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HEALTH OVERVIEW AND SCRUTINY PANEL

Thursday, 23rd January, 2014
at 6.00 pm

PLEASE NOTE TIME OF MEETING

Conference Room 3 - Civic Centre

This meeting is open to the public

Members

Councillor Stevens (Chair)
Councillor Claisse
Councillor Cunio
Councillor Laming
Councillor Parnell
Councillor Spicer
Labour Group Vacancy – to confirm

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PUBLIC INFORMATION

Role of Health Overview Scrutiny Panel (Terms of Reference)

The Health Overview and Scrutiny Panel will have 6 scheduled meetings per year with additional meetings organised as required.

- To discharge all responsibilities of the Council for health overview and scrutiny, whether as a statutory duty or through the exercise of a power, including subject to formal guidance being issued from the Department of health, the referral of issues to the Secretary of State.
- To undertake the scrutiny of Social Care issues in the City unless they are forward plan items. In such circumstances members of the halth Overview and Scrutiny Panel will be invited to the relevant Overview and Scrutiny Management Committee meeting where they are discussed.
- To develop and agree the annual health and social care scrutiny work programme.
- To scrutinise the development and implementation of the Joint Strategic Needs Assessment and Health and Wellbeing Strategy developed by the Health and Wellbeing Board.
- To respond to proposals and consultations from NHS bodies in respect of substantial variations in service provision and any other major health consultation exercises.
- Liaise with the Southampton LINk and its successor body "Healthwatch" and to respond to any matters brought to the attention of overview and scrutiny by the Southampton LINk and its successor body "Healthwatch"
- Provide a vehicle for the City Council's Overview & Scrutiny Management Committee to refer recommendations arising from panel enquiries relating to the City's health, care and well-being to Southampton's LINk and its successor body "Healthwatch" for further monitoring.
- To consider Councillor Calls for Action for health and social care matters.
- To provide the membership of any joint committee established to respond to formal consultations by an NHS body on an issue which impacts the residents of more than one overview and scrutiny committee area.

Public Representations

At the discretion of the Chair, members of the public may address the meeting about any report on the agenda for the meeting in which they have a relevant interest

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.

Dates of Meetings: Municipal Year 2013/14

2013	2014
23 May 2013	23 January
18 July	20 February
19 September	20 March
21 November	2 April

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.

CONDUCT OF MEETING

Terms of Reference

Details above
The general role and terms of reference for the Overview and Scrutiny Management Committee, together with those for all Scrutiny Panels, are set out in Part 2 (Article 6) of the Council's Constitution, and their particular roles are set out in Part 4 (Overview and Scrutiny Procedure Rules of the Constitution.

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 Council Procedure Rules as set out in Part 4 of the Constitution.

Quorum

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

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 for 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 City Council's website

1 APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)

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

2 ELECTION OF VICE-CHAIR

To elect a Vice Chair for the remaining period Municipal Year 2013/14.

3 DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS

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

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

4 DECLARATIONS OF SCRUTINY INTEREST

Members are invited to declare any prior participation in any decision taken by a Committee, Sub-Committee, or Panel of the Council on the agenda and being scrutinised at this meeting.

5 DECLARATION OF PARTY POLITICAL WHIP

Members are invited to declare the application of any party political whip on any matter on the agenda and being scrutinised at this meeting.

6 STATEMENT FROM THE CHAIR

7 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)

To approve and sign as a correct record the minutes of the meeting held on 21 November 2013 and to deal with any matters arising, attached.

8 APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)

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

9 DISCLOSURE OF PERSONAL AND PREJUDICIAL INTERESTS

In accordance with the Local Government Act, 2000, and the Council's Code of Conduct adopted on 16th May, 2007, Members to disclose any personal or prejudicial 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 prior to the commencement of this meeting.

10 DECLARATIONS OF SCRUTINY INTEREST

Members are invited to declare any prior participation in any decision taken by a Committee, Sub-Committee, or Panel of the Council on the agenda and being scrutinised at this meeting.

11 DECLARATION OF PARTY POLITICAL WHIP

Members are invited to declare the application of any party political whip on any matter on the agenda and being scrutinised at this meeting.

12 STATEMENT FROM THE CHAIR

13 INQUIRY INTO THE IMPACT OF HOMELESSNESS ON THE HEALTH OF SINGLE PEOPLE: TERMS OF REFERENCE AND INQUIRY PLAN

Report of the Assistant Chief Executive, seeking approval for the terms of reference for the Panel’s inquiry into the impact of homelessness on the health of single people, attached.

14 UNIVERSITY HOSPITAL SOUTHAMPTON, EMERGENCY DEPARTMENT REPORT

Report of the Chief Executive of University Hospital Southampton detailing the Hospital’s performance against targets the Hospital’s targets relating to the emergency department, attached.

15 UNIVERSITY HOSPITAL SOUTHAMPTON, CLEANLINESS UPDATE

To receive a verbal update.

16 PEOPLE DIRECTORATE BUDGET PROPOSALS AND LINKS TO THE PEOPLE TRANSFORMATION AND POTENTIAL FUTURE IMPROVEMENT

Report of Director of Quality and Integration setting the potential outcomes of the People Directorate transformation on budget proposals, attached.

17 INTEGRATED COMMISSIONING AND QUALITY

Report, of Director of Quality and Integration, providing an update on the progress of the Integrated Commissioning Unit in achieving the agreed work programme and performance and finance outcomes, attached.

Wednesday, 15 January 2014 HEAD OF LEGAL AND DEMOCRATIC SERVICES

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SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL

MINUTES OF THE MEETING HELD ON 21 NOVEMBER 2013

Present: Councillors Stevens (Chair), Chaloner (Vice-Chair), Claisse, Laming (except for minute number 31), Parnell and Spicer

Apologies: Councillors Cunio

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

RESOLVED: that the minutes for Panel meeting on 19th September 2013 be approved and signed as a correct record.

30. **PROGRESS REPORT: PUBLIC AND SUSTAINABLE TRANSPORT PROVISION TO SOUTHAMPTON GENERAL HOSPITAL REVIEW**

The Panel considered the report of the Head of Transport, Highways and Parking detailing progress made in line with the Panel's inquiry recommendations.

A representative of the Southampton Keep the NHS Public was present and with the consent of the Chair, addressed the meeting.

The Panel discussed issues relating to creation of a "bus hub" for buses visiting the General the changes to bus services to the hospital and the development of the University Hospitals Transport Plan.

RESOLVED that the Panel would revisit the progress made against the inquiries recommendations, with particular interest in the developing travel plan for the General Hospital at a future meeting.

31. **SOUTHAMPTON SAFEGUARDING ADULTS BOARD: ANNUAL REPORT 2012 - 2013**

The Panel noted the report of the Independent Chair of the Southampton Safeguarding Adults Board detailing the annual report.

Fran Williams, Board Member of the Safeguarding Adults Board, and a representative of Southampton Healthwatch were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel noted that the current Independent Chair of Southampton Safeguarding Adults Board was due to stand down shortly and were informed that interviews for the position were due to take place in the week following the meeting.

The Panel considered the question of financial risk to the Board and it was explained that a pooled budget between partners had been established.

The Panel discussed the number of referrals related to care and support services and sought clarification as to whether it was the number of providers that was the issue. It

was explained that the numbers of providers indicated the continued choice of those that needed support from a range of suppliers. It was noted that this reinforced the need for the Board in order to pursue continued quality assurance and service improvement. It was further explained that presently many of the larger providers had been undertaking their own training which reflected on the numbers of people attending the training services provided by the Board.

The Panel also discussed the provision of support for whistle blowers and noted that the Board aimed to support any potential whistle blower in line with national guidelines.

RESOLVED that the new Chair of the Board be invited to a future meeting of the Panel to provide further information the outcomes expected from the pooled budgets.

32. **INTEGRATED COMMISSIONING UNIT: PROGRESS, QUALITY AND PERFORMANCE**

The Panel noted the report of the Director of Quality and Integration detailing progress of the ICU and how the Council and CCG are maximising opportunities to pool budgets.

Representatives of the Solent Health Care Trust, Southampton Keep the NHS Public and Southampton Healthwatch were present and, with the consent of the Chair, addressed the meeting.

The Panel noted that the staffing implications of the integration of the Council's and the Southampton City Clinical Commissioning Group (CCG) commissioning units would be fulfilled by existing staff.

The Panel discussed the discussed the benefits the ICU would have in:

- developing quality assurance for providers;
- reviewing and monitoring the performance of providers;
- the provision of service level agreements and sanctions for poor performance
- Establishing clear expectation of required service levels from providers; and
- Getting accurate feedback from users.

In addition the Panel discussed what considerations have been given to a budget to provide clear information and understanding on matters relating to a particular supplier and providing informative feedback.

33. **UNIVERSITY HOSPITAL SOUTHAMPTON: EMERGENCY DEPARTMENT REPORT**

The Panel considered the report of the Chief Executive of University Hospital Southampton detailing the Hospital's performance against targets the Hospital's targets relating to the emergency department.

Fiona Dalton, Chief Executive University Hospitals Southampton, and representatives of the Southampton keep the NHS public and Southampton Healthwatch were present and, with the consent of the Chair, addressed the meeting.

The Panel discussed what steps the Council could take in assisting USH provide a more effective service. The Panel noted that the provision of proper care support could help to shorten discharge times. In addition the meeting discussed:

- The provision of comparative data to the Panel by the Trust;

- The openness of the Trust to complaints received by users and the willingness of staff to learn from complainants;
- The potential of the trust to receive additional Government funding to assist with any pressure from the expected winter surge in numbers;
- The cleaning contract for the Hospital; and
- Various suggestions for on site management

RESOLVED that

(i) the Panel requested a regular exchange of information from the Trust that would indicate where delay to the patients discharge from hospital could be resulted from action by required the Council;
(ii) that the Trust provide comparative data on the performance of the Hospital's emergency department with that of other hospital trust.

34. **SCOPING THE PREVENTION INQUIRY: ENSURING A COORDINATED AND COLLABORATIVE APPROACH TO THE FUTURE HEALTH OF THE CITY**

The Panel considered the report of the Assistant Chief Executive, setting out considerations relating to the scoping of an inquiry by the Panel.

Andrew Mortimore, Director of Public Health, was in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed the benefits to the City and society as a whole that the avoidance of preventable illness would have. It was noted that it had been perceived that these benefits were long term only and that indications were that this is not the case and that prevention has much shorter term benefits.

The Panel discussed how the inquiry could focus on issues that it could affect and where the Council could make a difference.

RESOLVED that

(i) The Panel agreed to the revised scheduled of dates, set out within the report, for the remaining part of the municipal year;
(ii) That information be circulated to the Panel by email and prior to the next meeting that would set out the main areas and key themes where the Council could potentially make a difference or influence to help finalise the areas where the inquiry would review.

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DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:		INQUIRY INTO THE IMPACT OF HOMELESSNESS ON THE HEALTH OF SINGLE PEOPLE: TERMS OF REFERENCE AND INQUIRY PLAN		
DATE OF DECISION:		23 JANUARY 2014		
REPORT OF:		ASSISTANT CHIEF EXECUTIVE		
CONTACT DETAILS				
AUTHOR:	**Name:**	**Dorota Goble**	**Tel:**	**023 8083 3317**
	E-mail:	**Dorota.goble@southampton.gov.uk**		
Director	**Name:**	**Dawn Baxendale**	**Tel:**	**023 8091 7713**
	E-mail:	**Dawn.baxendale@southampton.gov.uk**		
STATEMENT OF CONFIDENTIALITY				
None				

BRIEF SUMMARY

On 21 November 2013 the Health Overview and Scrutiny Panel (HOSP) agreed to undertake an inquiry focussing on prevention. This report introduces the Inquiry into the Impact of Housing and Homelessness on People's Health and outlines the draft terms of reference and inquiry plan, including five meetings from February to May 2014, and a number of visits to key services and providers in the city.

RECOMMENDATION:

(i) That the Panel discuss, amend and approve a final version of the attached draft terms of reference allowing for sufficient flexibility and the availability of suitable witnesses.

REASON FOR REPORT RECOMMENDATIONS

1. To enable the HOSP to commence the evidence gathering process.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. There are numerous options that could be included within the attached draft terms of reference. The version attached reflects the feedback from services who will be engaged in the inquiry.

DETAIL (Including consultation carried out)

3. On the 21 November, HOSP considered the opportunity of undertaking a prevention inquiry for the city and examined the possible issues that an inquiry would add value to.

4. They agreed, to give further consideration outside of the meeting to develop an inquiry on one of the following issues:
   - Self care
   - Malnutrition in hospital and other settings
   - Increasing physical activity
   - Housing, homelessness and health.

5 It was agreed that the issues around housing, homelessness and health in the city offered the best opportunities for an inquiry. The rationale behind this being:

- The impact of quality of housing on health
- A higher than average proportion of private rented accommodation in Southampton
- High cost of healthcare intervention for homeless people
- Evidence of homelessness having a major impact on life expectancy

6. Panel members are invited to discuss, amend and approve the draft terms of reference. The approved plan will then provide the structure to the subsequent meetings of this review allowing for flexibility and the availability of suitable witnesses.

7. The draft outline project plan identifies that the inquiry will be conducted over 5 meetings of the Health Panel. It is envisaged that each of the inquiry meetings will last for approximately two hours, however the given the intensive nature of the issues and high number of services and organisations who will need to give evidence. With this in mind, a number of visits to key organisations and services will also be arranged to ensure a more detailed understanding of the issues. A schedule of additional visits will be sent out the panel members once the terms of reference and inquiry plan are agreed. 1-3 members will be invited to sign up to a each visit to ensure they are manageable and do not pose an undue burden on members' time..

RESOURCE IMPLICATIONS

Capital/Revenue

7. Resources to support the scrutiny review will come from existing budgets.

Property/Other

8. N/A.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

9. The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.

Other Legal Implications:

10. None

POLICY FRAMEWORK IMPLICATIONS

11. The outcome of the scrutiny review may contribute to the following priorities within the Council Plan:

- Improving health and keeping people safe
- Helping individuals and communities to work together and to help themselves.

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	None directly as a result of this report

SUPPORTING DOCUMENTATION

Appendices

1.	Draft Terms of Reference

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.	Dependent upon forward plan item

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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Inquiry into the Impact of Housing and Homelessness on the Health of Single People
Terms of Reference and Inquiry Plan

1. Scrutiny Panel:
Health Overview and Scrutiny Panel

2. Membership:
a. Councillor Matthew Stevens (Chair)
b. Councillor Matthew Claisse
c. Councillor Carol Cunio
d. Councillor Georgina Laming
e. Councillor Brian Parnell
f. Councillor Sally Spicer

3. Purpose:
To consider the impact of housing and homelessness on the health of single people, a significant number of whom have complex needs, live unsettled and transient lifestyles, and to examine the difficulties that their everyday life presents to deliver a preventative and planned approach to improve their health and well being and access to a settled and decent home.

4. Background:

4.1 The rationale to focus on single homelessness stems from the high demand for single person's accommodation, with individuals who have complex health needs requiring significant and intensive support from specialist services. Over half of the 15,000 people on the housing register are in need of single units. The Southampton experience, through the 2013 Homelessness Strategy Review identified homeless single people are:

- More likely to be marginalised or isolated, with limited support networks
- Less likely to be in priority need for the council to house them but likely to have aggregate needs that will make their life more chaotic
- Experience barriers to accessing mainstream primary care
- More likely to have no recourse to public funds
- Significantly affected by the Welfare Reforms, particularly changes to the local housing allowance, migrant benefits rights and Universal Credit

4.2 Homeless families and older people over 65 are much more likely to be accepted as homeless due to a priority need and are the key focus for other current initiatives such as the Families Matter and the Better Care (Integrated Transformation Fund) programmes. Therefore these groups will not be included as part of this Inquiry.

4.3 The model for homelessness prevention in Southampton is delivered and commissioned by a wide range of public and third sector providers and has a strong history of collaboration and good practice through the Homeless Prevention Strategy. Despite preventing a large number of single households from becoming homeless in 2012/13 there were still 520 people on the Homeless Health Team's register. However, increasing trends of homelessness are adding pressures on services for homeless people.

4.4 The national picture of funding these services is also changing with financial pressures in the public sector. Nationally, the ring-fence for Supporting People grants has been removed and across the country councils are reducing spend on Supporting People services. Additional budget pressures also prevalent in the public and third sector are placing further pressures on the services that support homeless people.

4.5 There is much evidence published that homelessness and poor quality housing can have a significant and negative impact on an individual's health and well being. Those who are who

have slept rough have significantly higher levels of premature mortality. Homeless Link undertook a national audit of over 700 homeless people which demonstrated the inequality in the health needs of homeless people:

- **Mental Health** – 7 out of 10 homeless people have one or more mental health needs, although they may not be diagnosed, it is estimated that 30% of the general population experience some form of mental distress; over a third of homeless clients said they would like more support. It is estimated mental health costs £9.7 million in Southampton, with £1.3 million worth of anti-depressants prescribed in 2011/12.

- **Substance misuse** – Over half of clients in the audit use one or more types of illegal drug, with around a quarter engaged is some for of treatment or support. 3 out of 4 clients consume alcohol regularly, with 1 in 5 drinking harmful levels. Alcohol misuse in hospital admissions and primary care treatment is estimated to cost £12 million per annum in Southampton.

- **Physical health** – 8 out of 10 homeless people had one or more physical health needs including:

Condition	Homeless People	General Population
Musculoskeletal problems	38%	10%
Respiratory problems	32%	5%
Eye complaints	25%	1%

- **Tuberculosis** – TB rates have doubled in the UK in the last 10 years. The homeless population is particularly vulnerable to the disease, and more likely to present with advanced forms. However, even if diagnosed and being treated a homeless patient is also more likely to discontinue treatment given their chaotic lifestyle.

4.6 Primary care is the first point of contact for health services to respond to an individuals health needs. However, evidence in the national audit suggests that homeless people are more likely to access healthcare through accident and emergency services, with their stay likely to be longer. Their lifestyles may also mean that they are more likely to seek medical help when their condition has significantly deteriorated. The review will examine the picture of homelessness access to health care service in the city.

4.7 Historically, single homeless people have predominantly been males over 30, anecdotally these are often people who have had traumatic or troubled life experiences including service men, care leavers and offenders; however, in recent years the trend has changed to reflect a larger proportion of women with the age profile getting younger. The interventions to support homeless people are generally split into those for young people, aged 16-25 and adults.

4.8 This Inquiry will focus on single people who are sleeping rough, living in insecure accommodation such as a squat or sofa-surfing, in short-term accommodation such as a hostel or moved on to private rented accommodation. It will also examine the quality and impact of accommodation that homeless people move on to, which is likely to be either a shared home or a single unit.

4.9 The pathway from rough sleeping to settled and suitable accommodation can be a long one and requires intensive support to help an individual to move on. It is estimated that it takes 7 attempts for an individual to make a real difference to their lives through intervention, equating to approximately 2 years for individuals with intensive support to turn things around. The panel will need to recognise the long term support needed to make a

difference to these individuals and will examine the challenges and opportunities for the current homelessness support and health services delivery.

5. **Objectives:**
    a. To understand the current model for homelessness prevention supports and how it promotes better health outcomes for single people
    b. To recognise what works well and what needs to improve locally, learning from best practice nationally.
    c. To identify if there are any gaps or blockages in homeless prevention and health interventions for single homeless people
    d. To explore how the Houses in Multiple Occupation (HMO) Licensing scheme contributes to the health and wellbeing of tenants who have been homeless, or at risk of homelessness, and what opportunities there are to provide further support by working in partnership with others.
    e. To explore the adequacy of single accommodation and the effectiveness of the support pathway that leads to settled accommodation for those who have been homeless, inline with any existing contract periods.
    f. To consider further collaboration or invest to save opportunities that would prevent future increasing demand or reduce homelessness in the city, within existing budget constraints.

6. **Methodology:**
    a. Outline of current national policy and local activity including:
        - The service model for homelessness prevention and Supporting People
        - National and local data on health inequalities for single homelessness
    b. Engage commissioners, public sector and third sector providers
    c. Visit facilities to understand service provision and talk face to face with clients and frontline staff
    d. Understand client needs through direct contact with service users alongside case studies
    e. National and local health audit results and key data for Southampton
    f. Identify and consider best practice and options for future delivery:
        - National best practice examples
        - Local success stories

7. **Proposed Timetable:**
Five meetings February 2014 – May 2014

INQUIRY PLAN (Subject to the availability of speakers)

Meeting 1: 20 February 2014
SETTING THE SCENE
National and local picture of homelessness
Single homelessness health needs and trends
Consider the health inequalities of homelessness compared to the local population and cost /impacts of demand on services
Outline of the model for homelessness prevention and Supporting People services

To be invited to meeting:
The national perspective - Sarah Gorton, Homeless Link
The local health perspective - Andrew Mortimore, Director of Public Health
The model for homelessness prevention - Liz Slater,
Supporting People model - Matthew Waters / Stephanie Ramsey
Alison Elliott, People Director
Young People's homelessness overview
Homelessness Health team, Pam Campbell,
Cllr Payne, Cabinet Member for Housing and Sustainability
Cllr Shields, Cabinet Member for Health and Adult Social Care

Meeting 2: 20 March 2014
PART A: ACCESS TO SERVICES

To be invited:
Homelessness Prevention, Liz Slater
Homeless Health team, Pam Campbell
Substance Misuse Services, Collin Mcalister
Mental Health services – Southern Health TBC
Accommodation overview – Two Saints / Matthew Waters, Supporting People
Primary care – access and experiences of GPs
Acute Care – admission to hospital, support whilst in hospital and discharge from hospital
Probation / YOT

PART B: SERVICE PROVIDERS
Adults:
Society of St James
Two Saints
Floating support to keep people in their own services
MIND – Richmond Fellowship

Young People
YMCA
Chapter 1
No Limits

Visits to be arranged prior to meeting
Homeless Health Team
Two Saints
Patrick House
Breathing Space
No Limits
GP Forum 12th March
Good practice examples – to be advised

Meeting 3: 2nd April 2014
MOVING ON TO LONG TERM ACCOMMODATION IN THE PRIVATE SECTOR
To examine the quality and availability of accommodation in the private sector

To be invited:
Housing Strategy - Liz Slater, Barbara Compton
Regulatory Services – licensing and quality of private rented accommodation
Landlord's perspective
Housing 'Right to Buy' receipts – opportunity for single unit accommodation – Sherree Stanley

Meeting 4: 17th April 2014
MOVING ON: LIFE SKILLS AND ADVICE
Helping individuals to develop the skills and the confidence to stay in settled and safe accommodation

To be invited:
Housing Needs Manager
Booth Centre
EU Welcome / border control
No Limits
Society of St James
Two Saints
YMCA
Chapter 1

Meeting 5: 4th May 2014
INQUIRY RECOMMENDATIONS
Overview of the evidence and emerging recommendations

Public Health
Housing Needs Manager
Supporting People Commissioner
CCG

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DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:		UNIVERSITY HOSPITAL SOUTHAMPTON; EMERGENCY DEPARTMENT REPORT		
DATE OF DECISION:		23 JANUARY 2014		
REPORT OF:		CHIEF OPERATING OFFICER		
CONTACT DETAILS				
AUTHOR:	**Name:**	Alison Ayres	**Tel:**	023 8079 6241
	E-mail:	Alison.Ayres@uhs.nhs.uk		
Director	**Name:**	Fiona Dalton, Chief Executive UHS		
	E-mail:	fiona.dalton@uhs.nhs.uk		

STATEMENT OF CONFIDENTIALITY
None

BRIEF SUMMARY

Following the recent underperformance of the University Hospital Southampton Emergency Department A&E targets Jane Hayward, Chief Operating Officer will give the Panel an update on the progress to date.

RECOMMENDATIONS:

(i) That the Panel notes the progress to achieve A&E targets at the University Hospital Southampton, and following discussions with the Chief Operating Officer agrees any issues that may need to be brought forward to a future HOSP meeting.

REASONS FOR REPORT RECOMMENDATIONS

1. As part of the HOSP's terms of reference the Panel has a role to respond to proposals and consultations from NHS bodies in respect of substantial variations in service provision.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. None

DETAIL (Including consultation carried out)

3. Following a prolonged period of underperformance against the 4-hour A&E operating standard during Q4 11-12 and Q1 12-13, and with encouragement from the CCG, University Hospitals Southampton (UHS) commissioned the national Emergency Care Intensive Support Team (ECIST) to undertake a review of the unscheduled care pathway within trust. The review took place in mid-June 2012 and the trust is now implementing the recommendations. The outcomes and recommendations of this review were reported to the panel on 31st January 2013.

4. Since the initial report Monitor, the health sector regulator, has announced that it is investigating whether the University Hospital Southampton NHS Foundation Trust has breached conditions of its licence due to persistent breaches of their A&E targets.

5. At the last panel meeting on 21 November 2013 the hospital outlined the latest UHS Emergency Department's performance. It was agreed by the panel to receive an update at future HOSP meeting until the situation at the emergency department is resolved, including benchmarking which will verbally updated at the meeting. The latest performance data is attached at Appendix 1.

6. The panel are asked to note the latest performance and consider any issues that may need to be brought forward to a future HOSP meeting.

RESOURCE IMPLICATIONS

Capital/Revenue

12. None

Property/Other

13. None

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

14. The powers and duties of health scrutiny are set out in the Local Government and Public Involvement in Health Act 2003.

Other Legal Implications:

15. None

POLICY FRAMEWORK IMPLICATIONS

16. None

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	ALL

SUPPORTING DOCUMENTATION

Appendices

1.	UHS: Update On Emergency Department Performance January 2014

Documents In Members' Rooms

	None

Equality Impact Assessment

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

Other Background Documents

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

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

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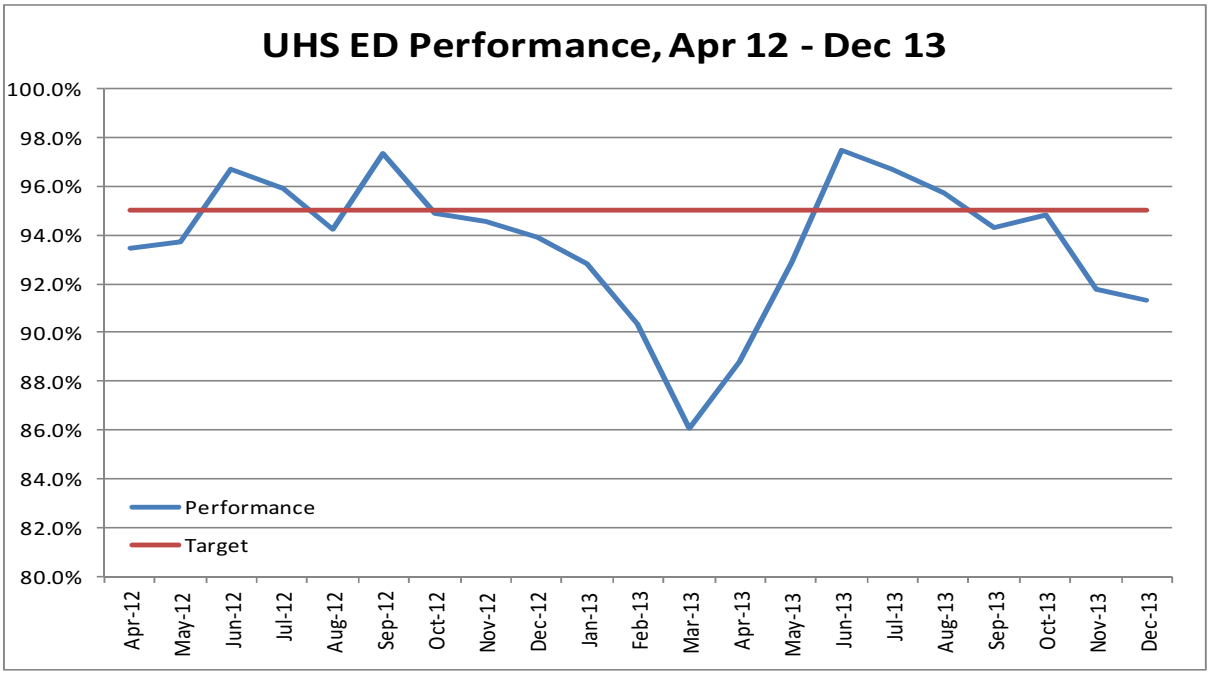
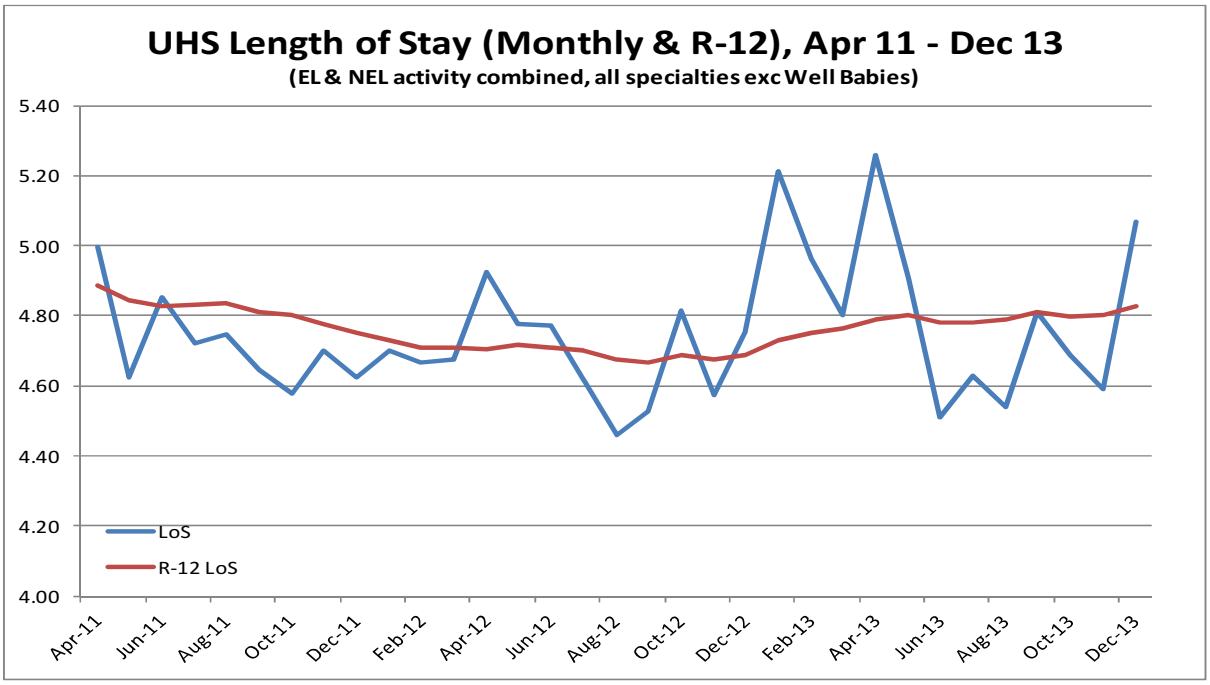
University Hospital Southampton NHS
NHS Foundation Trust

Emergency Department Report for Overview and Scrutiny Panel – January 2014

In October, November and December 92.7% of patients were treated and discharged or treated and admitted within 4 hours. This was just below the national target of 95.0%.

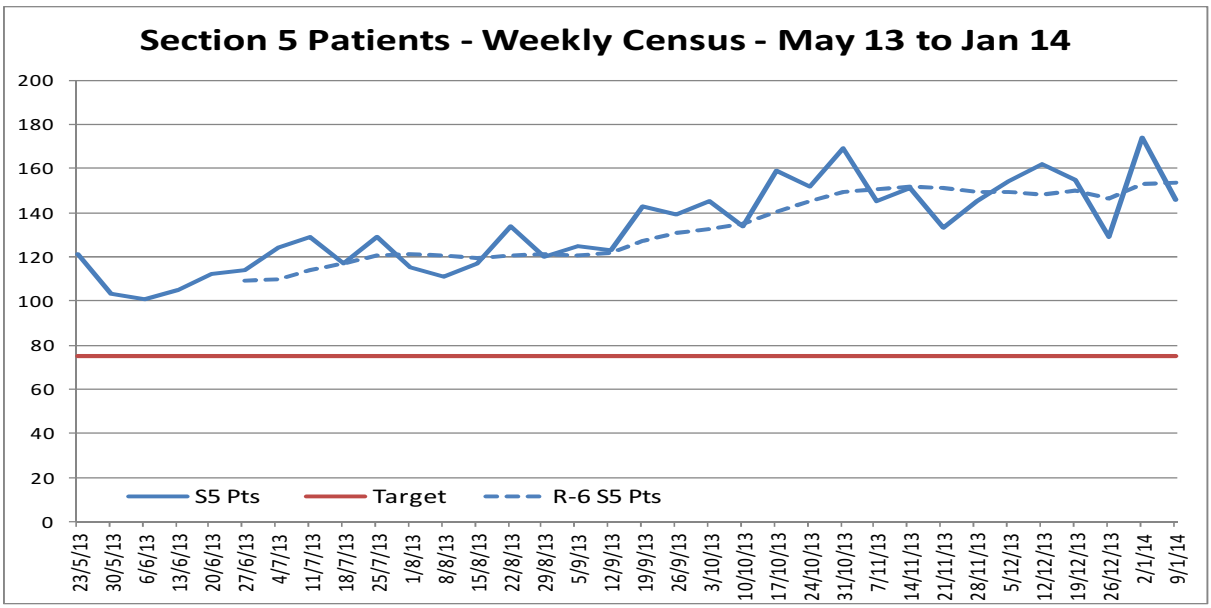


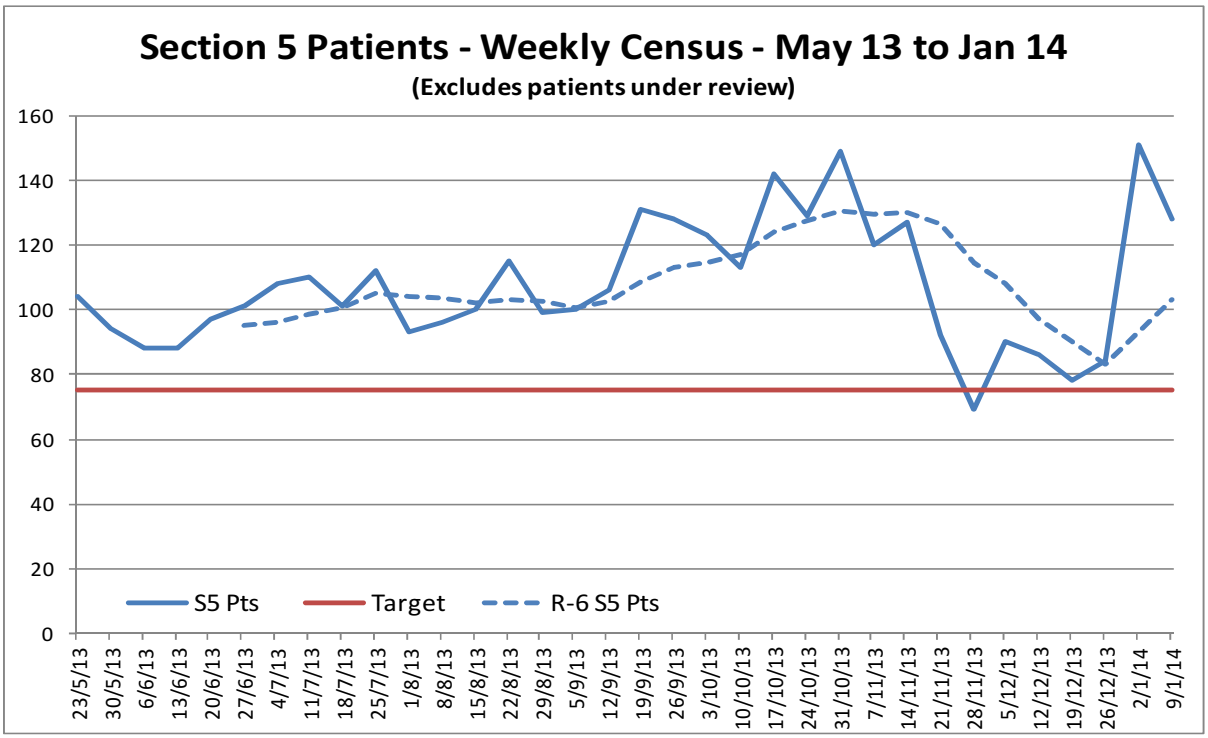
The bed availability situation improved in the hospital during the summer months allowing patients to be admitted in a timely manner. However, we are now experiencing an increasing length of stay and this has put pressure on the hospital system. This was compounded by Norovirus in the hospital later in the year.



Complex discharges remains of particular concern. Whilst there has been some improvement in processing patients through the system, patients remain in hospital to undertake clinical and social assessments, or while waiting for the most appropriate facility or placement to become available. On any one day recently there were 164 patients (out of 1000) who are medically fit, but not discharged for these reasons. The health and social care system's ambition is to reduce this to 75. The system is averaging about 145 at present (a second graph is included which demonstrates the impact of norovirus).

This is a significant cause for concern and the hospital is very much in need of the Council's support in addressing this, in particular to create more capacity for patients requiring long term nursing home care.





During this winter we have a 4 point plan to ensure we can continue to deliver a good service to patients:

A) We will open a further 20 beds to support an increase in winter acuity and reduce occupancy. This will include the remainder of the new isolation ward to mitigate the impact of any seasonal Norovirus in the community. Fourteen beds opened in December 2013.

B) We will minimise length of stay by ensuring patients do not have unnecessary waits (for things like X-ray), increase the number of times patients see doctors to ensure their care is always moving forward, improve systems on the day of discharge so that transport and medicines are in place and improve continuity of care for elderly care patients between a hospital admission and care in the community.

C) We will increase the staffing in ED and change our processes so that patients' care can be undertaken as quickly as possible. In February the hospital will trial a consultant being present for 24 hours a day for 2 days a week.

D) We will work with our colleagues in social services, community care providers and the private sector to create new services and change processes to reduce delays. In particular we will develop new support services for patients who are non-weight bearing, those with housing issues, bariatric patients and those that need 3 or 4 times a day visits. This is being funded through the £3.2m local fund and £1.6m national fund.

Jane Hayward
Director of Transformation

JH/mfh
15/01/14

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DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:		PEOPLE DIRECTORATE BUDGET PROPOSALS AND LINKS TO THE PEOPLE TRANSFORMATION AND POTENTIAL FUTURE IMPROVEMENT		
DATE OF DECISION:		23 JANUARY 2014		
REPORT OF:		DIRECTOR OF QUALITY AND INTEGRATION		
CONTACT DETAILS				
AUTHOR:	**Name:**	**Stephanie Ramsey**	**Tel:**	**023 80296941**
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	E-mail:	**Alison.elliott@southampton.gov.uk**		

STATEMENT OF CONFIDENTIALITY
None

BRIEF SUMMARY

People Directorate transformation and wider commissioning changes will contribute significantly to the budget proposals. The redesign and shift to earlier intervention is intended to reduce or more effectively manage demand and release resources. Overall themes underlying the People Directorate Transformation support this transformation and include:

- meeting people's needs in a holistic way, putting them at the centre of their care
- making optimum use of the health and care resources available in the community, reducing duplication, doing things once wherever appropriate
- identifying need and intervening earlier in order to secure better outcomes by providing more coordinated, proactive services
- providing people with the right care, in the right place at the right time, reducing unnecessary pressure on “acute” services

These approaches release resources and use those available more effectively. This is shown within the children’s services transformation which is improving the outcomes of our children and transforming our services to ensure that we have a stronger focus on Early Help with clearer pathways that allow families to access services earlier, Redesign of adult social care will improve services to so that we can help people to remain independent for longer and to delay access to long term care. The aim is to achieve immediate resolution for customers at the first point of access. This links into the citywide, cross organisational approach proposed in developing the integrated approaches within the Better Care Fund (previously Integration Transformation Fund) work.

This, along with other system redesign, is being facilitated by the Integrated Commissioning Unit (ICU). The ICU between the Clinical Commissioning Group and the People Directorate is a significant opportunity to improve services and outcomes for Southampton residents through system redesign, ensuring high quality provision and managing contracts and providers effectively. Elements of the People Directorate proposals are based on more efficient integrated commissioning.

The intention is also to build on the transfer of the public health function to help people lead healthier lifestyles so that they are less dependent on council and health services.

RECOMMENDATION:

(i) To note the potential outcomes of the People Directorate transformation on budget proposals

REASON FOR REPORT RECOMMENDATIONS

1. This report provides an explanation of how the People Directorate budget proposals link to the People transformation and potential future improvements.

2. The proposals are based on review of national best practice, areas where the council does not benchmark well against other similar authorities in outcomes and spend as well as priorities within the Health and Wellbeing Strategy.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. N/A

DETAIL (Including consultation carried out)

4. **Childrens transformation**

The clear vision for social care is a relentless attention to improving the outcomes of our children and transforming our services to ensure that we have a stronger focus on Early Help with clearer pathways that allow families to access services earlier, whilst also ensuring the pursuit of timely permanency for all of our looked after children through a diverse range of routes. The vision for the transformation is

"*An Early Intervention City with a multi-agency integrated service provision that works to ensure children's needs are met at the earliest stage.*

Where possible, and children's welfare is assured, these needs will be met within their family and community resources. "

5. The proposed approaches to achieve this include, through close work with schools and health partners, expanding the current good services provided to provide a 0 – 25 multi-agency service for children and young people with disabilities. In addition developing the integrated Common Assessment Framework with the Families Matter project and creating a Multi-Agency Safeguarding Hub (MASH)

6. The focus of Children's social care, initially, is to reduce the overspend not make savings. The intention is to significantly improve outcomes for children and young people, especially where Southampton does not benchmark well with other comparator authorities. For example:

7.

26% more (than statistical neighbours) hospital admissions for deliberate or accidental injury and significantly higher admissions for alcohol and substance misuse for young people.	Teenage pregnancy rates are 17% higher than statistical neighbours and rank Southampton 142/152 LA's
Total absence from school – 5.9% (England 5.1%) giving the city a rank of 147/152	Demand for Social Care Services across the spectrum is disproportionate (usually to about 30% higher) to our statistical neighbours

8. **Adult's Transformation**

Adult Services transformation is focused on immediate resolution for customers at the first point of access, improving the service for customers who currently experience long waits and multiple assessments. All service users who are eligible for services will be offered a reablement service to maximise their independence. Evidence indicates that of those who receive a maximum 6 week reablement service 60% will not require ongoing services for up to 2 years. This is the target for the Southampton service.

9. Those people who do require ongoing care will be supported by 2 long term teams to ensure they can maximise their independence and have choice and control over the interventions to support them. A Safeguarding Team will be established to ensure consistent, high quality practice in the prevention, detection and support to vulnerable adults at risk of or subject to abuse. Public Health colleagues are focusing on developing preventative services that will reduce the reliance on social care services.

10. The adult transformation is to improve processes as currently clients undergo repeated assessments, there are lots of teams and 'hand on' issues for users. Too much time is spent recording rather than direct contact with clients and finance processes are inefficient. Too few people have a reablement opportunity and so move into residential and nursing care straight from hospital. Transformation will improve these issues, improve outcomes and reduce cost. This approach is based on best practice evidence from across the country

11. The transformation will impact on key measures within the Adult Social Care Outcomes Framework including:

- Permanent admissions of older people aged 65 and over to residential and nursing care homes per 100,000 population where Southampton's performance is poor.
- Delayed transfers of care from hospital per 100,000 population (average per month)

- Social care-related quality of life - Southampton is 107th out of 149 Local authorities (LAs) and in the 4th quartile. The SE regional average is 19.0. Southampton's Comparator average is 18.9

12. As well as maintaining outcomes which are progressing well such as:

- Proportion of older people aged 65 and over who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services
- Carer-reported quality of life, Southampton is 21st out of 152 LAs.

13. **Expected outcomes**

Reablement is a term which describes the practical support that assists people in relearning skills or developing capabilities to overcome loss experienced from a change in life circumstances such as health deterioration. At the heart of the Adult Transformation programme is the intention to provide reablement opportunities to all where appropriate. Currently the 'pathway' of care that adults who come to the Council for social care experience is overly bureaucratic. This inadvertently encourages dependence and a lack of control and focuses on people in crisis rather than those where reablement support could reduce ongoing need. This is because a number of teams might become involved and people wait for appropriate involvement even if the potential solution to their needs is straightforward. There is an increasing body of evidence that reablement can generate real and lasting benefits for users, including:

- improving quality of life and regaining or increasing confidence
- keeping and regaining skills, especially those enabling people to live independently. In the post reablement phase, service users report fewer problems with mobility, self-care, usual activities, pain/discomfort, anxiety/ depression
- increasing people's choice and autonomy
- enabling people to be able to continue living at home and reducing the need for ongoing care and support.

14. Furthermore it is also recognised that, by making reablement more generally available at the right time, an increased number of people will achieve an outcome that reduces their care needs. If this is also provided to people in a more effective way and within a culture of promoting independence it is expected that £697,000 will be saved over a full year. (*H&AS 1 Improve outcomes from reablement services so fewer people need care packages and for those where ongoing care is required they have reduced support needs*) This saving will be partly achieved by a more focused approach with customers where the criteria for reablement involvement would make them currently eligible and partly by offering reablement to a greater number of people in total.

15. It is the intention that more information will be available to people at the 'front door' or in the public domain in order to inform greater self- management. To support this people who come for advice will be followed up with a letter or call to check that their issue is resolved or to prompt solutions so preventing or delaying people from deteriorating. It is expected that proactive assistance of this sort for 600 people which results in a delay in developing care needs of three to six months will save £337,000 in a full year. (*H&AS 2 Proactively assisting up to 600 people to access low level services to delay access to long term care by between 3 to 6 months)*

16. The adult transformation is an integral part of the citywide Better Care Fund developments to achieve a system of integrated care which is rooted in neighbourhoods and focussed on identifying need earlier, intervening earlier and empowering people to make their own decisions, maintain their independence and make their own life choices. This model is based upon local coordinated care, responsive discharge and reablement to support timely discharge and recovery and building capacity of local communities and services as well as of individuals, their carers and families. This work with health organisations, housing, voluntary sector, communities and people will support the achievement of the outcomes outlined above.

17. **Commissioning led transformation**

For people to stay at home, and to benefit from reablement, they may need some element of home care. This is why domiciliary care is being retendered (H&AS4) across all care groups. This will allow an increased focus on improving quality and reducing/delaying future long term care needs of clients

18. Snapshot data provided in July 2013 identifies that the domiciliary care market within Southampton currently provides care for approximately 1,810 people in any given week (1,750 SCC and 60 SCCCG). It accounts for a £20M spend (£15M SCC and £5M SCCCG). There are currently up to 75 providers (65 spot purchased and 10 framework providers contracted) working in the city and delivering care packages on behalf of SCC and the Clinical Commissioning group (CCG). The Integrated Commissioning Unit's (ICU's) commissioning intention is to purchase domiciliary care via a new framework agreement or via personal budgets. Currently there is a significant variation within the type and quality of care provided and in the rates charged. The aim of the tender is to significantly improve the quality within domiciliary care services and to ensure services are able to respond to changing needs and demands. This will reduce the current 'spot' purchased arrangements that currently exist within the city across both SCC and health and the complexity of monitoring such a range of provision.

19. The specification to be used in the procurement is intended to drive quality and consistency. This, supported by key performance indicators (KPIs) with a direct read across into the contract terms and conditions, will provide clarity for providers and a strong framework for effective implementation. For example, minute by minute calls are highlighted as an area that will need to cease; this will be reflected in the specification by introducing flexible weekly care plans that are agreed and implemented by the user and provider.

20. This saving will be achieved through two main strands. The average price paid for Domiciliary care across all client groups will be reduced as a result of the new framework and negotiations with providers. Also the new framework will include an expectation that the long term care providers build in an element of reablement within the care they provide so as to delay existing clients needs from increasing and requiring more intensive support. Through more efficient and effective commissioning and improved clarity with providers there will be improved outcomes for clients and savings released through this tender.

21. **Personalised approaches and best value**

Proposal is to undertake a review of all current residential and nursing packages (H&AS5) using the Care Funding Calculator which is a national tool which aims to help providers and commissioners achieve a better understanding of the market and assess fair prices for residential care and supported living arrangements for service users based on the specific needs of individuals. It provides a more thorough awareness of how much time and resources are used for each person and helps with detailed and personalised care planning. It will also include better commissioning of placements that are required to be above standard cost to ensure best value and improved support in residential settings to maintain clients' independence and reduce the need for nursing care.

22. Reviewing of placements for clients with an Acquired Brain Injury (ABI) or those with a Learning Disability to ensure appropriateness of current accommodation (H&AS 6) is another approach to achieving a more personalised approach at better value. To move "out of area" clients back into the city where appropriate to improve usage of local resources and to increase use of supported living. The Department of Health (2007) highlights services commissioned for adults with complex needs should be based on local individualised support solutions which provide a good quality of life. The failure to develop appropriate services has led to an increase in the use of placements which are expensive, away from the person's home, and not necessarily of good quality.

23. Approximately 200 clients with learning disabilities in Southampton already have their own tenancies. Feedback illustrates that outcomes for these clients are positive, and there is an accepted need to ensure greater independence for more people, by enabling more clients to reside in supported living. Initial work has identified 41 individuals with a learning disability who could maybe benefit from their service being reprovided.

24. **Public health**

The public health grant will be uplifted from £14.3m to £15.1m in 2014/5. The current grant-funded public health programmes are being re-designed and re-commissioned over a three year period to ensure effective, high value for-money interventions are in place and that progress is accelerated to improve health outcomes. As part of this remodelling, the grant will be used to sustain key environmental health interventions such as air quality and pest control, promote and develop sports and physical activity across the city, and to increase prevention and earlier intervention in early years, so as to improve outcomes for children and young people and reduce health inequalities.

25. Amongst the services that will be re-designed and re-commissioned (H&AS11) over the three year period are alcohol, substance misuse, sexual health, school nursing and health promotion. The proposal is also to potentially refocus the use of public health monies to release funds elsewhere. Expected outcomes include all local schools and colleges having access to school nurse expertise and support. Residents with young families will benefit from an increased focus on prevention and early engagement in achieving and maintaining positive health and wellbeing.

26. Detailed work has already been undertaken to review substance misuse (H&AS10) services within the city and to bring together a range of separate contracts for both alcohol and drug treatment and for adults and children. A new model for substance misuse treatment will combine services with a single point of entry, for each age group, in to treatment. They will offer assessment and where appropriate, information, advice and brief interventions in order to provide early support to those seeking treatment for problems with substance misuse. The third service will be the Delivery of Drug and Alcohol Treatment and Recovery service with one lead provider, providing, sourcing and co-ordinating a suite of holistic interventions with the objective of enabling service users to become abstinent from their substance misuse issues.

27. A full service review of drug treatment services was undertaken in 2011/12 to inform future commissioning intentions. This highlighted a number of performance issues in relation to the services currently being commissioned which were impacting on our performance against national targets. Linking the commissioning of adults and children's services and drug and alcohol services enables economies of scale including reduction of staffing within the Drug Action Team. Improved support reduces need for substance misuse packages. The revised service will be out to tender shortly.

RESOURCE IMPLICATIONS

Capital/Revenue

28. The overall proposed savings will be £6,811,000 in 2014/15

Property/Other

29. N/A

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

30. S.101 Local Government Act 1972 and S.1 Localism Act 2011. Any procurements will be in accordance with the authority's Contract Procedure and Financial Procedure Rules, The Public Contracts Regulations 2006 and the EU Procurement Directives 2006, The Council is working to implement The Social Value Act into procurement. Officers are seeking to develop opportunities of applying the principles against any procurement.

Other Legal Implications:

31. None

POLICY FRAMEWORK IMPLICATIONS

32. The proposals in this report are wholly in accordance with the Council's budget and policy framework.

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	None directly as a result of this report

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 – all proposals have an impact assessment

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	

DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:		INTEGRATED COMMISSIONING AND QUALITY		
DATE OF DECISION:		23 JANUARY 2014		
REPORT OF:		DIRECTOR OF QUALITY AND INTEGRATION		
CONTACT DETAILS				
AUTHOR:	**Name:**	**Stephanie Ramsey**	**Tel:**	**023 80 296941**
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Director	**Name:**	**Alison Elliott, Director of People, SCC** **John Richards, Chief Executive, CCG**	**Tel:**	**023 80832602** **02380296923**
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STATEMENT OF CONFIDENTIALITY
None

BRIEF SUMMARY

This report provides an update on the progress of the Integrated Commissioning Unit in achieving the agreed work programme and performance and finance outcomes. This focuses on the system redesign elements of the ICU to achieve the commissioning priorities for system transformation. Assessing need, undertaking consultation with stakeholders, redesigning services and pathways, developing and monitoring specifications. In addition to the Provider relationships focus which implements a much more proactive approach to development and management of providers, build on community assets, work with other commissioners and ensures strong contract management

The report also provides HOSP, by exception, with the key quality of care issues for the main provider organisations in Southampton along with actions being taken to improve the issues identified.

RECOMMENDATIONS:

(i) To consider the progress of the Integrated Commissioning Unit in achieving work programme, performance and finance outcomes

(ii) To recommend future requirements for the Performance and Quality report .

REASONS FOR REPORT RECOMMENDATIONS

1. Overview and Scrutiny Management Committee on 10th October 2013 requested that the Health Overview and Scrutiny Panel monitors progress of the ICU and how the Council and CCG are maximising opportunities to pool budgets.

2. The ICU is being developed and allows for an integrated approach to performance and quality monitoring

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. None.

DETAIL (Including consultation carried out)

Integrated Commissioning Unit Performance

4. **Performance**

The System redesign workstreams in the ICU are based on the outcomes in the Health and Wellbeing Strategy and are:

- Promoting Prevention and Positive Lives – to enable more people to live healthier, more active and fulfilling lives and a focus on protecting the vulnerable
- Supporting families – to support families to take responsibility for their own outcomes, refocusing investment towards those most in need and early targeted intervention
- Integrated Care for Vulnerable People – to prevent or intervene early to avoid, reduce or delay the use of costly specialist services whilst promoting independence, choice and control in the community through integrated risk profiling and person centred planning process and commissioning to achieve the integration of provision

5. Projects and performance measures have been defined under each of the above workstreams. These are outlined in Appendix 1 along with update on progress.

6. Key areas of activity include development of the Better Care local plan and tenders for substance misuse, Carers, Short breaks and domiciliary care. Children's Services transformation activity includes the development of the Early Help models, a primary prevention strategy to support the model and Headstart big lottery project. Work is also progressing on Public Health service redesign, in particular Sexual health strategy and school nursing review. Key developments in the last month have included conclusion of the Wheelchair Tender, the new provider will be announced shortly and conclusion of Improving Access to Psychological Therapies (IAPT) tender which was awarded to Dorset.

7. The majority of projects are on target. A number of potential risks have been flagged some of which relate to capacity within the team whilst structures are still being recruited to. Other issues include the projected overspend on the Joint Equipment Store for which a recovery plan is being implemented. The quality of the service has been high with rapid access to equipment maintained. In terms of CCG QIPP, all projects are delivering savings although it should be noted that the targets have not been profiled to reflect seasonality and so the position is potentially more positive now than it will be at year end. At this point in the year, however, significant savings have been achieved in the reduction of ACS non elective admissions, and although the EOL and COPD projects are significantly under plan, savings have still been made.

8. **Quality**

The ICU is developing an overarching quality reporting framework. Progress against all actions will be reviewed at the regular Clinical Quality Review Meetings (CQRM) with the relevant provider.

9. An element of this exception report will be to provide the latest assessment against NHS England CCG Assurance Framework 2013/14.

10. Appendix 2 contains the latest self-assessment against the quality section of the NHS England CCG Assurance Framework 2013/14 outlining Southampton City CCG position for November 2013. The framework assesses provider and CCG performance and is it noted that currently Southampton City CCG is reported as Amber/Green. For those areas which the CCG is unable to respond positively action plans are in place – these include MRSA reduction, eliminating mixed sex accommodation and Serious Incidents Requiring Investigation (SIRI) management at SCCCG level.

11. **Current performance issues**

Healthcare Acquired Infections - No new MRSA cases have been identified and the number of Clostridium difficile cases seems to be stabilising in primary care however UHSFT experienced 4 in November

12. **MRSA bacteraemia and Clostridium difficile infection 2013/14**

	April	May	June	July	August	September	October	November	December	January	February	March	YTD
MRSA bacteraemia													
Maximum Number of Cases	0	0	0	0	0	0	0	0	0	0	0	0	0
Attributed to the CCG	1	0	0	1	0	1	0	0					3
Attributed to a Provider	1	0	0	0	0	1	0	0					2
Clostridium difficile													
Maximum Number of Cases	5	5	4	4	4	5	5	6	6	6	6	6	62
Attributed to the CCG	7	5	5	8	5	4	5	5					44
ovider													13

Notes: April and September 2013 MRSA relates to cases at UHSFT, the July case relates to a renal patient
All C. difficile attributed to a provider relate to cases at UHSFT
September 2013 MRSA relates to a contaminant at UHSFT
Year end position for C.difficile is becoming more challenging with less than 5 each month for the remaining 4 months required to bring us in on target

13. On the 1st August 2013, CQC visited Antelope House and identified that Southern Health were failing to meet the physical health needs of patients with mental health problems and not meeting all requirements for medicines management. The provider had provided an action plan from the first visit which included assurances that “all compliance actions would be met” by the 31st October 2013. At a subsequent visit by CQC on the 2nd of December care plans for peoples physical health needs, continued to fall short of the relevant requirements. . This has led to a Warning Notice being served to Southern Health by CQC on 24th December. Quality Team will be undertaking an unannounced visit to Antelope House during January 2014.

14. CQC undertook an unannounced visit on Thursday 14th November visit of Southampton Treatment Centre The full report following was noted by CQRM in December. It outlined that all 5 standards assessed had been met and patients spoken to were very complimentary towards all staff and also the services offered.

15. Eliminating mixed sex accommodation – UHFT have had no further breaches since September. UHSFT have commenced to review the current method of recording breaches as there have been some concerns that breaches may be over reported. Work is also underway to understand the root causes of the non-clinically justified breaches. Support has been offered to UHSFT by the Associate Director of Quality to work together to maintain no mixed sex accommodation.

16. Nursing homes – there continue to be concerns about a number of homes , including some of those with the highest number of beds, however three homes have now come off suspension, and are taking new residents. This is a slow process and has had only a limited impact on the overall pressure on the system in terms of the ability for patients from hospital and community settings to be placed in nursing homes when needed as the homes are still experiencing difficulties with recruiting qualified nurses. The focus on recruitment does appear to be starting to have impact. Additional support is ongoing from both SCC and health staff in monitoring and supporting these homes to drive up the quality of care provision.

17. The actions outlined at HOSP in November 2013 continue, these include

- Regular visits to and meetings with providers who are currently suspended to monitor action plans and drive up standards
- Contract and quality assurance monitoring undertaken by the Quality Assurance Team within SCC.
- The Continuing Healthcare team provide one to one support with individual clients, training and support to nursing homes on the provision of aspects of nursing care and monthly meetings with the managers of the Nursing Homes to provide clinical managerial support and information about the continuing healthcare process.
- A leadership scheme, facilitated by Health Education Wessex, has commenced to provide nursing home registered managers with leadership training.

- Safeguarding in provider services team are providing health and social care support to nursing homes monitoring visits and training for staff to support driving up standards
- SCC and SCCCG are working with the Care Quality Commission to ensure that where possible intelligence on these homes is being shared appropriately so the relevant agency can take appropriate action in conjunction with partners.

18. Residential Homes – the ICU have been working closely with G&A Homes in Southampton following poor CQC inspection reports and poor reports following SCC quality assurance visits. The situation is on-going, as the owners are failing to meet the CQC requirements which could result in further enforcement action being taken. SCC have regular meetings with managers of each home in Southampton to support their development, and to provide support in resolving issues within their controls

RESOURCE IMPLICATIONS

Capital/Revenue

19. None

Property/Other

20. None

LEGAL IMPLICATIONS

21. A Memorandum of Agreement will be in place between the CCG and SCC outlining key principles covering financial, personnel, accountability, approaches with disagreements and evaluation/outcome measures. Staff will be covered within Section 113 (Pursuant to Section 113 (1A)(b) Local Government Act 1972) agreements.

22. The Health and Social Care Act 2012 places a requirement on the NHS Commissioning Board, Clinical Commissioning Groups, Health and Wellbeing Boards and Monitor to encourage integrated working at all levels. The Act encourages local government and the NHS to take much greater advantage of existing opportunities for pooled budgets, including commissioning budgets and integrating provision.

Other Legal Implications:

23. None

POLICY FRAMEWORK IMPLICATIONS

24 The work priorities for the unit are informed by the Joint Strategic Needs assessment and align to the Health and Wellbeing Strategy. The work of the unit will contribute significantly to the achievement of outcomes outlined in the Health and Wellbeing strategy and City Council Plan as well as the CCG Strategic Plan

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	All

SUPPORTING DOCUMENTATION

Appendices

1.	Integrated Commissioning Unit Performance Update
2.	NHS England CCG Assurance Framework 2013/14 – Southampton City CCG

Documents In Members' Rooms

1.	None

Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	No – assessments will be undertaken with each piece of commissioning work

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	

NHS
Southampton City Clinical Commissioning Group

Are local people getting good quality care?	Assessment for		Nov-13		
Providers:	**UHSFT**	**Solent**	**SHFT**	**SCAS**	**STC**
Has local provider been subject to enforcement action by the CQC?	No	No	Yes [1]	No	No
Has local provider been flagged as as a 'quality compliance risk' by Monitor and/or are requirements in place around breaches of provider licence conditions?	N	N/A	No	No	N/A
Has local provider been been subject to enforcement action by the NHS TDA based on 'quality' risk?	N/A	No	N/A	N/A	N/A
Does feedback from the Friends and Family test (or any other patient feedback) indicate any causes for concern?	No	No	No	No	No
Has the provider been identified as a 'negative outlier' on SHMI or HSMR?	No	No	No	No	No
Do provider level indicators from the National Quality Dashboard show that:					
MRSA cases are above zero	Yes	No	No	No	No
the provider has reported more C difficile cases than trajectory	No	No	No	No	No
MSA breaches are above zero	Yes	No	No	N/A	No
Does the provider currently have any unclosed Serious Untoward Incidents (SUIs)?	Yes	Yes	Yes	Yes	No
Has the provider experienced any 'Never Events' during the last quarter?	No	No	No	No	No

CCG:	
Clinical Governance	
Does the CCG have any outstanding conditions of authorisation in place on clinical governance?	No
Has the CCG self-assessed and identified any risks associated with the following:	
Concerns around quality issues being discussed regulary by the CCG governing body	No
Concerns around the arrangements in place to proactively identify early warnings of failing services	No
Concerns around the arrangements in place to deal with and learn from serious untoward incidents and never events	No
Concerns around being an active participant in its Quality Surveillance Group	No
EPRR	
If there was an emergency event in the last quarter, has the CCG self-assessed and identified any areas of concern on the arrangements in	No
Winterbourne View	
Has the CCG self-assessed and identifed any risk to progess against its Winterbourne View action plan	No

Overall RAG rating by Month			
Apr-13	**Amber / Green**	**Oct-13**	**Amber / Green**
May-13	**Amber / Green**	**Nov-13**	**Amber / Green**
Jun-13	**Amber / Green**	**Dec-13**	
Jul-13	**Amber / Green**	**Jan-14**	
Aug-13	**Amber / Green**	**Feb-14**	
Sep-13	**Amber / Green**	**Mar-14**	

Key to RAG rating

Green - all 'NO' responses

Amber/Green – One or more 'YES' responses but action plan in place that successfully mitigates patient risk

Amber-Red – One or more 'YES' responses and no action plan in place / plan does not successfully mitigate patient risk

Red – Enforcement action is being undertaken by the CQC, Monitor or TDA and the CCG is not engaged in proportionate action planning to address patient risk

1. SHFT is subject to enforcement action by the CQC in relation to services in Oxfordshire. This is also subject to a NHS Risk Summit held on the 8th January 2014. (please note as this is November 2013 template it does not include the issues identified by the CQC in December 2013 at Antelope House in Southampton)

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Integrated Commissioning Team: Monthly Dashboard

Month: Nov-13

1. Workstream headline messages

Matching process for ICU now completed. ICU launched 6 December. Memorandum of Understanding in place and S113 for all staff being compiled by legal teams. Senior management posts currently being recruited to.

2. High Level Milestones not achieved

Project/Programme	Milestone	Planned Date	Revised Date	Actual Date	Narrative and remedial action
Integrated Care for Vulnerable People					
Domiciliary care tender	Specification agreed	Jul-13	Dec-13	Dec-13	Detailed review of specification and pricing model has resulted in slippage. Will impact on start date for new service which was June and is now scheduled for
Positive Lives / Prevention					
Integrated Substance misuse service tender	Issue Invitation to Tender	Jul-13	Nov-13	Dec-13	Ongoing issue regarding legal advice around interviewing at ITT still unresolved and holding up ITT being issued. Revised start date of April 14 now likely to slip
Heart failure service review	Review current service provision	Nov-13	Jan-14		Commissioner capacity to take this forward ,impacting on CCG QIPP projects. Further complication has arisen regarding where commissioning responsibility for
Day Care and Residential reviews	Commencement reviews	TBC	TBC		To be picked up as priority in New year
Buyers team	Team in place	Dec-13	Feb-14		3 out of 5 posts vacant and team manager post still vacant. Interim project support to ICU commenced Dec 2013 and will prioritise development of buyers
Supporting Families					
Re-commissioning of integrated domestic violence services	Commissioning Strategy developed	Jul-13	Jan-14		Work commenced to define future service model and commissioning strategy. Lead identified in ICU to take this forward

3. Potential Risks/Issues to achieving project/programme delivery

Project/Programme	Risk / Issue	Responsible	Date Raised	Status	Unblocking action required
Buyers Team	Children's Services staff have now left leaving no dedicated staff to pick up work in children's services - potential impact on	Donna Chapman	Aug-13	A	Some interim support has now been identified from within the ICU. Will aim to fast track appointments to
Positive Lives / Prevention					
Diabetes	Lack of adequate provision for Type 1 patients	Donna Chapman	Jul-13	A	Service under review. Revised specification being negotiated in year with UHS with robust improvement plan
COPD Integrated Service	Savings target unrealistic	Donna Chapman	Jul-13	R	Savings target cannot be changed
Integrated Substance Misuse Services	Delay in ITT due to SCC Legal stating interviews cannot part of ITT process. Risk of delay to 1 April start date	Carole Binns	Aug-13	A	Decision taken to go to ITT without interviews to prevent further delay. Existing contracts to be extended to
Supporting Families					
Re-commissioning of integrated domestic violence services	Delay in handover of DV work has resulted in delay in development of future service model, putting pressure on	D. Chapman	Aug-13	A	LV now working on development of service model. Task and finish group established to map needs and
Integrated Care for Vulnerable People					
JES	financial cost pressure due to levels of demand being higher than baseline provided by previous provider	Donna Chapman	Sep-13	A	development of a recovery plan to bring back within balance by year end. Indicative budgets have been issued
CYPDS - publication of local offer	project capacity to collate information and publish local offer by April 2014	Donna Chapman	Sep-13	A	KL commenced scoping exercise. Temporary project support to ICU will also be supporting this work from
IPCC locality implementation	GP practices raised issue of the scale of the cultural and organisational change and the capacity to manage this	Stephanie Ramsey	Jul-13	A	The commissioning team is in ongoing discussions around what additional support can be offered.
LD Remodel & retender residential provision	Lack of access to housing and new capital to develop appropriate housing	Stephanie Ramsey	Aug-13	A	Phasing and prioritisation for longer term being mapped
Day Care and Residential Review	Scale of work and capacity within team	Stephanie Ramsey	Aug-13	R	Commissioning lead to be identified in New Year once vacant posts appointed to in ICU.
Integrated Transformation Fund/Better Care Fund	Scale of work and tight timeframes	Stephanie Ramsey	Aug-13	A	Work being prioritised

4. Key Performance Indicators below target/previous year

Period	Measure	Indicator	Actual	YTD 12/13	+ / -	YTD	Variance Target
Positive Lives / Prevention							
M7	Rate	Local Chlamydia diagnostic rate in young people (15-24) per 100,000	1813	1303	510.0	1969	-156.0
Q2	%	NHS Health Check Invitations as % of annual eligible population (cumulative)	45%			50%	-5%
Supporting Families							
Q1	Number	Number of families turned around by Families Matter	45	Annual Target - 593			
Q2	%	% new births registered with Sure Start in previous quarter	69.8%	82.8%	-13.0%	75.0%	-5.2%
M7	Number	No. of unplanned asthma, diabetes and epilepsy under 19s (cumulative)	120	115	5	106	14
Integrated Care for Vulnerable People							
M8	Number	Electronic Palliative Care Co-ordination System (EPACCS) in GP practices	3	25 (70% by year end)			
M7	Number	Delayed transfers of care from hospital per 100,000 population	27.6	11.8	15.8	9.4	18.2
M8	%	DOM clients using non framework providers	38.2%	33.6%	4.6%	25.0%	13.2%

5. Financial Performance by Project

Programme	Period	13/14 Target	YTD Target	Actual Savings	+/- Target	Comments
SCC Savings	M7	-£3,588,000	-£2,093,000	-£2,093,000	£0	
Integrated Care for Vulnerable People						
ACS Conditions: NEL*	M7	-£27,827	-£16,232	-£220,062	-£203,830	
End of Life Care: NEL*	M7	-£26,643	-£15,542	-£12,832	£2,710	Savings of £13k achieved but below plan
Positive Lives / Prevention						
COPD: NEL and XBDs	M7	-£309,984	-£180,824	-£87,412	£93,412	£87k savings achieved but below plan
Supporting Families						
Outpatients: Paed Medicine (420)	M7	-£18,255	-£10,649	-£8,599	£2,050	
NEL: Paed Medicine (420)*	M7	-£44,725	-£26,090	-£42,666	-£16,576	Target based on equal 12ths not take into account seasonality

* Variance (savings) based on 30% MRET Tariff

6. Project/Programme Portfolio

Project/Programme	Lead	RAG:	RAG:	Comments	Date Updated
Positive Lives and Prevention					
1. Diabetes Service Redesign (CCG Delivery Board)	GC with RN	G	G	Commissioning intentions developed by PC localities. Service specifications for 13/14 discussed with Solent and UHS - significant refinement to UHS spec with improvement plan and clearer KPIs. Intention will	Dec-13
2. Heart failure services review (CCG Delivery Board)	JA	G	A	Review current service provision with stakeholder engagement - due to start Dec 13. Scoping work commenced. Checking Commissioning responsibility with NHS England Specialist Services.	Dec-13
3. COPD Integrated Service (CCG Delivery Board)	JA	G	G	Service specification updated and discussed with providers - pending agreement of KPIs through contracting process. Review of model planned for early 14/15	Dec-13
4. Sexual Health Services review	PH/PL/DC	G	G	Review commenced - needs assessment in progress; Workshop delivered in Dec-13. Strategy planned for Apr-14. Plan to tender late 2014 to align with Hants. New service Apr 16	Dec-13
5. Teenage pregnancy strategy refresh	TD	A	G	Delay - Commissioner capacity but post now appointed to - will be picked up as part of Sexual Health review	Dec-13
6. Integrated Substance misuse service tender	JH/PL/BC/CB	A	A	PQQ Evaluated and bidders selected for ITT stage. Aim to go out to ITT week commencing 16/12 and new service start Jul-14	Dec-13
7. IAPT retender	CB	G	G	First draft contract to DHUFT w/e 13/12/13	Dec-13
8. Health Promotion Service Review	JD/NK	G	G	Review commenced; plan to tender for new contract April 15	Dec-13
9. HeadStart programme	TD	G	G	HeadStart Stage One application on track	Dec-13
Supporting Families					
1. School Nursing Commissioning Review	PL/MC	G	G	Draft Needs Assessment and Benchmarking exercise complete. Workshop held with school nurses. Draft commissioning intentions written - awaiting feedback. Service specification to be completed by end	Dec-13
2. 0-5 year old commissioning and early help service	DC with ST	G	G	Remit now extended to write 0-19 primary prevention Strategy to underpin children's transformation work - due to go out to consultation in January. Good progress on development of early help model for	Dec-13
3. Integrated domestic violence services	LV with LH	A	A	Work now commenced on developing service model but unlikely to be completed in time to commence tender for a 1 April start date	Dec-13
4. Prevention and targeted early help - 5-19 year olds	DC with LH	A	G	5-19 Early help model agreed, with FM included.	Dec-13
5. Carers strategy refreshed	SJ	G	G	PQQ completed and on target. ITT commenced on 13/12. The aim was October but we are still on target for award on time and start of contract in April	Dec-13
6. Joint short break tender	MH	G	G	ITT currently out for contract B, C and D. Contract A ITT delayed but due for issues by mid-Dec.Review commenced of Kentish Road provision - due November 14.	Dec-13
7. EY provision	ST	G	G	Numerical target exceeded for Sept 2013. Monitor demand/supply as parents/carers request places.	Dec-13
8. Child Exploitation	KA	G	G	Southampton City Council is leading on a joint commissioning approach with Portsmouth to replace current contract - Target commecement July 2014	Dec-13
Integrated Care for Vulnerable People					

Agenda Item 17

Appendix 2

1. MH redesign (CAMHS and AMH)	CB	G	G	Agreement to proceed and look at 4 work areas- Primary care, employment and community integration, supported accommodation, inpatient rehab	Nov-13
2. Implementation Dementia Strategy	CB/AL	G	G	All Practices (with exception of Adelaide) have signed up for the DES, GP tutorial, information resource, education delivered. Community development is being progressed.	Dec-13
3. LD Complex Needs Housing Business Case (CCG Delivery Board)	AL	A	G	Business case approved by CCG and SCC Cabinet. Project Team to be formed. Section 256 to transfer funding from CCG to SCC being drafted. Procurement process to appoint housing partner to be taken	Dec-13
4. SCC In-house LD respite review (short breaks)	LL	G	G	Service review in progress	Dec-13
5. IPCC - locality implementation	AL	A	G	Demonstrator site project team identified 50 individuals as needing interventions. Evaluation model developed, application to Regional Innovation Fund made to fund evaluation worker. Nicholstown	Dec-13
6. End of life: Delivery of EOL Strategy	CD	G	G	3 practices now live with EPACCS. QIS developed to roll out EPACCS across Southampton, approved at SMT, presenting to Board on 27th Nov for approval and sign off. Board approval 27/11/13, invitation to	Dec-13
7. Telecare/Telehealth strategy	SJ	A	A	Strategy produced. baseline data – some slippage, business case ready for Jan.	Dec-13
8. Person centred care/self management	SJ	G	G	Commissioning Framework complete. CQUIN in place and being monitored. Discussions underway regards a LTC strategy	Dec-13
9. Personalisation	SJ	G	G	Strategy – written, intial approval, minor amendments needed and to progress to CEG.	Dec-13
10. Falls redesign	AL	G	G	Clincial group formed involving UHS, Solent, Southern, SCC Social Care & Housing, Public Health and Age UK. Information being mapped to develop Fracture Liaison Service buiness case with exercise	Dec-13
11. Integration Transformation Fund (including review of reablement provision)	JS/DC	G	G	Review of existing Social Care Transfer/Reablement funded provision completed. Proposals for ITF underway for HWB in January prior to national submission mid Feb 14. Two stakeholder workshops held to	Dec-13
12. Advocacy reviewed and retendered	KD	G	G		Nov-13
13. Review and re-commission DV refuges	MW	G	G	Strategic Review in place. Decisions needed on prioritising procurement process, and ensuring the right strategic links are in place across all spend areas.	Dec-13
14. Review and re-commission Young People and Teenage Parent accommodation and support services	MW	G	G	Strategic review being undertaken. Good involvement of stakeholders, providers and young people.	Dec-13
15. Domiciliary Care Tender	KD	A	A	Slippage on going out to tender. Specification and packaging of procurement under review and due to complete December 14. Contract start date now August 2014	Nov-13
16. Recommissioning sheltered housing	MW/LS	A	A	Some slippage - draft strategy circulated and on track to be agreed by Apr 14. Options on extra care being developed	Dec-13
17. Day Care review	0	R	R	needs scoping	Dec-13
18. Residential review	0	R	R	needs scoping	Dec-13
19. Wheelchair re-tender	DC/RN	G	G	Millbrook Healthcare ranked highest overall following ITT and Provider Presentation and selected as Preferred Bidder. Ratification Report drafted and presented to all CCG Boards for approval. Contract Award	Dec-13
20. Remodel children's continence service	JB	G	G	Slippage but On track to deliver spec by Dec	Nov-13
21. Implementation new JES	MW	G	G	New service went live 1 July. Service working through backlog of work. Cost pressure as number of requests and next day deliveries much higher than baseline presented by previous provider. Recovery plan	Dec-13
22. Roll out of CYPDS - 0-25 EHC Plan, local offer, personalisation, integrated 0-25 provision (CCG Delivery	DC/JK	G	G	Workshops held in September, early October and 19 Nov on 0-25 service - now handed over to ICU to work up detailed model and spec; KA working on Pid for local offer. Significant work underway on personal	Dec-13
23. children's continuing care package redesign / South East collaborative tender for SEN and CLA (CCG	JB	G	A	children's Continuing Care packages - Agreed with Solent that 2 packages will transfer in October; Solent about to commence recruitment. Soolent have found int difficult to recruit transitions has been put back	Nov-13
24. Deliver CHC Programme Plan	CA	G	A	43% of annual reviews completed (aim is 80% by Mar 14. 50% of EMI post 3 month placement reviews only completed in last 3 months	Nov-13
25. Development of integrated buyers team	DC/JS	A	A	proposal agreed and part of ICU structure. However the 2 children services staff have since left leaving a significant gap in team capacity. Interim arrangements being put in place to pick up some of the urgent	Nov-13
26. Reviewing above standard cost placements	MW	A	A	PIDs being developed and scope of work being defined. Project to commence in December 2013 with letters to providers and reviews of cost commencing and being added to work already being undertaken	Dec-13
27. Transition	JS/JB	A	A	There has been some slippage on the project however a draft PID is now under development and we are developing an implementation plan that will be in place by the end of November.	Dec-13