

Public Document Pack  
**Health and Wellbeing Board**

**Wednesday, 14th August, 2013  
at 5.30 pm**

**Conference Room 3 - Civic Centre**

This meeting is open to the public

**Members**

Councillor Shields (Chair)  
Councillor Bogle  
Councillor Baillie  
Councillor Lewzey  
Councillor McEwing

Rob Kearn – Health Watch  
Alison Elliott – Director of People  
Dr A Mortimore – Director of Public Health  
Dr S Townsend – Clinical Commissioning Group  
(Vice Chair)  
Dr S Ward – NHS England Wessex Local Area  
Team

**Contacts**

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Democratic Support Officer  
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Email: [claire.heather@southampton.gov.uk](mailto:claire.heather@southampton.gov.uk)

## **BACKGROUND AND RELEVANT INFORMATION**

### **Purpose of the Board**

The purpose of the Southampton Health and Wellbeing Board is:

- To bring together Southampton City Council and key NHS commissioners to improve the health and wellbeing of citizens, thereby helping them live their lives to the full, and to reduce health inequalities.
  - To ensure that all activity across partner organisations supports positive health outcomes for local people and keeps them safe.
  - To hold partner organisations to account for the oversight of related commissioning strategies and plans.
  - To have oversight of the environmental factors that impact on health, and to influence the City Council, its partners and Regulators to support a healthy environment for people who live and work in Southampton
- Acting as the lead commissioning vehicle for designated service areas;
  - Ensuring an up to date JSNA and other appropriate assessments are in place
  - Ensuring the development of a Health and Wellbeing Strategy for Southampton and monitoring its delivery.
  - Oversight and assessment of the effectiveness of local public involvement in health, public health and care services
  - Ensuring the system for partnership working is working effectively between health and care services and systems, and the work of other partnerships which contribute to health and wellbeing outcomes for local people.
  - Testing the local framework for commissioning for:
    - Health care
    - Social care
    - Public health services
    - Ensuring safety in improving health and wellbeing outcomes

### **Southampton City Council's Priorities:**

- **Economic:** Promoting Southampton and attracting investment; raising ambitions and improving outcomes for children and young people.
- **Social:** Improving health and keeping people safe; helping individuals and communities to work together and help themselves.
- **Environmental:** Encouraging new house building and improving existing homes; making the city more attractive and sustainable.
- **One Council:** Developing an engaged, skilled and motivated workforce; implementing better ways of working to manage reduced budgets and increased demand.

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

**Mobile Telephones** – Please turn off your mobile telephone whilst in the meeting.

**Fire Procedure** – In the event of a fire or other emergency, a continuous alarm will sound and you will be advised, by officers of the Council, of what action to take

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

### **Proposed Municipal Year Dates**

<b>2013</b>	<b>2014</b>
23 October	29 January
27 November	26 March

### **Responsibilities**

The Board is responsible for developing mechanisms to undertake the duties of the Health and Wellbeing Board, in particular:

- Promoting joint commissioning and integrated delivery of services;

## CONDUCT OF MEETING

### **BUSINESS TO BE DISCUSSED**

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

### **RULES OF PROCEDURE**

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

### **QUORUM**

The minimum number of appointed Members required to be in attendance to hold the meeting is 3 who will include at least one Elected Member, a member from Health and Healthwatch.

### **DISCLOSURE OF INTERESTS**

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

### **DISCLOSURE OF INTEREST**

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

### **DISCLOSABLE PERSONAL INTERESTS**

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

- (i) Any employment, office, trade, profession or vocation carried on for profit or gain.
- (ii) Sponsorship:

Any payment or provision of any other financial benefit (other than from Southampton City Council) made or provided within the relevant period in respect of any expense incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

(iii) Any contract which is made between you / your spouse etc (or a body in which the you / your spouse etc has a beneficial interest) and Southampton City Council under which goods or services are to be provided or works are to be executed, and which has not been fully discharged.

(iv) Any beneficial interest in land which is within the area of Southampton.

(v) Any license (held alone or jointly with others) to occupy land in the area of Southampton for a month or longer.

(vi) Any tenancy where (to your knowledge) the landlord is Southampton City Council and the tenant is a body in which you / your spouse etc has a beneficial interests.

(vii) Any beneficial interest in securities of a body where that body (to your knowledge) has a place of business or land in the area of Southampton, and either:

- a) the total nominal value 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 a, 'Other Interest' in any membership of, or occupation of a position of general control or management in:

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

Any public authority or body exercising functions of a public nature

Any body directed to charitable purposes

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

### **Principles of Decision Making**

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

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

In exercising discretion, the decision maker must:

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

## AGENDA

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

### **1 APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)**

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

### **2 DISCLOSURE OF PERSONAL AND PREJUDICIAL INTERESTS**

In accordance with the Localism Act 2011, and the Council's Code of Conduct, Members to disclose any personal or pecuniary interests in any matter included on the agenda for this meeting.

NOTE: Members are reminded that, where applicable, they must complete the appropriate form recording details of any such interests and hand it to the Democratic Support Officer.

### **3 STATEMENT FROM THE CHAIR**

### **4 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)**

To approve and sign as a correct record the minutes of the meeting held on 29<sup>th</sup> May 2013 and to deal with any matters arising, attached.

### **5 HEALTH AND SOCIAL CARE INTEGRATION PIONEER BID**

To consider the report of Director Quality and Integration Southampton City CCG /Head of Integrated Strategic Commissioning Southampton City Council detailing the Health and Social Care Integration Pioneer Bid, attached.

### **6 IMPLICATIONS OF THE WINTERBOURNE VIEW REVIEW – LOCAL AUDIT**

To consider the report of Director Quality and Integration Southampton City CCG / Head of Integrated Strategic Commissioning Southampton City Council detailing the implications of the Winterbourne View Review and the local audit, attached.

### **7 UPDATE FROM THE CHAIR OF THE HEALTH AND WELLBEING BOARD**

To consider the report of the Chair of the Health and Wellbeing Board providing an update to the Board, attached.

### **8 OPERATIONS PROTOCOL BETWEEN HEALTH AND WELLBEING BOARD, HEALTH OVERVIEW AND SCRUTINY PANEL AND HEALTHWATCH SOUTHAMPTON**

To consider the report of the Director of Public Health detailing an Operations Protocol between the Health and Wellbeing Board, Health Overview and Scrutiny Panel and Healthwatch Southampton, attached.

Tuesday, 6 August 2013

Head of Legal, HR and Democratic Services

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HEALTH AND WELLBEING BOARD  
MINUTES OF THE MEETING HELD ON 29 MAY 2013

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Present: Councillors Baillie, Bogle, Lewzey, McEwing and Shields and  
Alison Elliott, Andrew Mortimore, Dr Steve Townsend and Rob Kearn  
Apologies: Councillors Dr S Ward

1. **APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)**

Rob Kearn was in attendance as the named substitute for Harry Dymond, Healthwatch.

2. **ELECTION OF CHAIR AND VICE-CHAIR**

RESOLVED:

- i. That Councillor Shields be appointed as Chair for the Municipal Year 2013/14,  
and
- ii. That Dr Steve Townsend be appointed as Vice Chair for the Municipal Year  
2013/14

3. **DISCLOSURE OF PERSONAL AND PREJUDICIAL INTERESTS**

Councillor Shields declared a personal interest in that he was a member of Healthwatch England and remained in the meeting and took part in the consideration and determination of the items on the agenda.

Councillor Lewzey declared a personal interest in that he was a member of Overview and Scrutiny Management Committee and Health Overview Scrutiny Panel and remained in the meeting and took part in the consideration and determination of the items on the agenda.

Councillor McEwing declared a personal interest in that she was a member of Overview and Scrutiny Management Committee and remained in the meeting and took part in the consideration and determination of the items on the agenda.

4. **STATEMENT FROM THE CHAIR**

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

**RESOLVED** that the Minutes of the meeting held on 27<sup>th</sup> March 2013 be approved and signed as a correct record subject to the amendment of minute 22 to include under the proposed measures; bullet point 1 after “early” insert “referral” and delete “access”. Bullet point 3 after “increasing” insert “use of choose and book”.

Matters Arising

Minute 20 – It was noted that the Joint Health and Wellbeing Board had now been approved by the City Council’s Cabinet and the Clinical Commissioning Group.

6. **PATIENTS FIRST AND FOREMOST: THE INITIAL GOVERNMENT RESPONSE TO THE MID STAFFORDSHIRE NHS FOUNDATION TRUST PUBLIC INQUIRY**

The Board considered the report of the Chair, Clinical Commissioning Group detailing the initial Government response to the Mid Staffordshire NHS Foundation Trust Public Inquiry led by Robert Francis QC (the Francis report). The Francis report and the

Governments response both raised a number of important issues for the local health and care system and told the story of an appalling breakdown of basic patient care which resulted in the death of approximately 500 patients. The Board noted that disturbingly the breakdown occurred against the backdrop of the Trust becoming a Foundation Trust with the emphasis on financial management rather than patient care. Many regulatory and supervisory bodies had concerns about the Trust's performance they failed to prevent or deal with the problems. The report identified numerous warning signs which cumulatively or in some cases singly could and should have alerted the system to the problems developing at the Trust.

The Government response set out a 5 point action plan to "revolutionise the care that people receive from our NHS". The key points were:-

- Preventing problems
- Detecting problems quickly
- Tackling action promptly
- Ensuring robust accountability
- Ensuring staff are trained and motivated

The Board noted that following the inquiry there would undoubtedly be opportunities for the NHS and social care systems in Southampton and the desire for those working in local organisations to do their best for their patients, clients and customers. Southampton CCG was committed to making quality the central theme of everything they did and in doing so using the transparent, supportive "no blame" approach. A Clinical Governance Committee had been set up and regular meetings with local provider trusts to discuss quality and safety issues took place.

Discussions took place in relation to:-

- Complaints and the need for them to be seen as positive rather than negative; for them to be listened to and learnt from in order to transform services.
- The importance of relationships between the Integrated Commissioning Unit and the H&WBB
- That health professionals needed to understand the relationship with patient care
- The importance of both the H&WBB and Health Overview Scrutiny Panel in supporting and encouraging a culture of quality and safety.
- That the NHS Constitution was being reviewed to include what basic care standards were and should be.

Mr Eayrs, Member of the Public was in attendance and with the consent of the Chair addressed the meeting.

**RESOLVED:**

- i. That the issues highlighted in the "Initial Government Response to the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, chaired by Robert Francis QC - *Patients First and Foremost*" be noted;
- ii. That the work locally within the NHS and partner organisation to respond to the challenge of the Francis Report be noted and the direction of travel of the NHS and partner organisations to foster a culture of care, with continuous improvement of quality, safety and patient experience be supported; and



- iii. That a progress report on the work locally be submitted to the Board in 9 months.

## 7. **STEPS TOWARDS JOINT AND INTEGRATED COMMISSIONING**

The Board considered the report of the Head of Integrated Commissioning/Director of Quality and Integration detailing progress towards joint and integrated commissioning.

The Board noted that it was seen as key to ensuring integration of Health and Social Care Services with the ambition of improving local care. The Joint Health and Wellbeing Strategy stressed the need for collective actions across the Local Authority and Clinical Commissioning Group to foster commitment, involvement and collective effort to improving the health and wellbeing of those who lived and worked across the City. Southampton City Council and the CCG had agreed a joint approach for commissioning supported by an overarching Joint Commissioning Strategy. The intention was to make best use of the combined resources to address identified priority health, social care and housing needs to achieve better outcomes. The vision was “Working together to make best use of our resources to commission sustainable, high quality services which met the needs of local people now and in the future”. The proposal was to develop a Joint Commissioning Unit to focus on effective commissioning to achieve better outcomes for identified groups of people within the population, including children and families, older people and people with mental health needs, a learning disability or life-limiting conditions. This would be achieved through integrating commissioning functions, strategies and resources across the Council and between the Council and Health and delivering the following objectives:

- Better outcomes for residents
- Better quality of services
- Significantly reduced costs

The aim was to commission to make a difference, and to ensure future Health and Social Care Services were based on the concept of “Personalisation” and prevent or delay the need for specialist support or care services where possible. Local Authority and health commissioning resources would be used jointly to encourage choice and quality of services in a sustainable market. This would be achieved against a back drop of robust processes to manage risk and keep people safe. The priorities for commissioning would directly support the achievement of the Health and Wellbeing Strategy outcomes.

The Board noted that the Joint Commissioning Unit was work in progress and would build upon existing working arrangements and priorities modelled around the Health and Wellbeing Strategy. The Unit would report to the Joint and Integrated Commissioning Board which had been established and held its first meeting. This would ensure effective collaboration, assurance and good governance across the agreed areas of Local Authority and Health Commissioning. The Integrated Commissioning Board would:

- Set commissioning priorities and approve service related strategies and action plans
- Agree joint financial, procurement and contractual arrangements

- Ensure strategic planning is implemented within the resources aligned accordingly
- Support the development of a single commissioning system which put service users and their families at the centre
- Monitor performance against plans
- Ensure effective risk management

The Health and Wellbeing Board would provide strategic direction but ultimately the Joint and Integrated Board would be accountable to the Council's Cabinet and the Clinical Commissioning Group.

The Board made the following points:-

- That it would be important for the strategic direction of the Health and Wellbeing Board to be adhered to
- Monitoring of performance against plans would be crucial
- That the Health and Wellbeing Board should be the accountable body for the Joint Commissioning Board
- That there would be issues around budgets and funding and that there would be a need to take risks and have courage which would be difficult at times
- Cultural differences of the Local Authority/Health and ensure that the best bits of the Governance arrangements were retained for future developments
- Importance of measuring success and links into quality in the absence of joint outcome framework

#### RESOLVED:

- i. That the support being taken to encourage integrated working and the priorities identified for Joint Commissioning be supported;
- ii. That a memorandum of understanding and protocols between the Health and Wellbeing Board and the Joint and Integrated Commissioning Board be developed and presented to a future meeting of the Board; and
- iii. That the Health Overview and Scrutiny Panel be invited to review the proposals and the memorandum of understanding and protocols to ensure that the Health and Wellbeing Board was meeting its requirements to develop integration.

# Agenda Item 5

<b>DECISION-MAKER:</b>	HEALTH AND WELLBEING BOARD		
<b>SUBJECT:</b>	HEALTH AND SOCIAL CARE INTEGRATION PIONEER BID		
<b>DATE OF DECISION:</b>	14 <sup>th</sup> AUGUST 2013		
<b>REPORT OF:</b>	DIRECTOR QUALITY AND INTEGRATION SOUTHAMPTON CITY CCG / HEAD OF INTEGRATED STRATEGIC COMMISSIONING SOUTHAMPTON CITY COUNCIL		
<b><u>CONTACT DETAILS</u></b>			
<b>AUTHOR:</b>	<b>Name:</b>	<b>Stephanie Ramsey</b>	<b>Tel:</b> 023 80296923
	<b>E-mail:</b>	stephanie.ramsey@southamptoncityccg.nhs.uk	
<b>Director</b>	<b>Name:</b>	<b>Alison Elliott, Director of People</b>	<b>Tel:</b> 023 8083 2602
		<b>John Richards , Chief Executive</b>	<b>023 80296923</b>
	<b>E-mail:</b>	<a href="mailto:Alison.Elliott@southampton.gov.uk">Alison.Elliott@southampton.gov.uk</a> <a href="mailto:John.Richards@southamptoncityccg.nhs.uk">John.Richards@southamptoncityccg.nhs.uk</a>	
<b>STATEMENT OF CONFIDENTIALITY</b>			
None.			

## BRIEF SUMMARY

The government published a document “Integrated care and support: our shared commitment” in May 2013 and invited expressions of interest for health and social care integration pioneers. Southampton City Council and Southampton City Clinical Commissioning Group (CCG) submitted an expression of interest, with support from a range of partners. This report highlights the key objectives behind the proposals and enables the Health and Wellbeing Board to see the ambitions and intentions in the Southampton expression of interest.

## RECOMMENDATIONS:

- (i) That the expression of interest submitted jointly by Southampton City Council and Southampton City CCG be supported.

## REASONS FOR REPORT RECOMMENDATIONS

1. The timetable for submitting expressions of interest meant the deadline fell between programmed meetings of the Health and Wellbeing Board, so the board did not have the opportunity to endorse the bid prior to submission.

## ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. Not to submit an expression of interest. This was rejected as there is a substantial existing body of joint and integrated working between the council and CCG.

## DETAIL (Including consultation carried out)

3. In May 2013 the government published “Integrated Care and Support: Our Shared Commitment”. The document was supported by a number of key

national partners, including the Association of Directors of Adult Social Care, the Association of Directors of Children's Services, the Department of Health, the Local Government Association, NHS England and Public Health England. The document set out the case for developing the framework to build a system to deliver integrated care for everyone. In the foreword the Secretary of State for Health and the Minister of State for Care and Support stated, "We need a culture of cooperation and coordination between health, social care, public health, other local services and the third sector. Working in silos is no longer acceptable. We have to end the institutional divide between physical and mental health, primary and secondary care, and health and social care. We must provide a seamless service focussed on the individual within their own home." The document makes it clear that integrated care and support is expected to become the norm in the next 5 years.

4. This was followed by a letter inviting expressions of interest by 28<sup>th</sup> June 2013 for health and social care integration pioneers from areas that will work across the whole of their local health, public health, and social care systems and alongside other local authority departments and voluntary organisations as necessary, to achieve and demonstrate the scale of change required. Localities interested in becoming pioneers were expected to satisfy 6 key criteria:
  - Articulate a clear vision of its own innovative approaches to integrated care and support
  - Plan for whole system integration
  - Demonstrate commitment to integrate care and support across the breadth of relevant stakeholders and interested parties within the local area
  - Demonstrate the capability and expertise to deliver successfully a public sector transformation project at scale and pace
  - Commit to sharing lessons on integrated care and support across the system
  - Demonstrate that its vision and approach are, and will continue to be, based on a robust understanding of the evidence.

The Department of Health indicated that in return for providing tailored support to pioneers, it would expect them to be at the forefront of disseminating and promoting lessons learned for wider adoption across the country.

5. Expressions of interest had to address the selection criteria set out in the preceding paragraph and not exceed 10 pages in length. The council and the CCG worked with partners to develop a joint submission satisfying the selection criteria, with both organisations senior management teams, and the Integrated Commissioning Board, assessing the appropriateness and viability of submitting a realistic expression of interest. They concluded that existing joint working put the city ahead with this work, as all the elements outlined in the national commitment were already the focus of the Integrated Person

Centred Care programme.

6. The overall aim of the Southampton programme is to intervene early to avoid, reduce or delay the use of costly specialist services, including hospital and residential care, whilst promoting independence and self-management in the community. The programme submitted contains a number of initiatives designed to support these aims including:
  - Identification of need and self-help options
  - Multi-agency risk profiling
  - Helping individuals create a self-management plan
  - An integrated multi-professional assessment and support plan that utilises available local community-based services.
7. A copy of the submission is attached at Appendix 1 to this report. The application was supported by a video featuring Councillor Shields, Health and Wellbeing Board Chair, and Dr Steve Townsend, Chair of Southampton City CCG. The video will be shown to the Health and Wellbeing Board at the meeting.
8. The Department of Health has indicated it has released a first call for expressions of interest, and it expects that further calls will be made in future years as momentum builds and progress is made across England. The final outcome of the Southampton bid will be reported to the Board once the Department of Health releases the list of applications it will classify as pioneers. Even if the Southampton bid is not on the final list, the process of developing the submission has been a useful exercise in aligning future work priorities to key national objective for change. The Integrated Person Centred Care programme will progress many areas of the bid even if it is not successful

## **RESOURCE IMPLICATIONS**

### **Capital/Revenue**

9. The development of the submission was undertaken within existing 2013/14 CCG and council budgets. If approved, elements of the bid would be aligned to the budget setting process for future years. There are no capital implications.

### **Property/Other**

10. None.

## **LEGAL IMPLICATIONS**

### **Statutory power to undertake proposals in the report:**

11. Section 195 of the Health and Social Care Act 2013 places a duty on Health and Wellbeing Boards to encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner for the purpose of advancing the health and wellbeing of

the people in its area.

**Other Legal Implications:**

12. None

**POLICY FRAMEWORK IMPLICATIONS**

13. None.

**KEY DECISION?** No

<b>WARDS/COMMUNITIES AFFECTED:</b>	All
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**SUPPORTING DOCUMENTATION**

**Appendices**

1.	Southampton Pioneer Integrated Care Enterprise: Southampton City Expression of Interest – Health and Social Care Pioneers
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**Documents In Members' Rooms**

1.	None
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**Equality Impact Assessment**

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	No
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**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)
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1.	None	
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# Agenda Item 5

Appendix 1 

## **Southampton City Clinical Commissioning Group**



Southampton City CCG  
NHS Southampton HQ  
Oakley Road  
Millbrook  
Southampton  
SO16 4GX  
Tel: 02380 296904  
[www.southamptoncityccg.nhs.uk](http://www.southamptoncityccg.nhs.uk)

JS/RW/pioneerbid.01

28 June 2013

To whom it may concern

Please find attached a joint application from Southampton as our expression of interest to become a pioneer site.

Southampton is in an enviable position with regards to the potential to make this work. We have a strong community identity as a city with a coterminous council and CCG, a first class university and teaching hospital, community services that are working together and a proven track record of joint working between health and social care. We have worked hard as a whole system to get to this position, are active members of a local co-production network and are committed to working together to further improve the lives of the people who live in our city. Furthermore, we all believe this is something we have really got to do; it isn't just a nice option.

Southampton is sometimes described as a northern industrial city on the south coast. As our joint strategic needs assessment makes clear, we have some of the most deprived wards in the country and substantial inequalities continue to exist between the diverse communities. Our statistical neighbours are Liverpool, Portsmouth and Plymouth.

The performance of our healthcare system is generally good. However, like many places, the pattern of healthcare provision we have has grown incrementally over a long period and looks increasingly ill-fitted to the future we are facing. In common with many other parts of the country, the continued pressure of rising unscheduled care admissions places our hospitals 'on the edge'. Similarly our social care system is experiencing increasing pressure with an ageing population within a reducing financial envelope. Therefore, this opportunity not only comes at a propitious time for us, we know we have no choice but to make it work.

We have made integration and person centred care the central plank of our strategy as a city. We have a shared vision of a healthy system where people recognise the interdependence of all parts, primary, secondary, social and community care; where mutual success is ensured because we are bold enough to change the part we play so that our services are designed and integrated to fit the needs of people as individuals, not expecting people to fit in with the way it suits us to be organised. This will be a sustainable system, able to live within its means despite the real challenges we face, because we have put 'doing the right thing' first, driving out the wasteful transactions that don't add value to people's care, and liberating more creative solutions. For our service users and the general public this will mean we have a system where there is real accountability and trust and where we all share the same commitment to solve the challenges that lie ahead.

Behind this passion for improvement are real, practical plans and the capability to make it work. Our strategy is about bringing this all together in our integrated person centred care programme. This approach unites risk stratification of our practice populations so that we know who is most at risk of becoming unwell, early intervention and self care supported through more generic, integrated teams. We will be testing and developing new and creative co-produced services, shaped by the people who live here.

Person centred care will be at the heart of everything we do. This means big changes not just for community services, but also a fundamental challenge to the way primary care is delivered.

This is an exciting vision of change and we believe will fundamentally improve people's lives and relieve the pressures on the system too.

Leaders of all our organisations have agreed to vigorously support the expression of interest in becoming Pioneers.

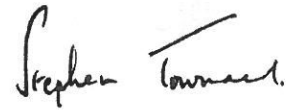
Alongside our bid document, please take a few moments to watch the attached video that explains why we feel so passionate about making this work

Yours sincerely



Councillor David Shields

**Chair Health & Wellbeing Board**



Dr Steve Townsend

**Chair of Southampton City CCG**



	 Centre for Independent Living CIC
DWP Department for Work and Pensions	 <b>Southampton Voluntary Services</b>
 <b>Southampton City Clinical Commissioning Group</b>	Solent  NHS Trust
University Hospital Southampton  NHS Foundation Trust	<b>Southern Health</b>  NHS Foundation Trust

**Southampton Pioneer Integrated Care Enterprise (SPICE)**

Southampton City Expression of Interest - Health and Social Care Pioneers

## Our Vision

We believe Southampton's fantastic people are its heart and inspiration to all we do. Our vision is ambitious and seeks to mobilise and support people to shape their communities and the services, opportunities and choices within them.

We are a recognisable City with a coterminous unitary City Council and CCG, a first class university, a nationally renowned Teaching Hospital, strong community provision, an active voluntary sector and an excellent track record of partnership working and commitment to improve. This is evidenced by a wealth of multiagency integrated services (e.g. Children and Young Peoples Development Service, Reablement services), strategic joint planning and joint posts. Furthermore, we all believe this is something we've really got to do; it isn't just a nice option.

We are already on a journey to inspire and mobilise our city to "**pull together**" and deliver sustainable cultural change that transcends public sector organisations and reaches out to communities, neighbourhoods, faith groups and businesses.

We have embarked on a 5 year programme of work led by the Health and Wellbeing and Integrated Commissioning Boards to transform the way that we improve the lives of people with complex needs in the city. This involves promoting **self-help options**, more flexible and **integrated care planning** processes that cross agency, professional and community boundaries and identifying early those who are most vulnerable or at risk and working with them collectively and proactively to manage, reduce or negate those risks. People will have the information they need to make the right choices for themselves and know who to go to when they do need help. The programme is supported by the Health & Wellbeing Board and all system leads including a broad range of providers with a further focus on high quality and robust quantitative and qualitative evaluation undertaken in collaboration with Southampton University. We have established **strong partnerships** across the region with the academic community including the Wessex Health Innovation and Education Cluster which is a regional partnership committed to improving health and social care outcomes, the Schools of Medicine & Nursing and the newly formed south east Academic Health Science Network.

Our vision is to take this to the next level by focussing our collective multi-agency energy in one neighbourhood to test and develop new and creative co-produced service delivery, shaped by the people who live there. We will use pooled, integrated and personal budgets, and community and self-funding opportunities creatively to support our vision. Our decision making will be inclusive, transparent and informed by high quality evidence and evaluated experience.

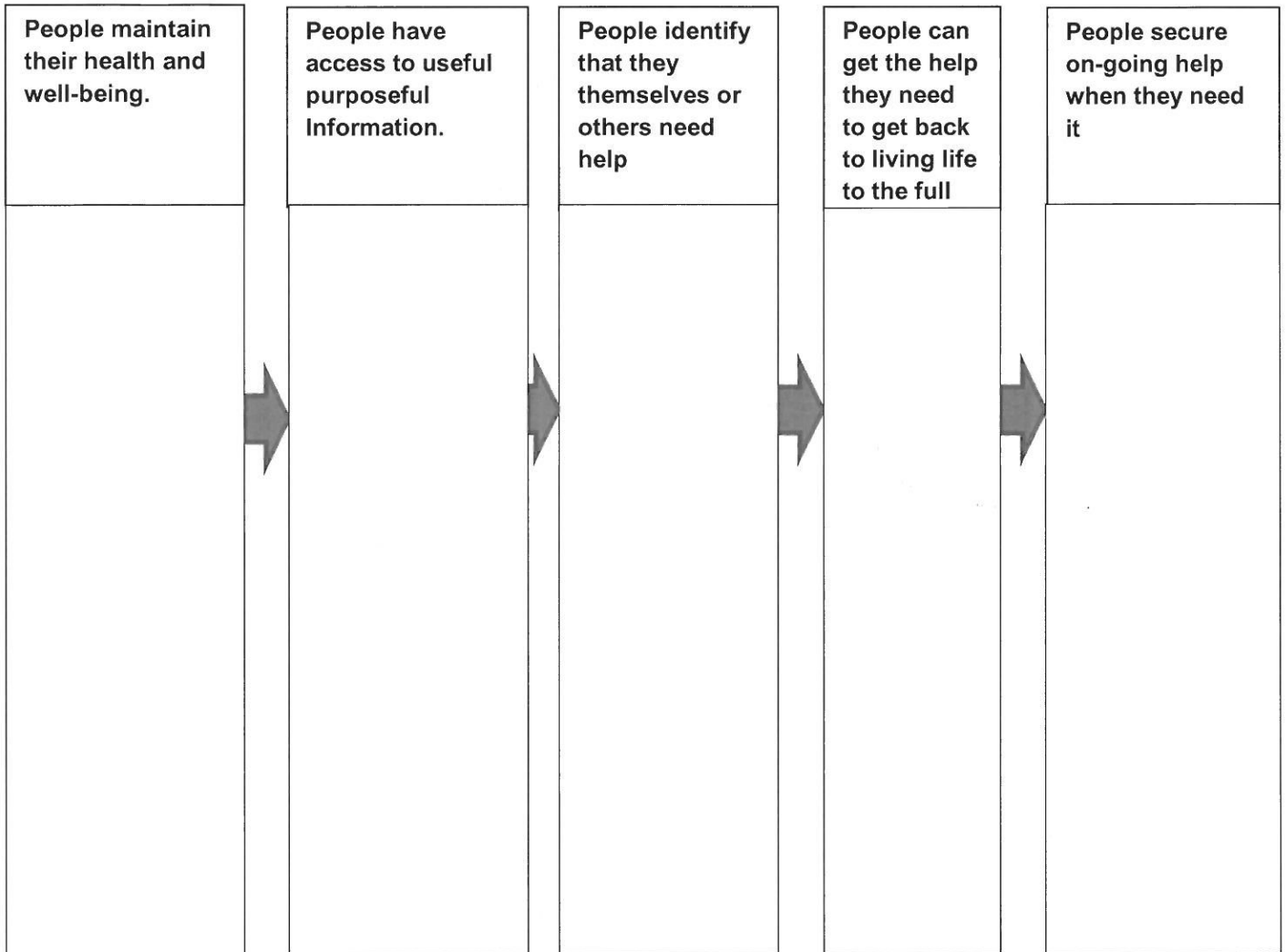
Each local community is **unique** so we can't take a one size fits all approach. By focussing on one neighbourhood, we will be able to test out ways of building on community assets. Our key aims are to improve the outcomes for people needing help in the city, ensuring that wherever possible people experience support from within their communities and when high cost services are used it is appropriate, seamless and for the right amount of time, wherever possible enabling people to return to their own communities. Outcome measures will be a reduction in hospital, residential and nursing home admissions, and a reinvestment in local communities and neighbourhoods to further enhance vibrant and established community capacity, e.g. peer support programmes, self-help networks and user led organisation models of care that support people to live safely at home.

The "National Voices Narrative" and "Making It Real" have come at the right time for us chiming with our current thinking and direction of travel. Our aspirations are high and the challenges formidable but we have the collective **willingness, ambition, competence and strength** of character to meet these challenges head on.

**Whole System Change**

System chiefs, elected members, GP’s, the voluntary sector, local health providers, users and carers have all come together with a commitment to lead this much needed change championed by a strong Health and Wellbeing Board. The Southampton Integrated Person Centred Care Board has been working on a **change programme** for primary care and other agencies including, housing and social care, designed to establish integrated care, develop a risk stratification process and promote self-management.

Figure 1 below illustrates 5 overarching delivery goals which we have jointly established as a whole system.



We will engage local individuals, groups, services and organisations in making fundamental changes to the way they relate to each other and deliver support that is **predictive, preventative and person centred**. To achieve the whole system change necessary we have chosen to proceed in a controlled way, concentrating and learning from designated “**Incubator neighbourhoods**” before transferring this focus, knowledge and experience on to other neighbourhoods.

Our aim is to have undertaken **major transformation** across the whole city within 5 years beginning with a single “Incubator” neighbourhood. We will use the experiences, the people and the evaluated evidence to inform the development of further neighbourhoods with the speed of change increasing as ours and the neighbourhood’s knowledge and experience grow. Some enabling activity is already underway and will be rolled out earlier to ensure the change programme is built on firm foundations. For example over the past 3 years Southampton CCG has supported primary care in developing risk

stratification and integrated case management of patients assessed as being vulnerable. The nationally agreed roll out of a Risk Stratification & Care Planning Directed Enhanced Services (DES) builds on these foundations. The CCG has also identified additional funding to support the introduction of the DES driving **improvement in quality and effectiveness** through agreed audit and peer review activity.

We have also established three GP practice pilots who are working on developing risk stratification, self-management and integrated care planning. GP practices have also developed “**cluster**” groups within local neighbourhoods and community nursing has realigned their services around these clusters. This is a hugely important development in preparing to be in a position to support localised system change.

*"The NHS of the future will "be built up on a foundation of integrated, community-shaped generalist health care services" ( "A vision for General Practice in the future NHS" (Royal College of General Practitioners, May 2013)"*

We are currently seeking “expressions of interest” from the newly established GP clusters to become the nucleus of the proposed “Incubator” neighbourhood, the level of interest thus far is extremely promising from all quarters of the city further demonstrating the **enthusiasm** and willingness to re-develop primary care to be more person centred, proactive and integrated with the wider community and other services within it.

Our health providers for older peoples services within Southampton have also embarked on a new change to the patient pathway and all services are **working together**, in consultation with local GPs and the local authority, to provide a pathway for frail older people which is integrated, primary-care facing, and person-centred for our frailest and most complex patients. The pathway is an extension of the locality model implemented throughout the Older People Service within University Hospitals Southampton Foundation Trust (UHSFT) in 2011. We are looking for this model to tie in with the overall integrated care agenda again looking to focus on the “Incubator” neighbourhood.

Southampton has also invested in the development of community services to support older people and **prevent** unnecessary admissions to acute care and although as is the national trend admissions to acute care have increased the rate of increase is much less than other comparator areas. The City has 3 full time geriatricians working in the community as part of a well-resourced multi professional team. We have brought together teams working to support an individual’s physical healthcare with mental health services. The physical healthcare team have received training to deliver low level psychological interventions to patients on their case load with long term conditions which has been implemented across the City over the past year alongside this project is a formal evaluation programme the outcomes of which are due over the next few weeks.

Southampton City CCG is developing its partnership with Business Solent as ‘Solent champion’. Solent Champions’ enable the work of Business Solent in **influencing positive change**, facilitating solutions and making things happen. By working together we have a louder voice and can promote the Solent region as a great place to work, invest, study, live and enjoy. Benefits include:

- Business Solent to assist in communicating the key health messaging for the City out to the wider business audience
- Southampton Portal – CCG, Southampton information to be placed on the new Discover Southampton Portal averaging 40,000 hits per month with the opportunity to provide ongoing content
- Promotion newsletters / e-news / website
- Business Solent newsletter in relation to the new facilities– circulation to over 4000 businesses
- Facilitating cross-sector connections and opportunities

The City Council is already on a redesign journey re-focusing services on earlier intervention and personalisation using re-ablement to get people back into their communities and living life to the full.

We have a jointly funded reablement service which is provided by the City Council's personal care reablement team working with the health Community Trust's Rapid Response provision demonstrating **commissioning and provider partnerships** working together to deliver a unique service that brings together health care, housing services (who provide a community alarm response) and personal social care but also provides an overnight shared provision to meet the needs of those with complex conditions.

Key components of the service include:

- Provision of a service to enable users to make long term decisions in an informed way and to have a quality opportunity to leave their own home if necessary rather than doing this straight from a hospital setting.
- Provision of a trial period to assess long term care needs in a known environment so as to 'right size' ongoing support planning. In many cases no ongoing support is required despite initial expectations of care package need.
- Reducing long term care needs by maximising capability in a known environment
- Reducing length of stay in hospital because significantly higher needs can be met due to the overnight provision and involvement of nursing.

This partnership has developed rapidly with recognition that we have increasing **opportunities** for further synergy. The service saw 1400 people last year through reablement and support up to 160 at any one time of which up to 15 may have overnight care. Our average length of stay with the service is just under 5 weeks and 31% result in not needing any care at the end of the service, whilst a further 39% achieve reduced care needs. Our target is to achieve 60% not needing care in the coming year.

We are building on **great working relationships** with the voluntary sector, local faith groups and business that will be important in driving forward change in a city that the 2011 Census showed to be more ethnically diverse than many comparable urban areas outside of the large metropolitan conurbations like London, Leeds, Bradford, Birmingham and Manchester.

The City Council has been trialling a community budget approach to integrate wider budgets and support into employment preparation for targeted residents, including DWP, housing, skills and criminal justice funding. Within a three month period, the pilot has evidenced a 20% into work outcome, as well as wider health and social benefits.

Southampton has been working jointly with Portsmouth and Solent LEP to negotiate a "City Deal" with government to unlock economic growth. Whilst the 'flag ship' element of the Deal focuses on unlocking infrastructure and development sites promoting the region as a national marine and maritime area of excellence, the two cities and LEP have been determined to ensure that there is a strong, underpinning suite of activities to support local residents to access the jobs which will be created, including residents that have been experiencing long term unemployment and multiple barriers. In particular, a strand of the "Deal" involves the development of local provision for 1000 long term unemployed people who have been on the government's Work Programme for two years, and have not found employment. The interventions will include paid placements linked to the jobs being created through City Deal, and a wider, multi-agency support package through a Whole-Place Community Budget methodology including health, care, skills, accommodation, family, criminal justice input. The Deal is being negotiated with government ministers on 17 July.

Alongside Portsmouth we have also expressed an interest in the Transformation Network to roll out Whole Place Community Budgets, and discussions with Treasury have commenced to agree areas for development. Early dialogue has particularly focussed on employment support integration across wider agency input, to maximise care, health, wellbeing, community safety outcomes as well as taking

forward substantial efficiencies and savings for the local authorities and the Treasury. It is anticipated that this will dovetail with and form part of the Integrated Person Centred Care Programme.

Having identified our initial “incubator” neighbourhood local services including voluntary organisations primary care, housing and social care we have agreed to work collectively to deliver wholesale change. Effectively we are looking to “hot house” a range of initiatives by concentrating and maximising community assets (building, people, and resources) and pooling resources to develop an integrated person centred community supported by a formal evaluation process.

Within the “Incubator” neighbourhood all agencies have agreed to use a co-productive approach to redesigning services and developing new ones using stepped approaches such as the Birmingham governance International Co-Production Toolkit. The overall workforce will undertake training together to seek to support the development of alternative engagement and working practices. We are dedicated to the concept of using budgets flexibly and inventively testing out new and diverse opportunities to work collectively as communities to use resources as effectively as possible to improve quality and efficiency. This would include “neighbourhood funding” which would be used to deliver local services coproduced with local people.

*"Co-production is about professionals and citizens making better use of each other's assets, resources and contributions to achieve better outcomes or improved efficiency."*

Governance International <http://www.govint.org/our-services/co-production/>

Alongside all of this work will be active coproduction of a raft of information tailored to meet the needs of communities, capturing their knowledge and experience designed to help them to identify what they need and what will be the best way to meet those needs.

### **Our Commitment to Change**

We have **commitment** at the highest level to deliver this programme transformation from all system leaders. Supported by an active Health and Wellbeing Board, we have a multi-agency Integrated Person Centred Care Board and regular representation from across the City with direct links into single agency, voluntary and integrated management and governance structures. These organisations include housing, the CCG, social care, key health providers from both the community and acute trusts, Healthwatch and Southampton Voluntary Services (SVS).

We are developing a City Council and CCG Integrated Commissioning Unit which will include shared posts, joint management structure and clear governance arrangements. The development of the integrated Person Centred Care agenda is right at the heart of this developing unit **sharing** the same **core values, principles** and the **ongoing determination** to achieve our planned changes.

Southampton has a **25 year history** of establishing joint pioneering projects such as the Homeless Healthcare Team, Drugs Advisory Service and GP Referral Scheme. Within this history we have also demonstrated the ability and skill to use the experience and knowledge we have gained incrementally to bring about increasing levels of change throughout the City which still resonates today.

An example of this is the Behaviour Resource Service, a national “Beacon” service and the largest and only surviving example of the original 10 CAMHS grants designed to test the Health flexibilities Act 1999. The experience gained from this project has been applied to a number of other services including “JIGSAW” an integrated children’s disability services in 2005, which also garnered national attention, and in turn formed the basis of a currently developing overarching Integrated Children and Young Peoples Development Service which includes the highly successful SEND Pathfinder work on integrated Education, Health and Care plans.

Other initiatives would include:

- Jointly funded reablement service
- Aiming High programme for Children with Disabilities
- A number of dementia care initiatives
- The roll out of personal health budgets within substance misuse services
- Multi-agency End of Life work.
- Neighbourhood Community Budget pilots.

We know that within the **diversity** of our city we have new and as yet unidentified creative and energetic individuals with fresh imaginative ideas who can help us achieve our goals supported by strong political and system leadership and a wealth of knowledge and collective change and problem solving experience.

The City is aware that the economic situation which we currently live is not going to be short lived and that if we are to continue to serve the needs of the most vulnerable in our community well we need to radically change how we plan and deliver services. To this end we have established a joint management team working across the City Council and the CCG to **better bridge delivery across health and social care**.

### **Scale and Pace**

Southampton City is known for its ability to tackle large system change in structured, risk managed and a sustainable fashion. We have project management support built into our delivery capability and approach change with confidence and a high level of expertise.

We repeatedly demonstrate the necessary skills that allow us to break down organisational and system barriers utilising enthusiastic **problem solving** and enabling forums such as an established Lead System Chiefs Meetings and the City Council and CCG Joint Management Team structures. We are well versed at establishing our vision and working collectively to commit and mobilise people and other available resources to achieve the transformation we want to achieve. Our enviable record of achieving integrated change affords us the confidence to think "**outside the box**" flexibly pooling financial, people and capital resources, testing new initiatives and working with community leaders and service users and carers to achieve change in a timely and safe manner.

One example is the SEND (Special Educational Needs Disability) Pathfinder, where we have received **national recognition** for our work on the development of education, health, and social care integrated plans for all children with disabilities and those with special education needs meeting challenging timescales consistently.

The Aiming High Programme for children with disabilities which gained **national recognition** in terms of the coproduction of services alongside families, the development of choices that families control including "buying power" through a voucher system, an eligibility process based totally on self-assessment and delivery of sustainability. This was all delivered within time frames and supported throughout by system leads.

In the past engagement of primary care was weak, and needed strengthening. However we have strengthened the commitment of local GP's in the wider community agenda by building on existing areas of good practice. The development of the CCG has seen a **much greater GP involvement** in service development and commissioning including important aspects of this agenda such as the development of GP "clusters", redesigning community nursing and the developing use of the ACG risk assessment tool, and associated process. The recent development of GP clusters and community nursing redesign was undertaken over a matter of weeks **delivering rapid change**, full engagement and maintaining clinical safety.

We strongly support individuals taking direct control over their services and have developed sound processes to enable personalised (health) budgets and have gained nationally recognised experience as one of only two sites developing personal health budgets within substance misuse services. Implementation of the pilot personal health budgets began in April 2011 with evaluation and mainstreaming activity undertaken a year later.

Designing services with **users, carers and the public** is central to the development of this programme a good example of this is in dementia care which has been transformed across the City. Specialist nurses and advisors work in neighbourhoods, providing advice and support designed to help dementia sufferers to build and maintain their community networks, so they can live well in their communities.

We are about to implement a pilot initiative using new accommodation units, supported within sheltered housing for people with dementia bringing together a range of agencies from across the city with an aim to keep people in their communities. This will give us good baseline information to further develop similar schemes in the city. Faith groups are currently mapping social clubs and other activities across the city and promoting this information within communities through a range of mediums. The voluntary sector have worked hard to develop exercise programmes for older people at risk of falling, developed time banking schemes to **stimulate the market**, and developed initiatives across the city to keep older people active and well.

The **Community Health Programme** in one of our neighbourhoods which is one of the most deprived neighbourhoods in the south of England has pioneered the use of participatory budgeting for allocating health expenditure in line with the resident community's preferences. The City Council will be looking to its new public health team to build on this and extend this way of working to other parts of the city.

Another key strength of Southampton is our **IT capability**. For example the area is served by the Hampshire Health Record (HHR) which is a repository for all health and social care data. The record has recently been developed to provide care planning functionality. Our aim is to have a single care plan accessible by patients and those supporting them available across the system in real time. The HHR is also developing to allow telecare/medicine feeds to be used by individuals and clinical staff.

Core service changes in primary care are key to developing risk stratification, integrated care planning and self-management work. **Strong clinical leadership** is in place as is CCG support through funding for access to the NHSI Productive Practice series and implementing TARGET (Time for Audit Research Governance Education and Training) which provide primary care planned regular time for service improvement.

### **Sharing Lessons Learned**

The City has a proven **track record** of learning and development across agencies and sectors. We have been able to seek out best practice nationally and internationally and draw in a wide variety of stakeholders to locally implement solutions and improve outcomes for individuals. We in turn welcome many organisations and individuals who seek to understand our experiences for example our involvement in the development of integrated Education, Health and Social Care planning as part of the SEND Pathfinder programme has garnered much national praise which we have been keen to share widely.

Another example is as part of work connected with the National End of Life Strategy. Southampton was **one of 7 adult pilot sites** responsible for collecting end of life data for the DOH to inform a national tariff for palliative care and is working closely with GP's, community and acute teams to produce the information required. We are also leading on a specific work area with providers working



with the homeless and substance misuse clients, to ensure where possible, they are provided with end of life care appropriate to their needs in the place of their choosing.

We have taken part and been active members of clinical and **commissioning networks**, presenting at conferences, hosting web seminars and organising individuals and groups to meet the people who use and provide our services.

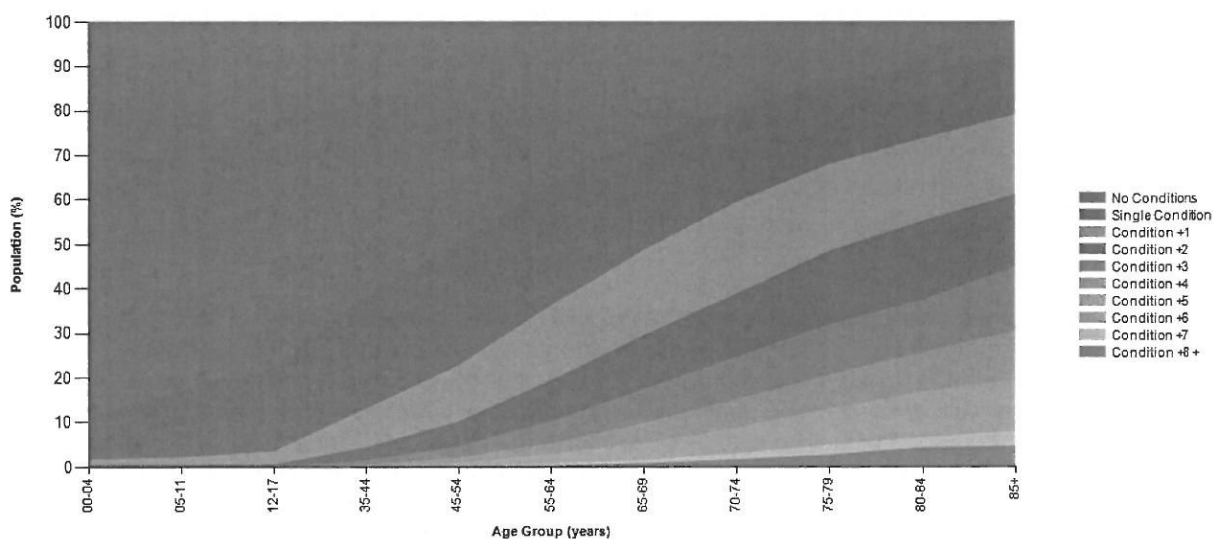
Having enthusiastically followed the experiences of the Neighbourhood Community Budget Pilots we are keen to incorporate this learning into our programme. Piloted initiatives include the development of community ownership, integration of neighbourhood services, local community development forums with shared local budget controls and coproduced and managed local health boards all of which are exciting initiatives that we are looking forward to investigating further.

Engaging with primary care and general practice in particular has historically been challenging however this agenda has proved popular and we have witnessed enthusiastic engagement by GP's across the city in making some **radical changes** in terms of their relationships with each other, the rest of primary care together with the ambition to relate differently to their patients, neighbourhoods, communities and other agencies. They have engaged extremely positively in large numbers with local training and development activity using a TARGET approach (Time for Audit, Research, Governance, Education and Training) the feedback for which has been extremely positive. This enthusiasm and engagement is very exciting and bodes well for us in developing our local plans and it is important to have clinical staff fully engaged if we are going to be in a position to successfully share our learning with others or incorporate other people learning and experience in our developments.

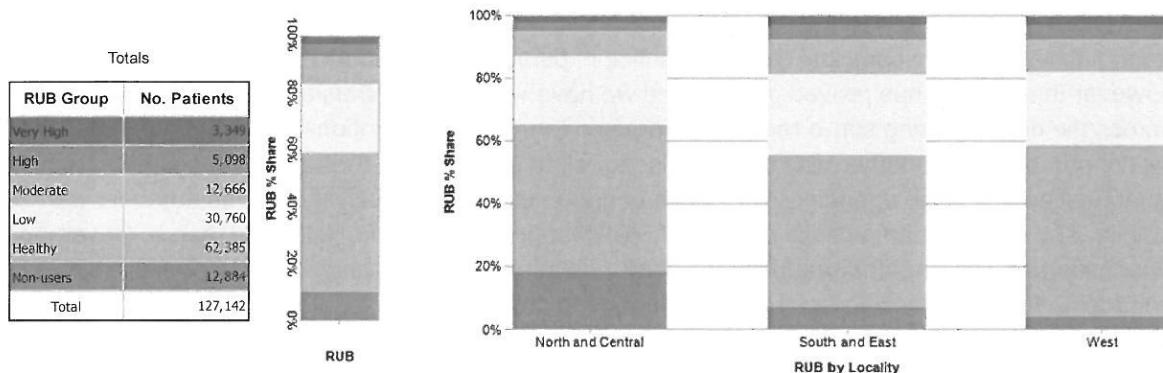
Our commitment to a formal evaluation of our programme has meant that we have been keen to engage the **academic community** resulting in the development of an evaluation programme undertaken and jointly funded with Southampton University. The University have also put a bid in for CLAHRC funding (Collaboration for Leadership in Applied Health Research and Care) which if successful they would align with the Southampton's change programme.

**Robust understanding of evidence**

We have started to reshape the Joint Strategic Needs Assessment to understand the needs of the population based on a multi morbidity model and identify the lifestyle challenges faced by citizens in achieving good quality of life and outcomes. We are adopting the nationally recognised approach taken by The Scottish School of Primary Care's Multi-Morbidity Research Programme. Below is a diagram illustrating the comorbidity levels and age for Southampton City patients.



Comorbidity can often be predicted and sometimes, with timely intervention, avoided. As illustrated in the above diagram the likelihood of developing more than 1 condition increases with age as does the predicted need for high cost interventions. We are thus proactively seeking to risk assess patients at an early stage to develop proactive integrated planning to either maintain, reduce, delay or avoid predicted comorbidity and therefore future service usage. To undertake this we are using needs profiling information in conjunction with the ACG (Adjusted Clinical Groups) risk stratification tool, to identify at an individual patient, practice and locality level health utilisation, for now and in future. In doing this we are drawing together, public health, commissioning and primary care to plan and implement changes in neighbourhoods at a public, patients, service and system level. Below is a breakdown of the whole population and their relative health utilization by locality.



\*Resource Utilisation Bands (RUB) are produced by the ACG tool (Adjusted Clinical Groups – Risk Stratification tool), they help clinicians easily see who are high users of health care services and likely to be in greater need in the future, helping to target interventions to manage their care and improve outcomes.

We are committed to Making It Real as **whole system** across commissioners and providers. Southampton City Council undertakes regular surveys with the public to measure changes in knowledge, experience and canvass opinions. We intend to use the baseline review for Making It Real as an opportunity to further shape our aspirations and plans.

The City has developed **sound performance management** methodology to achieve greater understanding and ultimately control over the pinch points in the health and social care system. The CCG has supported clinicians to develop an Urgent Care Dashboard, which takes inspiration from Bolton. This provides real time information to primary care and community staff in order that they can mobilise and deploy resources to prevent admissions or expedite discharges from urgent care settings.

The CCG 5 Year Outline Plan is developed in collaboration with the City Council and others is based on **local assessment of need and user feedback**, broadly reflecting many of the outcomes associated with the development of this programme for example building community capacity and self-help/management options, preventative and early intervention and active person centred involvement.

As part of the change process we are developing an evaluation programme alongside public health, social care academics and economic modelling experts from Southampton University. The purpose of the evaluation is to trial and test **innovative working tools** and processes e.g. integrated planning and risk stratification, develop qualitative and quantitative baseline and outcome data, and evaluate the overall change process. The evaluation will form the basis of our further roll out of integrated working across the city and informing future commissioning activity within the local authority, CCG and other commissioning partners such as the police and schools. This is helping shape service transformation in real time. The University of Southampton intend to use the relationships with operational services and their improved knowledge of services to inform future applications for research grants.

# Agenda Item 6

<b>DECISION-MAKER:</b>	HEALTH AND WELLBEING BOARD		
<b>SUBJECT:</b>	COMPLETION OF WINTERBOURNE VIEW STOCKTAKE		
<b>DATE OF DECISION:</b>	14 <sup>th</sup> AUGUST 2013		
<b>REPORT OF:</b>	DIRECTOR QUALITY AND INTEGRATION SOUTHAMPTON CITY CCG / HEAD OF INTEGRATED STRATEGIC COMMISSIONING SOUTHAMPTON CITY COUNCIL		
<b><u>CONTACT DETAILS</u></b>			
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<b>STATEMENT OF CONFIDENTIALITY</b>			
None			

## **BRIEF SUMMARY**

This report informs the Health and Wellbeing Board of a stocktake of progress that has been undertaken in response to the Winterbourne View Joint Improvement Programme, a national framework intended to enable local areas to assess their progress and identify what help they need from a Joint Improvement Programme.

## **RECOMMENDATIONS:**

- (i) That the Board notes the progress that has been made against the Winterbourne View Joint Improvement Programme.

## **REASONS FOR REPORT RECOMMENDATIONS**

1. To provide the Health and Wellbeing Board with a summary of the actions being taken locally in response to the Department of Health Review into Winterbourne View.

## **ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

2. None. The Department of Health has indicated it expected Health and Wellbeing Boards to be confident that the right leadership and infrastructure is in place to secure delivery of the actions required.

## **DETAIL (Including consultation carried out)**

- 3 On 31<sup>st</sup> May 2011, Panorama aired an investigation into physical and psychological about suffered by people with learning disabilities and perceived challenging behaviour at Winterbourne View private hospital in Bristol. Criminal proceedings were undertaken and 11 individuals were charged and pleaded guilty.

4. A review of activities at Winterbourne View was undertaken, and a final report of the Department of Health review, with a series of recommended actions, was published in November 2012. The Winterbourne View Joint Improvement Programme, which is co-ordinated by NHS and the Local Government Association, has asked local areas to complete a Stocktake of progress against the commitments made nationally. This should lead to all individuals receiving personalised care and support in appropriate community setting by 1<sup>st</sup> June 2014. The Stocktake is also intended to enable local areas to identify what help and assistance they required from the national Joint Improvement Programme and to help identify where resources can best be targeted.
  
5. The Integrated Commissioning Unit has developed a draft joint strategic plan to address the local impacts of the Joint Improvement Programme referred to above. A Winterbourne Local Implementation Group (LIG) has been established. The LIG has identified the following priorities and recommendations for 2013/14:
  - The refresh of the Plan that support the needs of people with behaviours that challenge (including those with mental health needs) being linked to Southampton's Autism Strategy and Lifelong Disabilities Strategy.
  - The development and audit of a Good Practice Standards Checklist to be used in conjunction with the client annual review process.
  - Enhance the skills of the workforce. Southampton's Workforce Strategy and Action Plan for people with Autistic Spectrum conditions will support this. Service specifications and improved monitoring will identify areas for development.
  - Continue with the Learning Disability Directed Enhanced Service (DES). Annual Health Check to ensure all Care/Case Managers are trained.
  - Ensure that the Register is driving operational actions and priorities focusing on areas of joint work.
  - Implementing a strengthened housing plan to support people with complex needs. A business case is being developed identifying risk areas/investments.
  
6. The Department of Health Review stated that all current placements should be reviewed by 1<sup>st</sup> June 2013 and everyone inappropriately in hospital moved to community-based support as quickly as possible, and no later than 1<sup>st</sup> June 2014. All individuals have had their care reviewed and are receiving ongoing care management, and work is underway on a programme to support the Models of Care as outlined by the Department of Health. The Adult Safeguarding Board is monitoring progress.
  
7. The Health and Wellbeing Board is required to be confident that the right leadership and infrastructure is in place to deliver the joint strategic place.

The Chair of the Health and Wellbeing Board has signed the local joint DH/LGA action plan. The final joint strategic plan will be finalised by October 2013.

## RESOURCE IMPLICATIONS

### Capital/Revenue

8. Where there are financial pressures for the CCG, this will be managed by their governance structures. All future local authority revenue implications will be met from the revenue budgets approved by council.

### Property/Other

9. None.

## LEGAL IMPLICATIONS

### Statutory power to undertake proposals in the report:

10. None.

### Other Legal Implications:

11. None.

## POLICY FRAMEWORK IMPLICATIONS

12. None

**KEY DECISION** No

<b>WARDS/COMMUNITIES AFFECTED:</b>	
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### SUPPORTING DOCUMENTATION

### Appendices

- |    |      |
|----|------|
| 1. | None |
|----|------|

### Documents In Members' Rooms

- |    |      |
|----|------|
| 1. | None |
|----|------|

### Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	Yes/No
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### 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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# Agenda Item 7

<b>DECISION-MAKER:</b>	HEALTH AND WELLBEING BOARD		
<b>SUBJECT:</b>	UPDATE FROM THE CHAIR OF THE HEALTH AND WELLBEING BOARD		
<b>DATE OF DECISION:</b>	14 <sup>th</sup> AUGUST 2013		
<b>REPORT OF:</b>	COUNCILLOR DAVE SHIELDS, CHAIR, HEALTH AND WELLBEING BOARD		
<b><u>CONTACT DETAILS</u></b>			
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<b>STATEMENT OF CONFIDENTIALITY</b>			
None			

## **BRIEF SUMMARY**

To note the actions taken by the chair of the Health & Wellbeing Board since the May 2013 meeting.

## **RECOMMENDATIONS:**

- (i) To note the actions taken by the chair of the Health & Wellbeing Board since the May 2013 meeting.
- (ii) To note the correspondence received by the chair of the Health & Wellbeing Board since the May 2013 meeting.

## **REASONS FOR REPORT RECOMMENDATIONS**

1. This report provides a brief snapshot of the activity undertaken by the chair of the Health & Wellbeing Board in between formal meetings.
2. This report also details correspondence entered into by the chair of the Health & Wellbeing Board in between formal meetings.

## **ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

None

## **DETAIL (Including consultation carried out)**

3. Since the May meeting of the Health & Wellbeing Board the chair has been involved in the following activities:
  - attendance at the Southampton Safeguarding Adults Board development day (10<sup>th</sup> June 2013)

- together with the vice-chair, assistance with the production of and consultation on the Southampton CCG-led bid to the DH for an integration Pioneer, including formal signing off on behalf of the Health & Wellbeing Board (28<sup>th</sup> June 2013) – separate agenda item
  - signing off on behalf of the Health & Wellbeing Board of the local joint DH/ LGA action plan in response to Winterbourne View (28<sup>th</sup> June 2013) – separate agenda item
  - attendance at the Special Education Needs and Disabled children's development day (2<sup>nd</sup> July 2013)
  - attendance at the South East network of Health & Wellbeing Board chairs and vice chairs (11<sup>th</sup> July 2013)
4. Since the May meeting of the Health & Wellbeing Board the chair has made contact with fellow Health & Wellbeing Board chairs in the Wessex NHS region in order to:
1. establish contact
  2. explore opportunities for:
    - a. sharing good practice
    - b. building relationships with key NHS players
    - c. influencing the regional agenda in terms of cross authority opportunities for:
      - i. integration
      - ii. public health
      - iii. academic links
      - iv. quality surveillance
      - v. education and training.

Letters in the first instance have been sent to the following cabinet members from upper tier local authorities in the Wessex region:

- Cllr. Leo Madden – Cabinet Member for Health & Social Care, Portsmouth City Council
- Cllr. Gordon Kendall – Cabinet Member for Health, Communities & Adult Wellbeing, Isle of Wight Council
- Cllr. Ann McNair Scott – Executive Member for Adult Social Care, Hampshire County Council
- Cllr. Liz Fairhurst – Executive Member for Health & Communities, Hampshire County Council
- Cllr. Peter Adams – Cabinet Member for Health & Wellbeing, Poole Borough Council
- Cllr. Blair Crawford – Cabinet Member for Adult Social Care, Bournemouth Borough Council



- Cllr. Andrew Cattaway – Cabinet Member for Adult Social Care, Dorset County Council

**RESOURCE IMPLICATIONS**

**Capital/Revenue**

5. None.

**Property/Other**

6. None.

**LEGAL IMPLICATIONS**

**Statutory power to undertake proposals in the report:**

7. None.

**Other Legal Implications:**

8. None.

**POLICY FRAMEWORK IMPLICATIONS**

9. None.

**KEY DECISION** No

<b>WARDS/COMMUNITIES AFFECTED:</b>	all
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**SUPPORTING DOCUMENTATION**

**Appendices**

1.	none
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**Documents In Members’ Rooms**

1.	none
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**Equality Impact Assessment**

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	No
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**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)
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1.	None.	
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# Agenda Item 8

<b>DECISION-MAKER:</b>	HEALTH AND WELLBEING BOARD		
<b>SUBJECT:</b>	OPERATING PROTOCOL BETWEEN HEALTH AND WELLBEING BOARD, HEALTH OVERVIEW AND SCRUTINY PANEL, AND HEALTHWATCH SOUTHAMPTON		
<b>DATE OF DECISION:</b>	14 <sup>th</sup> AUGUST 2013		
<b>REPORT OF:</b>	DIRECTOR OF PUBLIC HEALTH		
<b><u>CONTACT DETAILS</u></b>			
<b>AUTHOR:</b>	<b>Name:</b>	<b>Martin Day</b>	<b>Tel:</b> 023 8091 7831
	<b>E-mail:</b>	<a href="mailto:Martin.day@southampton.gov.uk">Martin.day@southampton.gov.uk</a>	
<b>Director</b>	<b>Name:</b>	<b>Dr Andrew Mortimore</b>	<b>Tel:</b> 023 8083 3204
	<b>E-mail:</b>	<a href="mailto:Andrew.mortimore@southampton.gov.uk">Andrew.mortimore@southampton.gov.uk</a>	
<b>STATEMENT OF CONFIDENTIALITY</b>			
None			

## **BRIEF SUMMARY**

The Health and Social Care Act set out the roles and responsibilities of Health and Wellbeing Boards and local Healthwatch. It also modified the responsibilities of Health Overview and Scrutiny Committees. This report contains a protocol setting out the respective roles and responsibilities of these bodies, and a framework for handling key issues.

## **RECOMMENDATIONS:**

- (i) That the draft protocol set out in Appendix 1 be approved;
- (ii) That the draft protocol be referred to the Health Overview and Scrutiny Committee and Healthwatch Southampton for consideration and approval; and
- (iii) That authority be delegated to Director of Public Health, after consultation with the Chair, to make any drafting or other amendments required following consideration by the Health Overview and Scrutiny Panel and Healthwatch Southampton that do not affect the spirit of the intentions of the protocol.

## **REASONS FOR REPORT RECOMMENDATIONS**

1. To ensure a common operational understanding between the Health and Wellbeing Board, the Health Overview and Scrutiny Panel and Healthwatch Southampton.

## **ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

2. Not to develop a protocol. The risk of following this course of action is that it is more likely to lead to opportunities for confusion and misunderstandings.

## **DETAIL (Including consultation carried out)**

3. The Health and Social Care Act 2012 established Health and Wellbeing Boards, local Healthwatch and it amended the responsibilities of Health Overview and Scrutiny Committees. The annual meeting of the Council in May 2013 required the development of the protocol.
4. A draft protocol is attached at Appendix 1. It has been produced by officers supporting democratic services, the Health and Wellbeing Board, Health Overview and Scrutiny and Healthwatch Southampton and shared informally with Healthwatch Southampton and the chairs of the Health and Wellbeing Board and the Health Overview and Scrutiny Panel. It summarises key elements of the roles of the respective bodies, and then sets out responsibilities for:
  - Commissioning and decommissioning services
  - Significant changes and variations to services
  - Engagement with stakeholders, residents and service users
  - Quality and inspection
  - Safeguarding
  - New legislation and changes to the legal framework
  - Engagement with other health bodies
5. It is anticipated that the protocol will need to change over time in order to reflect developments across health and care systems. For this reason it is proposed that the protocol should be reviewed annually at the start of each municipal year. If there are significant changes to the health and care system architecture or the democratic or public engagement processes, then it will be reviewed as necessary during the course of the year.

## **RESOURCE IMPLICATIONS**

### **Capital/Revenue**

6. None.

### **Property/Other**

7. None

## **LEGAL IMPLICATIONS**

### **Statutory power to undertake proposals in the report:**

8. The Health and Social Care Act 2012 sets out the legal framework for the operation of Health and Wellbeing Board, local Healthwatch, and made changes to the responsibilities of Health Overview and Scrutiny Committees.

### **Other Legal Implications:**

9. None

**POLICY FRAMEWORK IMPLICATIONS**

10. None

**KEY DECISION** No

<b>WARDS/COMMUNITIES AFFECTED:</b>	None
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**SUPPORTING DOCUMENTATION**

**Appendices**

1.	Protocol between Southampton Health and Wellbeing Board, Healthwatch Southampton and Southampton City Council Health Overview and Scrutiny Panel.
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**Documents In Members' Rooms**

1.	None
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**Equality Impact Assessment**

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	No
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**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)
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1.	None.	
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## Appendix 1

### **Protocol between Southampton Health and Wellbeing Board, Healthwatch Southampton and Southampton City Council Health Overview and Scrutiny Panel**

#### **Introduction**

1. The Health and Social Care Act 2012 identified a range of individual and joint responsibilities for Health and Wellbeing Boards local Healthwatch (known in the city as Healthwatch Southampton), and Health Overview and Scrutiny Committees (known in Southampton as the Health Overview and Scrutiny Panel). This paper sets out a protocol between the three bodies to facilitate and understanding of responsibilities and to identify where separate and joint working will be undertaken.

#### **Overview of the Roles of the Three Bodies**

2. The Health and Wellbeing Board, Health Overview and Scrutiny Panel and Healthwatch Southampton share a common interest in improving the health of people living in the city and in reducing health inequalities, and share a desire to engage with all communities including those identified as harder to reach.
3. The Health and Wellbeing Board (HWB) is responsible for producing a Joint Strategic Needs Assessment (JSNA), a Joint Health and Wellbeing Strategy (JHWS) and for seeking to integrate services. The Health and Social Care Act 2012 makes a representative of local Healthwatch a statutory member of the Health and Wellbeing Board.
4. Healthwatch Southampton (HWS) is independent of the Council and the NHS. It is responsible for undertaking patient and public engagement activities, providing a signposting and advice service to support individuals in exercising choice over access to and use of services, and for providing a NHS complaints advocacy service. HWS has a seat on the HWB, through which it can ensure that the patient and public views are represented when strategic decisions are taken. Currently, it also has a seat on Southampton City Clinical Commissioning Group, and a standing invitation to attend meeting meetings of the Health Overview and Scrutiny Panel.
5. The Health Overview and Scrutiny Panel has responsibility for scrutinising social care issues in the city, responding to proposals for significant variations and reconfigurations of health services, and working in partnership with other HOSC areas as appropriate. .

#### **General Principles**

6. Whilst the respective roles of each body are acknowledged as respected by the others, where appropriate two or more of the bodies will work on a project or piece of work either jointly or independently. At the outset of any such work a written statement will be produced summarising the actions and areas of activities each body will pursue. Any published

material arising from the work will acknowledge the contributions of all participating bodies.

### **Developing the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy**

7. The Health and Wellbeing Board has a legal duty to develop the JSNA and the JHWS. It will engage with Healthwatch Southampton and the Health Overview and Scrutiny Panel, initially to set out draft proposals, and then at a later stage to review a final draft. Healthwatch Southampton will be invited to collect and contribute views from the public to both the JSNA and the JHWS.

### **Commissioning and Decommissioning Services**

8. The Health and Wellbeing Board will set a strategic direction for the commissioning of services. It will review the annual commissioning plans from the Clinical Commissioning Group and the Council's social care services to ensure they address the needs identified in the JSNA and the actions set out in the JHWS. Changing commissioning plans may result in some services being decommissioned or being delivered differently.
9. Healthwatch Southampton will be active in assessing residents' and patients' views on proposals. The Health Overview and Scrutiny Panel will hold the Health and Wellbeing Board, the council Cabinet or the CCG to account for commissioning and decommissioning decisions. The Health Overview and Scrutiny Panel will undertake the scrutiny of social care issues, including the draft local account, unless they are Forward Plan items, in which case they may be considered by the Overview and Scrutiny Management Committee.

### **Significant Changes and Variations to Services**

10. Provider organisations may, from time to time, seek to re-configure services in response to commissioning plans, or to their own organisational development programmes. The Health Overview and Scrutiny Panel will use its current rules to determine whether any scenario qualifies as a "substantial variation", which would require consideration at a meeting. It will check with Healthwatch Southampton to ascertain whether there are issues that Healthwatch has existing intelligence on, or would be able to make a significant contribution to.

### **Engagement With Stakeholders, Residents and Service Users**

11. The changes that need to be delivered to provide sustainable health and care services in the future will require input and support from a wide range of stakeholders. Each of the bodies included in this protocol will need to ensure it has the appropriate mechanisms to deliver effective engagement with the appropriate stakeholders.
12. The Health and Wellbeing Board will from time to time undertake stakeholder engagement exercises. These will seek to highlight needs and pressure, set the agenda for change in the light of national priorities and frameworks, and showcase innovation and best practice from within



the city and further afield. The stakeholders invited will vary according to the subject of each event.

13. The Health and Wellbeing Board is legally required to engage local residents and stakeholder on the development of the JSNA and the JHWS.
14. Healthwatch Southampton has at its core ongoing and meaningful engagement with people living, or receiving services, in Southampton. It will operate a range of engagement activities with a wide range of communities, using a wide range of methods, including focus groups, surveys and social media. The outcomes from engagement will be fed, as appropriate, to service providers, NHS England, the Health and Wellbeing Board, CCG and City Council. Healthwatch Southampton will also help collect views from the public as the JSNA and JHWS are developed.
15. The Health Overview and Scrutiny Panel will be able to invite any interested stakeholders to attend individual meetings where they can contribute to the business of the meeting and to engage in inquiries relating to health and wellbeing issues in the city.

#### **Quality and Inspection**

16. The Health and Wellbeing Board will take a strategic lead on ensuring quality, safe services are commissioned. It will consider findings of relevant government and other national studies. Healthwatch Southampton will develop intelligence on patient and user experiences, using its enter and view powers where appropriate. Where significant issues are identified, Healthwatch Southampton will refer the matters to the CCG or the local authority as appropriate. Both Healthwatch Southampton and the Health Overview and Scrutiny Panel will monitor reports from national inspection bodies, and where problems are identified, undertake an examination of the issues. The Health Overview and Scrutiny Panel will schedule agenda items where appropriate and request the attendance of appropriate officers from provider organisations. It may also wish to hold meeting with representatives of the Care Quality Commission (CQC) where appropriate. Healthwatch Southampton may also seek meetings with CQC. There may be occasions when the Health Overview and Scrutiny Panel and Healthwatch Southampton may consider a joint meeting with CQC as the best means resolving a significant issue that has been identified.

#### **Safeguarding**

17. The Health and Wellbeing Board will receive the annual reports of the Southampton Safeguarding Children Board and Southampton Adult Safeguarding Board. Where significant issues are raised in the documents, it may request such further detailed reports as it deems appropriate.
18. Healthwatch Southampton will use patient complaints, advocacy and other intelligence to identify safeguarding issues. The Health Overview

and Scrutiny Panel will assess whether appropriate responses are being undertaken to any issues identified.

### **New Legislation and Changes to the Legal Framework**

19. The Health and Wellbeing Board will consider the implications of new legislation and assess the likely impact and opportunities across health and care systems. Both the Health and Wellbeing Board and Health Overview and Scrutiny Panel may wish to respond separately to legislative proposals and consultations, where they may legitimately agree separate conclusions. Healthwatch Southampton may also choose to examine such proposals and assess the impact on patients and service users.

### **Other Bodies and Future Developments**

20. The new landscape for health, care and wellbeing developed under the Health and Social Care Act is still embedding. NHS England Local Area Team has a seat on the Health and Wellbeing Board. The Health Overview and Scrutiny Panel and Healthwatch Southampton will monitor the quality of services of services commissioned by NHS England for the people of Southampton.
21. Public Health England (PHE) is not represented on either the Health and Wellbeing Board or Health Overview and Scrutiny Panel. The Health and Wellbeing Board and Health Overview and Scrutiny Panel may request PHEs attendance at meeting where they are considering issues which PHE has responsibility for delivering.

### **Conclusion**

22. This protocol has been considered and agreed by the Health and Wellbeing Board, Health Overview and Scrutiny Panel and Healthwatch Southampton. It is advisory, and for the Health and Wellbeing Board and Health Overview and Scrutiny Panel is a subsidiary document to the Council Constitution. The protocol will be reviewed at the start of each municipal year and updated in the light of experience and wider developments.