planning Policy – the policy is designed to ensure that the tasks of assessment, care and support planning, and review are routinely undertaken in a consistent and transparent manner, which will in turn provide assurance against the following objectives:</p> <ul style="list-style-type: none"> • The adult social care business process is undertaken in a manner that is at all times compliant with the Council’s duties under the Care Act 2014 • Equitable treatment and fairness in the provision of funded care and support • Sufficient and appropriate regard is given to individual circumstances and personal preference when determining the value of an individual’s personal budget
<p>Brief Service Profile (including number of customers)</p>	<p>There are approximately 3,000 adults in Southampton whose social care is whole or partly funded by the council. Carers of people in receipt of funded care may also be affected.</p>
<p>Summary of Impact and</p>	<p>The Care Act requires local authorities to provide individuals in receipt of funded adult social care with a personal budget (a sum of</p>

Issues

money allocated to meet the individual's assessed unmet eligible needs) as part of their care and support plan. There is currently no local policy which provides guidance to be followed by practitioners when calculating the value of an individual's personal budget, and as a result there is a risk of inconsistency within local practice when performing this task, particularly when determining the extent to which the individual's circumstances and personal preferences should influence the cost of meeting the individual's assessed unmet eligible needs. Whilst the Council must always have regard for these factors when determining the most appropriate ways of meeting an individual's assessed unmet eligible needs, leaving this issue unresolved risks a widening disparity in the content of individual support plans, and an inequitable distribution of the finite resources available to the Council for the purpose of meeting the adult social care needs of the local population.

Neither an individual's needs, nor the context in which those needs are met, remains static over time. The level of care required by an individual can both increase and decrease, requiring more or less care to meet those needs, or the type of care required by the individual can fundamentally change. Similarly, as the majority of services required to meet the adult social care needs of the local population are purchased by the Council from the independent and voluntary sectors, the price of these services can both increase or decrease over time as a result of market forces (i.e. changes in the supply and demand for different care service types, wider prevailing economic conditions, innovation in the development of new service models, competitive tendering exercises, etc.).

Because of these factors, a review of an individual's care and support plan may find that the amount of money required to meet an individual's assessed unmet eligible needs has changed, necessitating a re-calculation of the individual's personal budget value. Meeting the assessed unmet eligible needs within the new

	<p>personal budget value may require meeting the needs in a different way or by a different service provider. This has always been the case and would not be a consequence of having implemented the policy. Rather, the policy is designed to ensure that when the adult social care practitioner is making such considerations, he/she does so through the application of consistent criteria, with appropriate regard for individual circumstance and preference, and in a manner that is demonstrably transparent for the service user, family members, and advocates.</p>
<p>Potential Positive Impacts</p>	<ul style="list-style-type: none"> • Clarity for practitioners, and consistency of practice • Greater assurance of equity in the distribution of resources across the adult social care caseload • Greater assurance of best value in the cost of each care package purchased by the council • Sustainable investment in care and support services and financial balance for the council.
<p>Responsible Service Manager</p>	Chris Pelletier
<p>Date</p>	17/08/16

<p>Approved by Senior Manager</p>	Stephanie Ramsey
<p>Signature</p>	
<p>Date</p>	17/08/16

Potential Impact

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
<p>Age</p>	<p>A significant proportion of people on the adult social care caseload are over the age of 65. Young people in transition and young carers approaching the age of 18 may also be affected.</p>	<p>The proposed policy has been subject to 12 week consultation. All views and representations made have been given genuine and conscientious consideration and taken into account. If the policy is subsequently implemented, it will be applied</p>

		fairly and transparently within the adult social care business process (assessment, support planning, and reviews) with due regard for individual preference and circumstance.
Disability	The adult social care caseload includes people with a physical disability, sensory disability, cognitive disability, learning disability, acquired brain injuries, mental health conditions.	The proposed policy has been subject to 12 week consultation. All views and representations made have been given genuine and conscientious consideration and taken into account. If the policy is subsequently implemented, it will be applied fairly and transparently within the adult social care business process (assessment, support planning, and reviews) with due regard for individual preference and circumstance.
Gender Reassignment		
Marriage and Civil Partnership		
Pregnancy and Maternity		
Race		
Religion or Belief		
Sex	Carers may be affected by this proposal, the majority of which are female.	The proposed policy has been subject to 12 week consultation. All views and representations made have been given genuine and conscientious consideration and taken into account. If the policy is subsequently implemented, it will be applied fairly and transparently within the adult social care business process (assessment, support planning, and reviews) with due regard for individual preference and circumstance.
Sexual Orientation		

Community Safety		
Poverty		
Other Significant Impacts		

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DECISION-MAKER:	CABINET		
SUBJECT:	HRA CAPITAL PROGRAMME APPROVAL – SUPPORTED HOUSING 2-STOREY WALKWAY REPAIRS		
DATE OF DECISION:	20 SEPTEMBER 2016		
REPORT OF:	CABINET MEMBER FOR HOUSING AND ADULT CARE		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Neville Tomblin	Tel: 023 8083 2984
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Director	Name:	Mike Harris	Tel: 023 8083 2882
	E-mail:	mike.harris@southampton.gov.uk	

STATEMENT OF CONFIDENTIALITY
N/A

BRIEF SUMMARY

This report seeks formal approval, in accordance with Financial Procedure Rules, for capital variations within the Capital Programme to enable structural support works to the Council’s Supported Housing 2-storey walk-up blocks across the city to be expanded and completed. The additional budget required can be transferred from other housing projects which have underspent, leading to no net impact on the Housing Revenue Account (HRA) business plan.

This proposal is consistent with the HRA Business Plan and Capital Programme approved by the Council on 10 February 2016 as all budgeted works will still be delivered. As part of our approach to Self-financing, the Council is required to plan for longer term investment in our housing stock and as such Council agreed to a detailed five year Capital programme of which this project forms part.

The proposed variations in budget within the Capital programme falls under the headings of:

- Safe, Wind and Weathertight
- Well Maintained Communal Facilities
- Modern Facilities

RECOMMENDATIONS:

- (i) To approve the increase of the budget for Supported Housing 2 storey walk-up blocks by £656,000 to enable walkway repairs across the city to be fully completed, funded from a reduction in the budgets for Communal Area Works (£340,000), Damp Proof Membrane Renewals (£118,000), Structural Works (£98,000) and Studio Conversions (£100,000) within the HRA Capital Programme.
- (ii) To approve additional capital expenditure of £656,000 in 2016-17, in accordance with Finance Procedure Rules, on Supported Housing 2 storey walk-up blocks.

REASONS FOR REPORT RECOMMENDATIONS

1. Financial Procedure Rules state that all schemes already in the Capital Programme up to £500,000 will require Chief Officer approval following consultation with the Cabinet Member, those between £500,000 and £2M will require Cabinet approval and those with a total value above £2M will require the approval of Full Council. The scheme in this report falls within the Cabinet approval category.
2. Following the collapse of a walkway balcony in the North East of the country, as a precaution, Capita was instructed to undertake a structural investigation of any similar blocks in Southampton. As a result, all such buildings were temporarily propped, pending any required works to ensure the blocks remained structurally sound. Additionally, our professional structural engineers continued their surveys across the city to identify any other blocks of similar age that would require similar works in the near future. Where this proved to be the case, this has been incorporated into the project, expanding the volume of work originally envisaged, but delivering economies of scale and minimising disruption to tenants across the city.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. The alternative option of not undertaking the identified works would leave the Council's Supported Housing 2-storey walk-up blocks in their present condition and would mean that the temporary propping would be left in place for potentially an undetermined period of time.
4. It would also be expected that the Council's residents will raise concerns if the work is not progressed, as they are expecting these improvements to be made following the initial propping.

DETAIL (Including consultation carried out)

5. These additional costs are due to surveys identifying that walkway staircases, which had been outside the scope of the original project, should be rebuilt to ensure the long-term structural integrity of the blocks involved. If the work is not done now, it would still be required soon, possibly at greater cost and causing more disruption to residents.
6. Capita's Structural Team has identified additional blocks with the same balcony structural issues as those included in the original tender, which require the same support/repair. The amount required to include all these blocks in this project is £656,000 which will bring the budget to the projected need of £3.5M.
7. The funds required are to cover works as follows:
 - 6 additional blocks which had not been identified at the time of the original contract i.e. Teme Road, Firgrove Road, Maybush Court, Bassett Green Road (flats over shops), Hinkler Road (flats over shops) and Richie Court, totalling 66 flats.
 - Rebuilding of the retaining wall at Buckley Court
 - Replacement of 9 staircases plus provision for a further 6 staircases that have yet to be tested
 - Extra cost for piling, over the cost of normal foundations at Willow Court.

8. Residents in the affected blocks have been advised of the reasons for the propping of the walkways and are being kept up to date with progress and timescales throughout the project.
9. Where blocks are identified for potential future redevelopment works will be kept to the minimum required to ensure continued health and safety legal compliance.

RESOURCE IMPLICATIONS

Capital/Revenue

10. Provision for the increase of £656,000 in the Supported Housing 2 storey walk up blocks scheme is from a corresponding saving within four schemes across the HRA Capital Programme following a review of the requirements and works required for each. These are Communal Area Works (£340,000), Damp Proof Membrane Renewals (£118,000), Structural Works (£98,000) and Studio Conversions (£100,000). All these budget lines can offer a saving as some areas of work identified within each project are now being completed within other budget lines in the overall HRA Capital Programme. In none of these projects has work been cancelled and in all cases a contingency has been left within the budget line to cover any unforeseen work that may occur.

Property/Other

11. The HRA Capital Programme is fully reflected in the Corporate Property Strategy.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

12. The power to carry out the proposals is contained within Part 2 of the Housing Act 1985. All works are procured in accordance with the Council's Contract procedure Rules.

Other Legal Implications:

13. Failure to properly maintain residential areas and buildings to required legal standards could have potential insurance and liability implications if the fabric of the building eventually deteriorates to an unsafe condition.

POLICY FRAMEWORK IMPLICATIONS

14. The proposed virement of budgets within the Housing Revenue Account to fully complete this scheme contributes positively to the Council's objectives set out in the Housing Strategy and HRA Business Plan to maintain and improve the condition of the City's housing stock.

KEY DECISION?	Yes	
WARDS/COMMUNITIES AFFECTED:	All wards	
<u>SUPPORTING DOCUMENTATION</u>		
Appendices		
1.	None	
Documents In Members' Rooms		
1.	None	
Equality Impact Assessment		
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.		No
Privacy Impact Assessment		
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.		No
Other Background Documents		
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	