

Public Document Pack

Overview and Scrutiny Management Committee

Thursday, 15th January, 2015
at 5.30 pm

Council Chamber - Civic Centre

This meeting is open to the public

Members

Councillor Moulton (Chair)
Councillor Hannides (Vice-Chair)
Councillor Coombs
Councillor Fitzhenry
Councillor Keogh
Councillor Morrell
Councillor Dr Paffey
Councillor Stevens
Councillor Thorpe
Councillor White

Appointed Members

Mrs U Topp, (Roman Catholic Church)
Rev. J Williams, The Church of England
(Portsmouth and Winchester Dioceses)
Vacancies

- Primary Parent Governor Representative;
and
- Secondary Parent Governor Representative

Contacts

Sharon Pearson
Democratic Support Officer
Tel. 023 8083 4597
Email: sharon.pearson@southampton.gov.uk

Suki Sitaram
Assistant Chief Executive
Tel: 023 8083 2060
Email: suki.sitaram@southampton.gov.uk

PUBLIC INFORMATION

Role of Overview and Scrutiny

Overview and Scrutiny includes the following three functions:

- Holding the Executive to account by questioning and evaluating the Executive's actions, both before and after decisions taken.
- Developing and reviewing Council policies, including the Policy Framework and Budget Strategy.
- Making reports and recommendations on any aspect of Council business and other matters that affect the City and its citizens.

Overview and Scrutiny can ask the Executive to reconsider a decision, but they do not have the power to change the decision themselves.

Overview and Scrutiny Management Committee

The Overview and Scrutiny Management Committee holds the Executive to account, exercises the call-in process, and sets and monitors standards for scrutiny. It formulates a programme of scrutiny inquiries and appoints Scrutiny Panels to undertake them. Members of the Executive cannot serve on this Committee.

Southampton City Council's Priorities:

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

Smoking Policy

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

Mobile Telephones:- Please switch your mobile telephones to silent whilst in the meeting

Use of Social Media:- If, in the Chair's opinion, a person filming or recording a meeting or taking photographs is interrupting proceedings or causing a disturbance, under the Council's Standing Orders the person can be ordered to stop their activity, or to leave the meeting

Fire Procedure

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

Access

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

Dates of Meetings: Municipal Year 2014/15

2014	2015
12 June	15 January
10 July	12 February
14 August	12 March
11 September	16 April
16 October	
13 November	
11 December	

CONDUCT OF MEETING

TERMS OF REFERENCE

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 – paragraph 5) of the Constitution.

RULES OF PROCEDURE

The meeting is governed by the Council Procedure Rules and the Overview and Scrutiny Procedure Rules as set out in Part 4 of the Constitution.

BUSINESS TO BE DISCUSSED

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

QUORUM

The minimum number of appointed Members required to be in attendance to hold the meeting is 4.

DISCLOSURE OF INTERESTS

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

DISCLOSABLE PECUNIARY INTERESTS

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

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

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

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

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

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

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

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

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

Other Interests

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

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

Any public authority or body exercising functions of a public nature

Any body directed to charitable purposes

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

Principles of Decision Making

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

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

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 online via the Council's Website

1 APOLOGIES AND CHANGES IN PANEL MEMBERSHIP (IF ANY)

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

2 DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS

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

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

3 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.

4 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.

5 STATEMENT FROM THE CHAIR

6 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)

(Pages 1 - 6)

To approve and sign as a correct record the Minutes of the meetings held on 4th December 2014 and 11th December 2014 and to deal with any matters arising, attached.

7 CALL IN OF EXECUTIVE DECISIONS:

- **CAB 14/15 13741 - FUTURE OF THE RESPITE SERVICE FOR ADULTS WITH LEARNING DISABILITIES**
- **CAB 14/15 13739 - FUTURE OF DAY SERVICES IN SOUTHAMPTON**

(Pages 7 - 50)

Report of the Assistant Chief Executive detailing the Call-In of Executive Decision CAB 14/15 13741 – Future of the Respite Service for Adults with Learning Disabilities and Executive Decision CAB 14/15 13739 – Future of Day Services in Southampton, attached.

8 FORWARD PLAN (Pages 51 - 84)

Report of the Assistant Chief Executive detailing the following items requested for discussion from the current Forward Plan, attached.

- Domiciliary Care Re-commissioning (Appendix 1 and 2)
- Implementing the Council Strategy – Transformation Programme Update (Appendix 3)

9 NORTHAM BRIDGE WORKS (Pages 85 - 92)

Report of the Assistant Chief Executive providing details of the Northam Bridge Works commencing on 6 January 2015, attached.

10 MONITORING SCRUTINY RECOMMENDATIONS TO THE EXECUTIVE
(Pages 93 - 100)

Report of the Assistant Chief Executive detailing the actions of the Executive and monitoring progress of the recommendations of the Committee, attached.

WEDNESDAY, 7 JANUARY 2015

HEAD OF LEGAL AND DEMOCRATIC
SERVICES

Agenda Item 6

To approve and sign as a correct record the Minutes of the meetings held on 4th December 2014 and 12th December 2014 and to deal with any matters arising, attached.

This page is intentionally left blank

SOUTHAMPTON CITY COUNCIL
OVERVIEW AND SCRUTINY MANAGEMENT COMMITTEE
MINUTES OF THE MEETING HELD ON 4 DECEMBER 2014

Present: Councillors Moulton (Chair), Coombs, Keogh, Morrell, Dr Paffey, Stevens and Thorpe

Apologies: Councillors Hannides (Vice Chair), Fitzhenry, Mrs U Topp and Revd. J Williams

Also in Attendance: Cabinet Member for Health and Adult Social Care
Leader of the Council

31. **CHILDREN AND FAMILIES SCRUTINY PANEL TERMS OF REFERENCE**

The Committee considered the report of the Assistant Chief Executive seeking approval of the terms of reference for the Children and Families Scrutiny Panel.

RESOLVED:-

- (i) that the terms of reference for the Children and Families Scrutiny Panel, attached as Appendix 1 to the report be approved; and
- (ii) that the amended terms of reference of the Health Overview and Scrutiny Panel, attached as Appendix 2 to the report be approved.

32. **FORWARD PLAN**

The Committee considered the report of the Assistant Chief Executive detailing the items requested for discussion from the current Forward Plan.

Mr Loynes (Spectrum SCIL), Mrs Isles, Mr Mar-Molinero, Mrs Mar-Molinero, Mr Strevens (Mencap), Ms Joyce (Choices Advocacy), Mr Searle (Parent Carer), Mr Smith, Mr Lockyer, (Members of the Public), Councillors Bogle, Parnell and White (Members of the Health Overview and Scrutiny Panel) were present and with the consent of the Chair addressed the Meeting.

A statement from Mr Amery, Chair of the St Denys Area Community Association (SDACA) was submitted to the meeting for consideration by the Committee.

RESOLVED that on consideration of the briefing papers relating to the “Future of Day Services in Southampton”, the “Future of the Respite Service for Adults with Learning Disabilities” and the “Future of Woodside Lodge Residential Care Home” the Committee recommended:-

- (i) the decisions on the “Future of Day Services in Southampton”, the “Future of the Respite Service for Adults with Learning Disabilities” and the “Future of Woodside Lodge Residential Care Home” be deferred until the assessment of the needs of all service users and carers had been completed;

- (ii) the financial details outlined in all three Cabinet Reports be reviewed for accuracy, prior to the Cabinet Meeting;
- (iii) a meeting be arranged by the Head of Adult Social Care with the Chair or nominated representative of St Denys Area Community Association (SDACA) to discuss the statement submitted by the Chair of SDACA, prior to the Cabinet Meeting;
- (iv) in order to reassure service users, information on the potential options and associated costs that could be purchased by service users through direct payments be presented at the Cabinet Meeting;
- (v) a summary of the Co-production Appendix detailed in the Members Room Documents be incorporated within the "Future of Day Services in Southampton" Cabinet Report;
- (vi) the Cabinet Member for Health and Adult Social Care be requested to provide the following information:-
 - the costs relating to the expansion of the Shared Lives Scheme; and
 - the available alternatives to the Shared Lives Scheme and associated costs;
- (vii) the Clinical Commissioning Group (CCG) and the NHS Provider Services be requested to circulate their responses to the Committee in relation to the proposed closure of Woodside Lodge Residential Care Home having the potential to reduce stress on the Health and Social Care System relating to delayed discharges and the Health Overview and Scrutiny Panel be requested to follow up any issues in this regard;
- (viii) the Cabinet Member for Health and Adult Social Care be requested to consider how the decision relating to Woodside Lodge Residential Care Home could be integrated within the Millbrook Estate Regeneration Programme;
- (ix) the impact of the Cabinet Decisions relating to the "Future of Woodside Lodge Residential Care Home", the "Future of Day Services in Southampton" and the "Future of Respite Services for Adults with Learning Disabilities" be reviewed by the Health Overview and Scrutiny Panel six months after implementation; and
- (x) the Cabinet Member for Health and Adult Social Care be requested to provide reassurance to service users that the Council-run facilities and services would not be closed until the contingency proposals met the identified needs of the users.

SOUTHAMPTON CITY COUNCIL
OVERVIEW AND SCRUTINY MANAGEMENT COMMITTEE
MINUTES OF THE MEETING HELD ON 11 DECEMBER 2014

Present: Councillors Moulton (Chair), Hannides (Vice-Chair), Coombs, Fitzhenry, Keogh, Morrell, Dr Paffey, Stevens and Thorpe

Also in Attendance: Leader of the Council – Councillor Letts
Cabinet Member for Housing and Sustainability – Councillor Payne

33. **APOLOGIES AND CHANGES IN PANEL MEMBERSHIP (IF ANY)**

The Committee noted the apologies of Revd. Williams and Mrs Topp.

Councillor White was in attendance as a substitute for the Conservative vacancy for the purposes of this Meeting.

34. **DECLARATION OF PARTY POLITICAL WHIP**

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

RESOLVED that the minutes of the Committee Meeting held on 13th November 2014 be approved and signed as a correct record.

36. **LOCAL PLAN REVIEW**

The Committee considered the report of the Leader of the Council outlining the process to be followed in reviewing the Council's Local Plan.

RESOLVED:-

- (i) that officers be requested to schedule consultation meetings in community settings at appropriate times throughout the review to ensure that Ward Councillors and communities were engaged in the development of the Local Plan;
- (ii) that officers be requested to develop a new Supplementary Planning Document which included minimum parking spaces;
- (iii) that plans be developed with local communities, supporting the viability and vitality of district and town centres in Southampton;
- (iv) that officers be requested to engage with Eastleigh Borough Council and Hampshire County Council to consider how the potential of Weston Shore and the route to Netley Marsh could be maximised;
- (v) that in order to support an appropriate housing mix in Southampton, the Local Plan Review be utilised to ensure that:-
 - a) the character of areas containing executive houses in the City be protected; and
 - b) opportunities to increase the supply of executive housing in Southampton be identified.

- (vi) that the Leader of the Council be requested to circulate a briefing note on the Redbridge Roundabout Transport Scheme to the Overview and Scrutiny Management Committee; and
- (vii) that in the development of the Local Plan, the Council proactively engaged with health providers on the current and future health infrastructure requirements in the City.

37. **THORNHILL DISTRICT HEATING SCHEME**

The Committee considered the report of the Assistant Chief Executive detailing proposals for the development and implementation of the Thornhill District Heating Scheme.

RESOLVED:-

- (i) that the Cabinet Member for Housing and Sustainability be requested to clarify the Administration's policy pertaining to the funding of the Council's Estate Regeneration Plan;
- (ii) that officers be requested to circulate the schematics for the Thornhill District Heating Scheme Project to the Overview and Scrutiny Management Committee; and
- (iii) that officers be requested to provide the Overview and Scrutiny Management Committee with:-
 - a) a brief table outlining the current borrowing position on the Housing Revenue Account; and
 - b) the funding envelope for the Millbrook Regeneration Scheme.

38. **MONITORING SCRUTINY RECOMMENDATIONS TO THE EXECUTIVE**

The Committee received and noted the report of the Assistant Chief Executive detailing the actions of the Executive and monitoring progress of the recommendations of the Committee.

Agenda Item 7

DECISION-MAKER:	OVERVIEW AND SCRUTINY MANAGEMENT COMMITTEE		
SUBJECT:	CALL IN OF EXECUTIVE DECISIONS: <ul style="list-style-type: none">• CAB 14/15 13741 - FUTURE OF THE RESPITE SERVICE FOR ADULTS WITH LEARNING DISABILITIES• CAB 14/15 13739 - FUTURE OF DAY SERVICES IN SOUTHAMPTON		
DATE OF DECISION:	15 TH JANUARY 2015		
REPORT OF:	ASSISTANT CHIEF EXECUTIVE		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Mark Pirnie	Tel: 023 8083 3886
	E-mail:	mark.pirnie@southampton.gov.uk	
Director	Name:	Suki Sitaram	Tel: 023 8083 2060
	E-mail:	Suki.sitaram@southampton.gov.uk	
STATEMENT OF CONFIDENTIALITY			
None			

BRIEF SUMMARY

A Call-In notice has been received from the Chair of the Overview and Scrutiny Management Committee (OSMC) in respect of the following decisions made by Cabinet on 16th December 2014:

- Future of the Respite service for adults with learning disabilities
- Future of Day services in Southampton.

RECOMMENDATIONS:

Following consideration of the attached Cabinet reports, related appendices and Decision Notices, the Committee is recommended, for each of the two decisions, either:-

- (i) To recommend that the Decision Makers re-consider the called-in decisions at the next decision meeting; or
- (ii) To advise the Decision Makers that the Scrutiny Committee does not recommend that the decision be reconsidered and that it can therefore be implemented without delay.

REASON FOR REPORT RECOMMENDATIONS

1. The recommendations reflect the options available to the Overview and Scrutiny Management Committee through the implementation of the agreed Call-In process.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. Not applicable.

DETAIL (Including consultation carried out)

3. A Call-In notice signed by the Chair of the OSMC has been received in accordance with Paragraph 12 of the Overview and Scrutiny Procedure Rules set out in Part 4 of the Council's Constitution. The Call-In notice relates to the following decisions made by the Cabinet on 16th December 2014:
 - Future of the Respite Service for Adults with Learning Disabilities
 - Future of Day Services in Southampton.
4. Paragraph 12 of the Overview and Scrutiny Procedure Rules provides a mechanism for members of the OSMC to challenge executive decisions that have been made but not implemented. The papers attached to this report relate to the decisions that have been called in under this procedure and include:
 - The Call-In Notice: Detailing who called-in the decisions and why
 - The Decision Notices: Detailing the decisions taken and the reasons for the decisions
 - The Decision Reports: The reports on which the decisions were based.
5. It is now for the OSMC to discuss the subjects of the Call-In with the decision makers to determine whether it wishes the decision makers to re-consider the previous decisions, or to clear the proposals for implementation without further re-consideration.

RESOURCE IMPLICATIONS

Capital/Revenue

6. The relevant details are set out in the appendices.

Property/Other

7. The relevant details are set out in the appendices.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

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

Other Legal Implications:

9. The relevant details are set out in the appendices

POLICY FRAMEWORK IMPLICATIONS

10. The relevant details are set out in the appendices

KEY DECISION? No

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

SUPPORTING DOCUMENTATION

Appendices

1.	Call In Notice
2.	Statement made by the Cabinet Member for Health and Social Care – Published 10 th December 2014
3.	Decision Notice - Future of the Respite service for adults with learning disabilities
4.	Decision Report – Future of the Respite service for adults with learning disabilities
5.	Decision Notice - Future of Day Services in Southampton
6.	Decision Report – Future of Day Services in Southampton

Documents In Members’ Rooms

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

Equality Impact Assessment

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

Other Background Documents

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

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
------------------------------	--

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

This page is intentionally left blank

NOTICE OF CALL-IN

In accordance with rule 12 of the Overview & Scrutiny procedure rules of the Council's Constitution, a request is hereby made that the Head of Legal and Democratic Services exercise the call-in of the decision identified below for consideration by Overview and Scrutiny Management Committee.

Decision Numbers:

1. CAB 14/15 13741 - FUTURE OF THE RESPITE SERVICE FOR ADULTS WITH LEARNING DISABILITIES
2. CAB 14/15 13739 - FUTURE OF DAY SERVICES IN SOUTHAMPTON


Decision Taker: Cabinet

Date of Decision: 16/12/14

Reason(s) for Requisition of Call-In of Decisions:

Insufficient consideration of consultation feedback

Call-In Requested by:

Name	Signature	Date
Councillor Moulton		22/12/14

All Members requesting that a Decision be Called-In must sign this Call-In Notice. A decision may be called in by:

- The Chair of Overview and Scrutiny Management Committee
- Any 2 Members of Overview and Scrutiny Management Committee
- In respect of a Decision relating to Education, any 2 Parent Governor or Church Representatives

Please submit to the Head of Legal and Democratic Services within 5 clear days of the publication of the relevant decision.

This page is intentionally left blank

Cabinet meeting, 9 December 2014

Thank you Leader. I am sure that everyone will be familiar with the fact that the review of these reports at Overview and Scrutiny raised a number of questions and concerns. It is my intention to address those concerns and to allay any lingering concerns which members, residents or our partners may have:

- 1) Those of you who were able to attend the Overview and Scrutiny meeting last week will know that a number of people expressed the view that we were dealing with three foregone conclusion; please let me assure you that nothing could be further from the truth and that I have found the extensive consultation process we have been through between July and the end of October, and which is continuing now, particularly helpful and informative. Having said that, everyone in this chamber and increasingly so the residents of the city, are aware that the council currently faces a massive £75 million gap in its finances over the next three years. The council must therefore deal with the prospect of making some very difficult and unpopular decisions if it is to both balance its budget and protect as many essential services as possible. It is against this background that I ask members to consider these reports. I will now respond to some points raised at Scrutiny on 4 December 2014.

Woodside Lodge

- 2) The reports make it clear and I have confirmed that Woodside Lodge will *not* close until all of the existing residents have been found and re-located to a suitable new home. As was highlighted at Overview and Scrutiny, the council does not contract with homes which have been found wanting by the CQC inspection process. A dedicated social worker is already working with residents at Woodside Lodge and their families and this arrangement will continue if the decision to close is made next week. The social worker and the team at Woodside Lodge will all work closely with residents, families and carers to make sure that transition is achieved as smoothly as possible. At Scrutiny much was made of the cost of finding private sector solutions for residents. I can confirm that the position has been checked with our Integrated Commissioning Unit and the weekly cost of a residential placement in the city is £430.85 for a specialist dementia placement, compared to the weekly charge at Woodside of £511.63 (although the actual cost to the council per bed is in the region of £710 per week, based on full occupancy). Thirteen residents remain at Woodside Lodge and the facility has recently taken four cases of short stay emergency respite care. If the decision to close is taken, no more short stay emergency admissions will be taken. There are currently vacancies in other council care homes which can be used to help facilitate a smooth and timely closure of Woodside Lodge. Similarly there are presently a number of vacant posts available within the council's directly provided services which can be utilised to help keep redundancies to a minimum should the proposed closure go ahead.

Respite Services at Kentish Road and Day Services

- 3) In the reports before you, the Director and I have made it clear that the respite service at Kentish Road and the day services provided at St Denys and Freemantle, will not close until all service users have been re-assessed and, where appropriate, a suitable alternative service provided. If this means that the target date for closure needs to be extended then arrangements for this to be the case will be made. *Members should note that recommendations in each of the reports seek to delegate authority to the Director, following consultation with me, which would allow the target dates for closure to be extended if the need arises.*
- 4) Concerns were raised at Overview and Scrutiny about an apparent lack of involvement of the St Denys Area Community Association during the consultation period. The Head of Adult Social Care has now met with the Chairman of the Association, Mr Phillip Amey and he has emphasized that between January and the proposed closure date the council will work closely with the Chair and his committee to explore options for a viable future. Mr Amey has highlighted his concerns about the possible impact of day centre closure on the viability of his Association, given the management and maintenance costs associated with the day-to-day operation of the building. These overheads are currently partially defrayed by a partnership agreement with the council's day services operating out of the centre. I can confirm that these concerns, building security and new partnership opportunities will all form part of discussions which I will ensure take place from January onwards. I fully anticipate that the discussions with the management committee will include using the Community Asset transfer process to identify options for asset transfer and future viability.
- 5) At Overview and Scrutiny, some elected members and members of the public commented on the Adult Social Care team's ability to complete the necessary re-assessments in an appropriate and timely fashion. Cabinet members will be aware that the reports identified an estimated need to carry out in the region of 290 re-assessments. To ensure that these are completed the Director of People will establish a dedicated team of four care managers and one Senior Practitioner who will work exclusively on the re-assessment project until all of the reviews are complete. The Senior Practitioner who will lead the team has 11 years of experience of working with individuals with a learning disability. The plan is for each officer in the team to complete approximately 58 reviews – a completion rate of 7.25 reviews per week.
- 6) I have made available a list of those day services currently available across the city, which could address some the individual assessed needs once reviews have been carried out. Upon completion I am sure that we will see new success stories developing around the use of Direct Payments (see appendix).
- 7) Finally at Overview and Scrutiny there were some comments around the accuracy of the figures set out in paragraphs 29-34 of the report on Kentish Road. I can confirm that these have now been double-checked. Paragraph 30 highlights the estimated residual costs of running the building: £40,000. Paragraph 31 identifies the estimated cost for the re-provision of services. For individuals in bands one and two, this is estimated to cost £50,000 per year, based on approximately 1,254 nights at £38 per night. The estimated

cost of re-provision for individuals in band three is £75,000 and it is anticipated that this will secure in the region of 872 nights of support.

There has also been some confusion about the financial figures in the Day Services report. Two savings scenarios are set out and summarised in the table below. Scenario A gives a more optimistic view and delivers a total saving of £1.01m over two years. Scenario B gives a more pessimistic view, which delivers a total saving of £700,000 over two years.

Summary of finance figures in Day Services report

	SCENARIO A	SCENARIO B
Current Budget (2014/15)	£1,840,000	£1,840,000
Saving in 2015/16 (closure of two bases)	-£990,000	-£990,000
Cost of re-provision in 2015/16	£140,000	£450,000
Further saving in 2016/17 (market development etc.)	-£160,000	-£160,000
New Budget (2016/17)	£830,000	£1,140,000
<i>Total saving</i>	<i>£1,010,000</i>	<i>£700,000</i>

(Note: the cost of re-provision is for those clients who would no longer be eligible for accessing the residual service provided by Southampton Day Services. The lower saving figures will be used for any saving proposals should Cabinet agree to the proposals next week.)

Appendix 1: List of Providers

Independent Sector Providers

1. Voyage Care
2. Age Concern Southampton
3. Dimensions (NSO) Ltd
4. Equinable Ltd
5. Fereinsteins Ltd
6. Green Light Southampton Ltd.
7. Headway Southampton
8. Karibu Care
9. Mayfield Nurseries
10. Minstead Training Project,
11. Murphy, Stephen
12. Needs Eezed
13. Oak Lodge Nursing Home, Bupa Care Homes
14. Oasis Farm
15. Queen Elizabeth 2nd Silver Jubilee Activity Centre
16. Rethink Severe Mental Illness Southern
17. Rose Road Association
18. SCA Community Care Services Ltd
19. SHFT TQ Twenty One
20. Slimm, John
21. Solent Mind
22. Southampton Mencap
23. Southampton Special Purpose Workshop
24. Speaking Space
25. The Out Of Town Centre
26. Tiley, Sandra
27. Way Ahead Leisure Pursuits
28. Windward
29. Workmobility

Other Local Authority Services

30. East Sussex County council
31. Hexagon Centre Social Services
32. Locksheath Day Services
33. Bishopstoke Day Services
34. Romsey and Waterside Day Services

Other Listed Providers

35. Lavender House
36. Linden House
37. Leonard Cheshire Foundation
38. The White House
39. Brownhill House

Proposed Council Provision (subject to Cabinet decision)

1. Sembal House
2. Woolston Community Centre

Provider	Service Name	Address	Clientele	Additional Service Information
Voyage Care	28 Woolston Road	28 Woolston Road, Netley Abbey, Southampton, Hampshire, SO31 5FQ	LD (Not Day Centre)	Specialises in: Autistic spectrum disorders, Behavioural support, Learning disability, Mental health, Physical disability.
Age Concern Southampton	Padwell Road Day Care Centre	Age Concern Hampshire, 11-21 Padwell Road, Southampton, Hampshire, SO14 6Q	Older person service	
Dimensions (NSO) Ltd	Dimensions	Dimensions, The Mill House Centre, Mill Road, Totton, Southampton, SO40 3AE	LD	
Equinable Ltd	Equinable	22 Kinver Close, Romsey, Hampshire SO51 7JU	LD	
Fereinsteins Ltd	Fereinsteins	Totton Conservative Club, 1 South Parade, Salisbury Road Totton SO40 3PY	LD	Communication and fun sessions for learners who are unable to access mainstream groups
Green Light Southampton Ltd.	Green Light	c/o Two Saints (Next Door to Patrick House) Millbrook Road West, Southampton SO15 0HW	MH	
Headway Southampton	Headway	Headway Southampton 120 Commercial Road, Totton Southampton SO40 3AD	ABI	
Karibu Care		20 Pylewell Road Southampton Hampshire SO45 6AR	Day centre 10 miles from SCC	
Mayfield Nurseries	Mayfield Nurseries	Mayfield Nurseries Mayfield Park Weston Lane Southampton SO19 9HL	MH	Mayfield is a working nursery and social enterprise open to the public for the sale of plants and sundries. Mental health charity whose parent charity is Solent Mind
Minstead Training Project,	Minstead Training Project	Minstead Lodge Minstead, Lyndhurst Hampshire	LD	Training to young adults with learning disabilities/difficulties. Training is in all areas of life and social skills. Day service

		SO43 7FT		training includes horticultural training, woodwork and craftwork, pottery and catering.
Murphy, Stephen	Stephen Murphy Care Services	67 Newton Road Southampton Hampshire SO19 9HX	LD Dom care	Domestic, shopping, transport, companion/ sitting, meals. Daytime only
Needs Eezed		The Loft, Hiltingbury Community Centre, Chandlers Ford, Eastleigh SO53 5NP	LD	
Oasis Farm	Community Farm	Down to Earth Community Farm, Oasis Academy Lord's Hill, Green Lane, Southampton SO16 9RG.	LD/MH	Down to Earth Community Farm is now able to offer a programme of activities for people with mild to moderate learning disabilities
Queen Elizabeth 2 nd Silver Jubilee Activity Centre	QE2 Activity Centre	QE2 Activity Centre Manor Farm Country Park, Pylands Lane, Bursledon, Hampshire, SO31 1BH	LD	
Rethink Severe Mental Illness Southern			MH no Day centre	
	Romsey & Waterside Day Services	Romsey & Waterside Day Services Hounslow Centre Southampton Hampshire SO40 9FT	LD	
Rose Road Association	Rose Road Association	The Bradbury Centre, 300 Aldermoor Rd, Southampton SO16 5NA	LD No Day Centre	
SCA Community Care Services Ltd	Brook Centre, Oak Lodge, Woodside Lodge, Brownhill House	SCA Group, Amplevine House, Dukes Road, Southampton, SO14 0ST	Older persons service	Brook Centre, Bitterne, Southampton - for older people with physical difficulties Oak Lodge, Bitterne, Southampton - for older people with memory problems Woodside Lodge, Millbrook, Southampton, for older people with memory loss (new venue being identified pending Cabinet decision), Brownhill House, Maybush,

				Southampton, for older people with physical difficulties
SHFT TQ Twenty One	Short Breaks and Domiciliary Care	Southern Health NHS Foundation Trust Maples Horseshoe Drive Calmore SO40 2RZ		Short Breaks Jacobs Lodge Jacobs Gutter Lane Houndsdown Totton SO40 9FT 023 8066 1205
Solent Mind		28 The Avenue, Southampton, SO17 1XN	MH	
Southampton Mencap		Southampton Mencap 187A Portswood Road, Southampton, SO17 2NF.	LD	
Southampton Special Purpose Workshop		46-48 Clausentum Rd, Southampton, Hampshire SO14 6RZ	LD	Offer social, educational training in a work type environment,
Speaking Space	Speaking Space	Speaking Space, Fleming House, Alma Road, Romsey, Hampshire SO51 8ED	LD	Speaking Space is a day service for adults with a learning disability or autism that focuses on developing independence through using a total communication approach
The Out Of Town Centre		Out Of Town Centre Palace Lane Brockenhurst Hampshire SO42 7YG	not a day centre	
Way Ahead Leisure Pursuits		Shirley Warren Learning Campus	LD	
Windward		Windward Unit 8, Netley March Workshops, Ringwood Road, Netley Marsh Southampton SO40 7GY	LD (6 miles away)	For people with a learning disability two independent centres in Totton and Ringwood
Workmobility		Belvidere Terrace Southampton SO14 5QR	LD	
Hexagon Centre Social Services				Eastleigh
Locksheath Day Services			LD	

RECORD OF EXECUTIVE DECISION

Tuesday, 16 December 2014

Decision No: (CAB 14/15 13741)

DECISION-MAKER:	CABINET
PORTFOLIO AREA:	CABINET MEMBER FOR HEALTH AND ADULT SOCIAL CARE
SUBJECT:	FUTURE OF THE RESPITE SERVICE FOR ADULTS WITH LEARNING DISABILITIES
AUTHOR:	Stephanie Ramsey

THE DECISION

MODIFIED RECOMMENDATIONS:

- (i) To consider the responses received during a public consultation into the future of respite services for adults with learning disabilities conducted between 24 July and 23 October 2014, outlined in Appendix 1.
- (ii) To note the intention to move the provision of respite care towards individual packages of care that make increased use of Direct Payments through a range of alternative options including shared lives and short breaks.
- (iii) To note that the needs of current service users and their carers will be thoroughly assessed prior to and following their moves to ensure that these needs continue to be met and to reduce any impact on their wellbeing.
- (iv) To authorise a phased closure of Kentish Road beginning with supporting clients with lower needs, followed by those with higher needs to access alternative respite options with a clear focus on more personalised support being accessed and resulting in the eventual total closure of the Kentish Road service by April 2015.
- (v) To note that if the proposal is agreed to undertake a 45 day consultation with affected staff with a view to minimising or avoiding compulsory redundancies.
- (vi) To delegate authority to the Cabinet Member for Health and Adult Social Care following consultation with the Leader and the Director, People to do anything necessary to give effect to the proposals in this report.
- (vii) To approve the establishment of a dedicated team of experienced social work practitioners (from existing resources) to complete a thorough assessment of the needs of all individuals who currently receive a directly provided day and, or, respite service and that the anticipated outcome of

these assessments will be:

- (a) The individual will be deemed not to have eligible social care needs and so will be signposted to access universal or other appropriate services or support;
 - (b) The individual or their representative will choose to receive a Direct Payment and will use this to purchase the care and support needed to meet their eligible social care needs; or
 - (c) The council will commission the care and support needed to meet an individual's eligible social care needs on their behalf.
 - (d) The council will then seek to carry out an annual assessment of individuals' and carers' needs.
- (viii) To note that it is anticipated that the assessments will be completed by 28 February 2015.
 - (ix) To note that no service will be closed or withdrawn until all assessments have been completed and individuals with eligible social care needs have been supported to move to suitable alternatives.
 - (x) To require a progress report at the Cabinet meeting in March 2015. This report will include a list of costed options for respite care.
 - (xi) To note that the commissioning of any new service will involve engagement with service users and carers.
 - (xii) To authorise support for those service users and their carers (who need it) wishing to take a Direct Payment, provided either by the council or a contracted third party.

REASONS FOR THE DECISION

1. Traditional respite services have been matched to individuals instead of individual packages of care tailored to meet personal preferences and lifestyle. Kentish Road is a bed based service that offers planned and emergency respite for up to 8 people at a time. Users have limited choice about when to receive their respite and who else will be using the service at the same time. Increasing incidences of users with higher level needs requiring increasing amounts of respite limit the capacity available to other users.
2. The need to move towards more personalised forms of care, where individuals can exercise more choice and control over the support and services they access is a priority both locally and nationally. In concert with this, the requirement to offer direct payments to individuals is national policy. The council currently performs in the bottom three of all councils nationally around this performance indicator, with our take up rate of direct payments currently standing at only 6% compared to a national average of 21.03% (data taken from Ascof outcome (1c(2) 2013/2014). The policy direction and imperative is to offer more personalised forms of care and in particular to offer direct payments and this continues to be a national driver as set out in the Care Act 2014 becoming a legislative requirement from April 2015.
3. There is significant evidence nationally that direct payments support people to

have increased choice, control, flexibility and an improved quality of life. They can provide bespoke solutions for unique needs which then improve outcomes for individuals. Improved outcomes can have a cost benefit by reducing the need for other services. Direct Payments cannot be used to purchase council run services.

4. The longer term viability of Kentish Road may be at threat even if no changes are made. This is due to an expected increase in the uptake of direct payments and evidence of people using their direct payment to purchase less traditional, more creative care solutions such as employing personal assistants, paying for community based activities or supported holidays. In the 14-18 years age group of those with a learning disability, who in the past may have been expected to access Kentish Road when they become an adult, the uptake of direct payments has increased from 12% in 2009/10 to 32% in 2014/15 and this trend is expected to continue over the next few years, particularly in light of the right to request a personal budget and focus on more personalised services brought in by the Children & Families Act 2014 and the Care Act 2014.
5. The statutory requirement to consult with service users, their families and other stakeholders has been fulfilled and although the overwhelming response from families was to keep Kentish Road open (77%), their comments have helped to ensure that all relevant factors have been taken into consideration.
6. Evidence from discussion with service users, their families and carers and with experienced social care practitioners shows that the development of services for individuals with the highest needs and most challenging behaviour will take time. It will also be important that users and their carers are confident in and comfortable with these alternatives. A phased approach supports this period of transition. A full Equality and Safety Impact Assessment has been carried out to identify the potential impact and mitigation of these proposals on service users and their carers and is attached as Appendix 2 for consideration.
7. The current provision of respite at Kentish Road is not the most cost effective way of providing respite. The 2014/15 unit cost, based on current occupancy, of an overnight stay at Kentish Road is £219 compared to an average cost of £53 for an overnight stay provided through the Shared Lives scheme.

DETAILS OF ANY ALTERNATIVE OPTIONS

1. The alternative option of keeping Kentish Road open to continue to provide services in the same way was considered and rejected for the reasons set out above. The current service does not meet the requirement to increase choice and control and promote individual approaches, nor does it provide best value which is a significant consideration within the current financial climate.
2. Consideration was given to a redesign of the current service. This option was rejected because it is not likely to support the full development of personalised care and the increased use of direct payments.

OTHER RELEVANT MATTERS CONCERNING THE DECISION

Cabinet took into consideration recommendations from the meeting of the Overview and Scrutiny Management Committee held on 4th December 2014.

CONFLICTS OF INTEREST

None

CONFIRMED AS A TRUE RECORD

We certify that the decision this document records was made in accordance with the Local Authorities (Executive Arrangements) (Access to Information) (England) Regulations 2000 and is a true and accurate record of that decision.

Date: 16 December 2014

Decision Maker:
The Cabinet

Proper Officer:
Judy Cordell

SCRUTINY

Note: This decision will come in to force at the expiry of 5 working days from the date of publication subject to any review under the Council’s Scrutiny “Call-In” provisions.

Call-In Period expires on

Date of Call-in *(if applicable) (this suspends implementation)*

Call-in Procedure completed *(if applicable)*

Call-in heard by *(if applicable)*

Results of Call-in *(if applicable)*

anything necessary to give effect to the proposals in this report.

REASONS FOR REPORT RECOMMENDATIONS

1. Traditional respite services have been matched to individuals instead of individual packages of care tailored to meet personal preferences and lifestyle. Kentish Road is a bed based service that offers planned and emergency respite for up to 8 people at a time. Users have limited choice about when to receive their respite and who else will be using the service at the same time. Increasing incidences of users with higher level needs requiring increasing amounts of respite limit the capacity available to other users.
2. The need to move towards more personalised forms of care, where individuals can exercise more choice and control over the support and services they access is a priority both locally and nationally. In concert with this, the requirement to offer direct payments to individuals is national policy. The council currently performs in the bottom three of all councils nationally around this performance indicator, with our take up rate of direct payments currently standing at only 6% compared to a national average of 21.03% (data taken from Ascof outcome (1c(2) 2013/2014). The policy direction and imperative is to offer more personalised forms of care and in particular to offer direct payments and this continues to be a national driver as set out in the Care Act 2014 becoming a legislative requirement from April 2015.
3. There is significant evidence nationally that direct payments support people to have increased choice, control, flexibility and an improved quality of life. They can provide bespoke solutions for unique needs which then improve outcomes for individuals. Improved outcomes can have a cost benefit by reducing the need for other services. Direct Payments cannot be used to purchase council run services.
4. The longer term viability of Kentish Road may be at threat even if no changes are made. This is due to an expected increase in the uptake of direct payments and evidence of people using their direct payment to purchase less traditional, more creative care solutions such as employing personal assistants, paying for community based activities or supported holidays.

In the 14-18 years age group of those with a learning disability, who in the past may have been expected to access Kentish Road when they become an adult, the uptake of direct payments has increased from 12% in 2009/10 to 32% in 2014/15 and this trend is expected to continue over the next few years, particularly in light of the right to request a personal budget and focus on more personalised services brought in by the Children & Families Act 2014 and the Care Act 2014.

5. The statutory requirement to consult with service users, their families and other stakeholders has been fulfilled and although the overwhelming response from families was to keep Kentish Road open (77%), their comments have helped to ensure that all relevant factors have been taken into consideration.
6. Evidence from discussion with service users, their families and carers and with experienced social care practitioners shows that the development of services for individuals with the highest needs and most challenging behaviour will take time. It will also be important that users and their carers

are confident in and comfortable with these alternatives. A phased approach supports this period of transition. A full Equality and Safety Impact Assessment has been carried out to identify the potential impact and mitigation of these proposals on service users and their carers and is attached as Appendix 2 for consideration.

7. The current provision of respite at Kentish Road is not the most cost effective way of providing respite. The 2014/15 unit cost, based on current occupancy, of an overnight stay at Kentish Road is £219 compared to an average cost of £53 for an overnight stay provided through the Shared Lives scheme.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

8. The alternative option of keeping Kentish Road open to continue to provide services in the same way was considered and rejected for the reasons set out above. The current service does not meet the requirement to increase choice and control and promote individual approaches, nor does it provide best value which is a significant consideration within the current financial climate.
9. Consideration was given to a redesign of the current service. This option was rejected because it is not likely to support the full development of personalised care and the increased use of direct payments.

DETAIL (Including consultation carried out)

10. Kentish Road is a CQC registered service providing short term respite for up to 8 people. This is to maintain the health and wellbeing of approximately 76 adults with learning disabilities and provide their carers with a break from their caring responsibilities.
11. The service is delivered from a large building at 32 Kentish Road in Shirley and a separate general needs house on the same site called 32b Kentish Road. This has three bedrooms and is used to support individuals with behaviour that severely challenges the service. Only one service user can be accommodated within 32b Kentish Road at any given time due to the building layout. In addition, there is a separate 3 bedroom house at 32a Kentish Road which is currently leased to the Police for £7,500 per annum. The site and properties are owned by the council.
12. A CQC inspection in October 2013 found the service to be compliant in all six standards that were inspected.
13. Access to the service is through a Care Management assessment and is for individuals with a learning disability aged between 18 and 65 years who live in their own home, with family or as part of the council's Shared Lives scheme.
14. Kentish Road is currently operating at around 73% capacity, this equates to around 2,126 nights out of a potential maximum capacity of 2,912 nights per year. The cost of an overnight stay at Kentish Road is £219 per night.
15. An analysis of the current Kentish Road service users was conducted in May 2014, using three broad support bands:
 - Band 1 – individuals requiring support on an average 4 clients to 1 staff member basis. 33 clients (43%) were identified as requiring this level of support. This equates to 36% (853 night) of the total number of nights.
 - Band 2 – individuals requiring occasional support on a 1 to 1 basis for particular activities. 21 clients (28%) were identified as requiring this

level of support. This equates to 23% (555 nights) of the total number of nights.

- Band 3 – individuals requiring regular 1 to 1 staffing to keep them safe and support them appropriately. 22 clients (29%) were identified as requiring this level of support. Resulting in 41% (983 nights) of the total number of night coming from this banding.

The allocation of overnight stays for individual service users ranges from 12 per year up to 80 per year, with an average of 31 nights each.

16. The decision to consult on the future of Kentish Road was based on the current cost of the service, the predicted future needs of service users and the national policy imperative to offer more personalised forms of care. Consideration was also given to the inflexibility of the current service and requests from service users and their families for increased options for respite services.
17. Cabinet approved a public consultation on the future of Kentish Road on 15 July 2014 and this ran from 24 July 2014 to 23 October 2014. During this time, the families and carers of users of Kentish Road were invited to attend six meetings held at Kentish Road on 7 August, 10 September and the 6 October 2014. These meetings were generally well attended and independent advocates were available to provide support. In addition, there were two public meetings held at the Civic Centre on 8 August 2014 and 22 October 2014. Information about the consultation was published on the council's website and was covered by the Daily Echo and BBC Radio Solent.
18. Copies of the notes taken at these meetings and all of the responses received are available in Members' rooms and these are summarised in Appendix 1.
19. A number of options for Kentish Road were presented during the consultation:
 - (a) for it to remain open.
 - (b) for it to be closed with current service users being supported to move to suitable alternative care settings such as Shared Lives.
 - (c) for users and their families to be offered a direct payment to be able to purchase their own form of respite care, for example, utilising a direct payment for short break provision or for a more suitable and tailored form of respite such as a supported family holiday.
 - (d) for care to be purchased for individuals requiring respite care in private or voluntary sector homes.
20. Independent advocates worked separately with the users of Kentish Road and were able to record the views of 28 service users. Of the responses gained with the help of advocates 9 individuals (32%) agreed that the council should look at different ways of meeting the needs of people who use respite services at Kentish Road. 3 individuals (10%) gave no reply or said they did not mind. The remaining individuals (16 or 58%) felt that the council should not make any changes the provision of respite services at Kentish Road. The majority of those who worked with advocates were positive about their experiences of Respite Services. A number made reference to the current value they gain from spending time with friends who also receive support from Respite Services.
21. In order to reduce reliance on more traditional building based forms of care, the development of a clear, easily accessible and attractive direct payment process is a key dependency. As previously noted, the council has not been

performing well in the take up of direct payments, and as part of the consultation two specific meetings were arranged to give families and carers a clearer understanding of direct payments, our Shared Lives scheme and the potential benefits of alternative forms of respite care. Alongside this work, a project is being undertaken with users, carers and partners to redesign our direct payment system.

22. Assessments of need will be carried out with all service users of Kentish Road and the options for future care and support will be considered. Analysis of capacity within the Shared Lives Scheme shows that there are currently 42 registered and approved carers with a further 3 carers going through the recruitment process and expected to be approved in December 2014. A recruitment campaign is currently being run, both helping to maximise knowledge and understanding of the Shared Lives scheme and to attract new carers. In addition, the council has agreed that carers living on the borders of Southampton but not technically within the city boundaries may also become registered Shared Lives carers and we have current expressions of interest from 4 carers who wish to be considered. Shared Lives carers undergo a rigorous application and selection process and receive the same training as staff based at Kentish Road.
23. Shared Lives is affiliated with National Shared Lives plus which offers support and guidance to all shared lives services across the UK. Shared lives is CQC regulated and subject to the same level of inspection and quality regulation as Kentish Road. A CQC inspection of Shared Lives in 2013 found the service to be compliant in all six standards that were inspected.
24. Eight existing Shared Lives carers have expressed interest in offering respite care for service users with learning disabilities. Shared Lives carers would be able to offer respite for up to 3 people at any given time, including offering respite to friendship groups. Shared Lives carers are not legally able to take more than three people at any one time. 3 Shared Lives carers offering respite provision would mean that all services users currently using Kentish Road with band 1 and 2 level needs would be able to be accommodated within the Shared Lives scheme at the same level of respite they currently receive. Initial assessments undertaken in May 2014 shows that there are currently 33 service users with band 1 needs and 21 with band 2 needs.
25. Analysis of market capacity for bed based respite provision shows that there is currently limited availability for those service users with the most complex needs (band 3). Some alternative bed based provision is available locally through Rose Road, although this service is usually used for respite provision for children. Initial discussions with Rose Road have shown that the provider is open to providing respite for adults and does currently accommodate some adults with learning disabilities.
26. Through moving all band 1 and 2 level service users to alternative provision, it is anticipated that the remaining 22 band 3 level users would be able to be accommodated within Kentish Road. This would allow time for further market options to be developed and for users to be transitioned in a managed and supported way by April 2015.
27. Within the current HASC Capital Programme the sum of £148,000 has been set aside to cover the costs of capital work and modernisation to Kentish Road. If the recommended option is agreed the funding for this scheme could be returned to Corporate Resources.

28. Closing Kentish Road does not impact on individuals' eligibility for support to meet their social care needs. The current criteria under the Fair Access to Care Services (FACS) scheme or, from 1 April 2015, under the Care and Support (Eligibility Criteria) Regulations 2014 will be applied and individuals with eligible needs that are best met through traditional forms of bed based respite will continue to be supported in Kentish Road whilst alternative market provision is developed.

RESOURCE IMPLICATIONS

Capital/Revenue

29. The budget report presented to Cabinet on 16th July 2014 identified that a review of the Council's provider services would be undertaken. This review and associated consultation has now been completed. It is now anticipated that the proposed closure of Kentish Road will achieve recurring savings of £200,000 from 2015/16.
30. The budget for Kentish Road is £365,000. The closure of the unit by 1st April 2015 will save this sum on a recurring basis excluding any residual costs such as rates and security, (£40,000) which will be incurred until the property is disposed of. In addition, as per the proposal in this report, an element of the saving from closure will be required to fund the cost of re-provision.
31. The cost of re-provision for the Band one and two clients within shared lives settings is anticipated to be £50,000 per year on a recurring basis at current volumes. The cost of re-provision for the band three clients is difficult to quantify with certainty as detailed assessments of clients' needs has not yet taken place. However it is expected that this cost can be met within a funding envelope of £75,000. This will enable the full achievement of the net saving of £200,000 proposed for 2015/16.
32. For 2016/17 it is anticipated that further market development and client reviews, this may further increase the overall saving. The level of this saving will not be known until these reviews are complete. Should it be identified that a further saving has been made this will be subject to another saving proposal.
33. If the proposal is agreed consultation with staff employed at Kentish Road will commence in January 2015 with a view to minimising or avoiding compulsory redundancies. There are currently 11.2fte posts within the funded establishment of which 4fte are vacant. This proposal will affect 8 people who could be subject to compulsory redundancy should alternative suitable employment not be found within the Council. It is anticipated that vacancies within People Directorate will help in the reduction of the number of compulsory redundancies arising from this proposal. The cost of any redundancies will be picked up within a central provision.
34. Funding of £148,000 for the Modernisation of Kentish Road scheme within the Capital Programme will not be required should this proposal be accepted. This sum can be returned to Council Resources to fund the alternative schemes within the Capital Programme.

Property/Other

35. Property Services will be commissioned to carry out a full appraisal of the building and site to inform options for their future use or disposal.

36. Through a phased approach to closure, it may be possible to dispose of 32a and 32b Kentish Road separately to the main Kentish Road site, although this decision will need to be informed by an up to date property appraisal and therefore no potential savings have been included in this report in relation to the disposal of property.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

37. When considering the recommendations and in particular the decision to close Kentish Road residential respite service the Council must take into account a number of factors, including:

The representations made during the consultation and any analysis of the consultation

The equality impact assessment bearing in mind its public sector equality duties as well as all other relevant information.

The effect on individual health, lives and well- being of service users and their carer's in having to use alternative respite services, particularly individuals who regularly use the unit

Consideration of any duty under the Human Rights Act 1998 so as not to act incompatibly with the rights under the European Convention for the Protection of Fundamental Rights and freedoms ("the Convention"). The Council will need to consider whether the proposed closure is likely to breach any of the service users rights e.g. Article 2 the right to life, Article 3 the right not to be subjected to torture or inhuman or degrading treatment and Article 8 the right to respect for a person's family life and their home. If this decision is likely to breach the convention the Council will need to examine any particular facts and determine if such a breach is justified and proportionate. The Council can though take into account general economic and policy factors which have led the Council to conclude that the home should be closed. This though must be balanced against the impact on the service users

38. The Care Act 2014 requires local authorities to prepare for implementation of the Act in April 2015. The recommended option of moving to a more personalised service approach would support greater compliance with the Care Act.

The Act though places various duties and responsibilities on Local Authorities about commissioning appropriate services. In particular all Local Authority should encourage a wide range of service provision to ensure that people have a choice of appropriate services, local authorities must ensure their commissioning practices and the services delivered on their behalf comply with the requirements of the Equality Act 2010 and should encourage services that respond to the fluctuations and

Changes in people's care and support needs.

The Care Act also places duties on Local Authority to carry out an assessment of any carers needs. This can include participation in education, training and recreation which may require the provision of respite for the adult they are caring for.

The Council has a number of statutory duties and powers to individuals under various pieces of legislation to assess individual needs and then to provide appropriate care, support and accommodation for the eligible needs.

The Care Act 2014 provides an updated legal framework for care and support and introduces a number of new rights, responsibilities and processes. All Local Authorities are now in the transition phase with parts of the Act coming into force in April 2015. When carrying out new assessment or when re-assessing individuals, the needs assessment must be carried out in line with the Care Act 2014. It would also be best practice when assessing the impact on carer's to ensure this is done in compliance with the 2014 Act.

Other Legal Implications:

39. The Children & Families Act 2014 which became law in September 2014 sets out how the education, health and social care needs of children and young people aged 0-25 years should be assessed and met. There may be some clients who will be affected by the proposed changes to Kentish Road who have Education, Health & Care Plans and for whom both the Care Act and Children & Families Act will apply.
40. If service users are moved from Kentish Road against their will, this is likely to constitute a prima facie breach of their rights under Article 8(1) the Council need to consider whether this breach can be justified as above.

In addition if any service user is subject to restraints that amount to a deprivation of liberty and no less restrictive options are available to meet that persons needs any planned move from the unit must be lawfully authorised either by the Deprivation of Liberty safeguards or by an order of the Court of Protection, whichever is appropriate.

There is a legal requirement to consult with staff where redundancies are contemplated. The 45 day consultation referred to earlier in this report will meet this requirement.

POLICY FRAMEWORK IMPLICATIONS

41. These proposals are aligned to the following priorities set out in the Council Strategy 2014-2017:
 - Prevention and early intervention
 - Protecting vulnerable people
 - A sustainable council

KEY DECISION? Yes

WARDS/COMMUNITIES AFFECTED: ALL

SUPPORTING DOCUMENTATION

Appendices

1. Summary of Consultation Responses
2. Equality and Safety Impact Assessment

Documents In Members' Rooms

1. Record of all the Consultation Responses Received

Equality Impact Assessment

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

Other Background Documents

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

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1. Adult Social Care Provider Services – Cabinet Report dated 15 July 2014 (Seeking Approval For A Public Consultation on the Future of Respite Services For Adults with Learning Disabilities	

This page is intentionally left blank

RECORD OF EXECUTIVE DECISION

Tuesday, 16 December 2014

Decision No: (CAB 14/15 13739)

DECISION-MAKER:	CABINET
PORTFOLIO AREA:	CABINET MEMBER FOR HEALTH AND ADULT SOCIAL CARE
SUBJECT:	FUTURE OF DAY SERVICES IN SOUTHAMPTON
AUTHOR:	Stephanie Ramsey

THE DECISION

MODIFIED RECOMMENDATIONS:

- (i) To consider the responses received during a public consultation into the future of Southampton Day Services conducted between 24 July and 23 October 2014, outlined in Appendix 1.
- (ii) To authorise the restructured Southampton Day Services service to cease service delivery out of two centres, (St Denys and Freemantle) and all satellite bases when all of their current service users have been supported to move to suitable alternative care settings and to restructure the remaining service to provide an alternative model of delivery that is fit for the future needs of Southampton residents and users.
- (iii) To note that the needs of current service users and their carers will be thoroughly assessed prior to and following their moves to ensure that these needs continue to be met and to reduce any impact on their wellbeing.
- (iv) To note that if the proposal is agreed to undertake a 45 day consultation with affected staff with a view to minimising or avoiding compulsory redundancies.
- (v) To note that a further review may be required into alternative delivery models following a restructure.
- (vi) To delegate authority to the Cabinet Member for Health and Adult Social Care following consultation with the Leader and the Director, People to do anything necessary to give effect to the proposals in this report.
- (vii) To approve the establishment of a dedicated team of experienced social work practitioners (from existing resources) to complete a thorough assessment of the needs of all individuals who currently receive a directly provided day and, or, respite service and that the anticipated outcome of these assessments will be:

- (a) The individual will be deemed not to have eligible social care needs and so will be signposted to access universal or other appropriate services or support;
 - (b) The individual or their representative will choose to receive a Direct Payment and will use this to purchase the care and support needed to meet their eligible social care needs; or
 - (c) The council will commission the care and support needed to meet an individual's eligible social care needs on their behalf.
 - (d) The council will then seek to carry out an annual assessment of individuals' and carers' needs.
- (viii) To note that it is anticipated that the assessments will be completed by 28 February 2015.
 - (ix) To note that no service will be closed or withdrawn until all assessments have been completed and individuals with eligible social care needs have been supported to move to suitable alternatives.
 - (x) To require a progress report at the Cabinet meeting in March 2015.
 - (xi) To note that the commissioning of any new service will involve engagement with service users and carers.
 - (xii) To authorise support for those service users and their carers (who need it) wishing to take a Direct Payment, provided either by the council or a contracted third party.

REASONS FOR THE DECISION

1. The Council would like to develop a wider range of options for individuals who require support to access day opportunities, such as further developing a wider range of commissioned services and supporting service users to access existing community facilities through greater use of direct payments and personal budgets, instead of directly providing care and support.
2. Traditional day services have been matched to individuals instead of individual packages of care tailored to meet personal preferences and lifestyle. Services are currently delivered in 4 community centres (Sembal House, Woolston Community Centre, Freemantle Community Centre and St Deny's Community Centre) and 4 satellite bases (Nutfield, TFSR, Stella Maris and Wooden reflections), with users being exclusively people with assessed and eligible social care needs. While some progress has been made in moving away from traditional building based services, the service currently offered does not make best use of existing available community assets and services, and does not encourage inclusion into the wider community.
3. The need to move towards more personalised forms of care, where individuals can exercise more choice and control over the support and services they access is a priority both locally and nationally. In concert with this, the requirement to offer direct payments to individuals is national policy. The council currently performs in the bottom three of all councils nationally around this performance indicator, with our take up rate of direct payments currently standing at only 6% compared to a national average of 21.03% (data taken from Ascof outcome (1c(2) 2013/2014). The policy direction and imperative to

offer more personalised forms of care and in particular to offer direct payments continues to be a national driver as set out in the Care Act 2014 becoming a legislative requirement from April 2015.

4. There is significant evidence nationally that direct payments support people to have increased choice, control, flexibility and an improved quality of life. They can provide bespoke solutions for unique needs which then improve outcomes for individuals. Improved outcomes can have a cost benefit by reducing the need for other services. Direct Payments cannot be used to purchase council run services.
5. Whilst there is some alternative provision of day services of the required type and quality in Southampton, it is unlikely that this is able to meet all current and forecast demands. Service users currently accessing SDS have a range of differing levels of complexity of need and span a wide age range and it is not possible to tailor the existing service to meet everyone's individual needs and interests.
6. The longer term viability of SDS may be at threat if no changes are made. This is due to an expected increase in the uptake of direct payments and evidence of people using their direct payment to purchase less traditional, more creative care solutions such as employing personal assistants, paying for community based activities or supported holidays. In the 14-18 years age group of those with a learning disability – who in the past may have been expected to access SDS when they become an adult – the uptake of direct payments has increased from 12% in 2009/10 to 32% in 2014/15 and this trend is expected to continue over the next few years, particularly in light of the right to request a personal budget and focus on more personalised services brought in by the Children & Families Act 2014 and the Care Act 2014.
7. The statutory requirement to consult with service users, their families and other stakeholders has been fulfilled and although the overwhelming response was to keep SDS open, their comments have helped to ensure that all relevant factors have been taken into consideration.
8. Evidence from discussion with service users, their families and carers and with experienced social care practitioners shows that the development of services for individuals with the highest needs and most challenging behaviour will take time. It will also be important that users and their carers are confident in and comfortable with these alternatives. A phased approach supports this period of transition. A full Equality and Safety Impact Assessment has been carried out to identify the potential impact and mitigation of these proposals on service users and their carers and is attached at appendix 2 for consideration.
9. Consultation undertaken with staff during the formal consultation period suggested a desire to restructure the service. The proposals within this report have been developed in conjunction with SDS staff and reflect their views that the service needs to be restructured to provide a sustainable and desirable delivery model for the future.
10. If the proposals are agreed there will be full consultation with affected staff on the future structure and staffing model. Officers will also ensure that the implementation of agreed proposals will be done in conjunction with the current work on the Community Asset Strategy, as the pilot phase focuses on Council owned community centres.

DETAILS OF ANY ALTERNATIVE OPTIONS

1. The alternative option of keeping all services currently provided by SDS was considered and rejected for the reasons set out above.
2. The option of ceasing activity at all sites used by SDS was considered and rejected because there is recognition that further market development will be necessary to ensure that all service users can access appropriate services. In particular, it was recognised that those service users with the most complex and challenging needs, along with those service users who have been attending SDS services for a significant number of years, will require time and support to transition to alternative services, and that services for those service users with the highest needs are not currently widely available or with sufficient capacity to meet the likely needs of all of our existing service users.
3. The option of developing a social enterprise or other alternative delivery vehicle to provide the full range of services currently provided by SDS was considered and rejected because of the likely time it would take to develop an enterprise of the size and scale necessary. However, it was felt that this is an option that should be revisited in the future.

OTHER RELEVANT MATTERS CONCERNING THE DECISION

Cabinet took into consideration recommendations from the meeting of Overview and Scrutiny Management Committee held on 4th December 2014.

CONFLICTS OF INTEREST

None.

CONFIRMED AS A TRUE RECORD

We certify that the decision this document records was made in accordance with the Local Authorities (Executive Arrangements) (Access to Information) (England) Regulations 2000 and is a true and accurate record of that decision.

Date: 16 December 2015

Decision Maker:
The Cabinet

Proper Officer:
Judy Cordell

SCRUTINY

Note: This decision will come in to force at the expiry of 5 working days from the date

of publication subject to any review under the Council’s Scrutiny “Call-In” provisions.
Call-In Period expires on
Date of Call-in <i>(if applicable) (this suspends implementation)</i>
Call-in Procedure completed <i>(if applicable)</i>
Call-in heard by <i>(if applicable)</i>
Results of Call-in <i>(if applicable)</i>

This page is intentionally left blank

REASONS FOR REPORT RECOMMENDATIONS

1. The council would like to develop a wider range of options for individuals who require support to access day opportunities, such as further developing a wider range of commissioned services and supporting service users to access existing community facilities through greater use of direct payments and personal budgets, instead of directly providing care and support.
2. Traditional day services have been matched to individuals instead of individual packages of care tailored to meet personal preferences and lifestyle. Services are currently delivered in 4 community centres (Sembal House, Woolston Community Centre, Freemantle Community Centre and St Deny's Community Centre) and 4 satellite bases (Nutfield, TFSR, Stella Maris and Wooden reflections), with users being exclusively people with assessed and eligible social care needs. While some progress has been made in moving away from traditional building based services, the service currently offered does not make best use of existing available community assets and services, and does not encourage inclusion into the wider community.
3. The need to move towards more personalised forms of care, where individuals can exercise more choice and control over the support and services they access is a priority both locally and nationally. In concert with this, the requirement to offer direct payments to individuals is national policy. The council currently performs in the bottom three of all councils nationally around this performance indicator, with our take up rate of direct payments currently standing at only 6% compared to a national average of 21.03% (data taken from Ascot outcome (1c(2) 2013/2014). The policy direction and imperative to offer more personalised forms of care and in particular to offer direct payments continues to be a national driver as set out in the Care Act 2014 becoming a legislative requirement from April 2015.
4. There is significant evidence nationally that direct payments support people to have increased choice, control, flexibility and an improved quality of life. They can provide bespoke solutions for unique needs which then improve outcomes for individuals. Improved outcomes can have a cost benefit by reducing the need for other services. Direct Payments cannot be used to purchase council run services.
5. Whilst there is some alternative provision of day services of the required type and quality in Southampton, it is unlikely that this is able to meet all current and forecast demands. Service users currently accessing SDS have a range of differing levels of complexity of need and span a wide age range and it is not possible to tailor the existing service to meet everyone's individual needs and interests.
6. The longer term viability of SDS may be at threat if no changes are made. This is due to an expected increase in the uptake of direct payments and evidence of people using their direct payment to purchase less traditional, more creative care solutions such as employing personal assistants, paying for community based activities or supported holidays.

In the 14-18 years age group of those with a learning disability – who in the past may have been expected to access SDS when they become an adult – the uptake of direct payments has increased from 12% in 2009/10 to 32% in 2014/15 and this trend is expected to continue over the next few years, particularly in light of the right to request a personal budget and focus on more personalised services brought in by the Children & Families Act 2014 and the Care Act 2014.

7. The statutory requirement to consult with service users, their families and other stakeholders has been fulfilled and although the overwhelming response was to keep SDS open, their comments have helped to ensure that all relevant factors have been taken into consideration.
8. Evidence from discussion with service users, their families and carers and with experienced social care practitioners shows that the development of services for individuals with the highest needs and most challenging behaviour will take time. It will also be important that users and their carers are confident in and comfortable with these alternatives. A phased approach supports this period of transition. A full Equality and Safety Impact Assessment has been carried out to identify the potential impact and mitigation of these proposals on service users and their carers and is attached at appendix 2 for consideration.
9. Consultation undertaken with staff during the formal consultation period suggested a desire to restructure the service. The proposals within this report have been developed in conjunction with SDS staff and reflect their views that the service needs to be restructured to provide a sustainable and desirable delivery model for the future.
10. If the proposals are agreed there will be full consultation with affected staff on the future structure and staffing model. Officers will also ensure that the implementation of agreed proposals will be done in conjunction with the current work on the Community Asset Strategy, as the pilot phase focuses on Council owned community centres.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

11. The alternative option of keeping all services currently provided by SDS was considered and rejected for the reasons set out above.
12. The option of ceasing activity at all sites used by SDS was considered and rejected because there is recognition that further market development will be necessary to ensure that all service users can access appropriate services. In particular, it was recognised that those service users with the most complex and challenging needs, along with those service users who have been attending SDS services for a significant number of years, will require time and support to transition to alternative services, and that services for those service users with the highest needs are not currently widely available or with sufficient capacity to meet the likely needs of all of our existing service users.
13. The option of developing a social enterprise or other alternative delivery vehicle to provide the full range of services currently provided by SDS was considered and rejected because of the likely time it would take to develop an enterprise of the size and scale necessary. However, it was felt that this is an option that should be revisited in the future.

DETAIL (Including consultation carried out)

14. SDS is a collection of centre-based day services operating from four distinct community centres and four satellite buildings, catering to service users with different types and levels of need and based in four separate locations across the city:
 - Sembal House: a day service for adults with physical disabilities and mental health issues providing 134 sessions per week to 41 service users.
 - St Denys: a day service for adults with learning disabilities providing 257 sessions per week (building and community-based) to 55 service users.
 - Woolston Community Centre: a day service for adults with learning disabilities

and complex needs providing 281 sessions per week (building and community-based) to 55 service users.

- Freemantle: a day service for adults with learning disabilities providing 312 sessions per week (building and community-based) to 69 service users.
 - Nutfield operating 5 days a week with 44 clients receiving 140 sessions per week.
 - Wooden reflections operating 3 days a week with 13 people accessing 31 sessions per week.
 - TFSR (Tools for self-reliance) operating 2 days a week with 15 people accessing 31 sessions per week.
 - Stella Maris, operating 2 days a week with 27 people accessing 56 sessions.
15. The majority of SDS services are building based offering a range of activities such as arts and crafts, life skills and educational programmes and in some cases offering specialist therapy and services. All services provide transport and support for trips and activities in the community. The service is used predominantly by individuals with learning disabilities and internally provided day services have a high volume of individuals with more profound and multiple learning disabilities than individuals using external services.
16. In addition to SDS, the council commission a range of external services comprising over 39 different providers, of which 29 are locally based and offer the traditional building based options. Services include horticultural, farm, sport and skills based activities. Some services provide specialist support but few have buildings with the necessary adaptations and facilities to support individuals with higher support needs. This market will require further development to respond to an increasingly personalised purchasing approach.
17. An analysis of current SDS service users was conducted in May 2014, using three broad support bands:
- Band 1 – individuals requiring support on an average 12 clients to 1 staff member basis. Currently there are 143 clients in this banding.
 - Band 2 – individuals requiring occasional one to one support on a 6 to 1 basis for particular activities. Currently there are 48 clients in this banding.
 - Band 3 – individuals requiring regular 1 to 1 staffing to keep them safe and support them appropriately. Currently there are 23 clients in this banding.
18. The decision to consult on the future of SDS was based on the current cost of the service, the predicted future needs of service users and the national policy imperative to offer more personalised forms of care. Consideration was also given to the inflexibility of the current service model and responses to requests from service users and their families for increased options for day services.
19. Cabinet approved a public consultation on the future of SDS on 15 July 2014 and this ran from 24 July 2014 to 23 October 2014. During this time, the families and carers of SDS service users were invited to attend six meetings held at each SDS base across a 90 day period. This is a total of twenty four meetings across all of the SDS sites Meetings were held at Sembal house on 11 August 2014, 15 September and 13 October September 2014, at Freemantle Community Centre on 14 August, 11 September and 9 October 2014, at St Deny's on August, 22 September and 20 October 2014 and at Woolston Community Centre on 12 and 27 August, 24 September and 14 October 2014. These meetings were generally well attended and independent advocates were available to provide support. In addition, there were two public meetings held at the Civic Centre on 8 August 2014 and 22

October 2014. Information about the consultation was published on the council's website and was covered by the Daily Echo and BBC Radio Solent.

20. Copies of the notes taken at these meetings and all of the responses received are available in Members' rooms and these are summarised in Appendix 1.
21. A number of options for the future of SDS were presented during the consultation, reflecting the desire to move towards a wide range of more personalised services:
 - (a) for services at all centres to remain and service delivery to remain unchanged;
 - (b) for services at all centres to be discontinued with current service users being supported to access alternative commissioned provision;
 - (c) for users and their families to be offered a direct payment to be able to purchase their own form of day activity, for example, utilising a direct payment to purchase a season ticket for the football, or accessing existing leisure facilities; and
 - (d) for the service to be restructured so that those services users with lower needs could access existing provision (commissioned from external providers or through a direct payment) and those service users with the most complex needs would continue to be supported by SDS at a reduced number of sites.
22. Independent advocates worked separately with the service users of SDS and were able to record the views of 102 service users, where appropriate. These were generally very positive about their experiences of SDS provision. Many made reference to the value of the wide range of activities that SDS offer and the personal value they gain from spending time with friends who also receive support from SDS. Of the responses gained with the help of advocates 15 individuals (15%) agreed that the council should look at different ways of meeting the needs of people who use SDS. 8 individuals (8%) gave no reply or said that they did not mind. The remaining individuals (79 or 77%) felt that the council should not make any changes to the provision of day services in Southampton.
23. Assessments of need will be carried out with all service users of SDS and the options for future care and support will be considered. This will include considering the suitability of utilising direct payments to purchase individually tailored forms of day opportunities, accessing one of the council other commissioned day services providers or continuing to use the restructured SDS service. The assessment will set the expected care needs and it is likely that for users with higher level (band 3) needs, some form of building based service will still be required. The councils current externally commissioned provision would not be able to accommodate those service users with the highest level of need (band 3) and it is likely that due to the severity and complexity of their needs that accessing existing community provision would also not be appropriate.
24. Day service provision is not subject to regulation or inspection by the Care Quality Commission (CQC). Where services are externally commissioned, quality and evidence of how quality will be delivered and measured is a key part of the tendering process. The council's Integrated Commissioning Unit has a dedicated provider quality unit, which carries out separate checks and responds to complaints about poor quality provision in Southampton. The internal team can set expectations for improvements to services and can act to withdraw funding for providers that consistently fail to achieve acceptable standards. A challenge for all councils when increasing the take up of direct payments is that the statutory duty to ensure quality and to safeguard vulnerable adults is retained but control over what services are accessed and particularly what quality safeguards are in place for those services is up to the service user and/or their carer. A facet of a more personalised system is the acceptance that adults with the mental capacity to do so

are allowed to make choices with which the council or their families may not always agree.

25. In order to reduce reliance on more traditional building based forms of care, the development of a clear, easily accessible and attractive direct payment process is a key dependency. As previously noted, the council has not been performing well in the take up of direct payments, and as part of the consultation specific meetings were arranged to give families and carers a clearer understanding of direct payments and the potential benefits of alternative forms of day care. Alongside this work, a project is being undertaken with users, carers and partners to redesign our direct payment system.
26. As a result of central government's policies on deficit reduction, the public sector as a whole is experiencing a continued period of expenditure restraint. Within this environment, as a sector, local government is experiencing a greater proportion of the reduction in funding when compared with Health, Education and Police. This national picture is reflected locally, as the council continues to experience a significant decrease in government grant funding. It is against this background and the need for a further reduction in expenditure that this decision is being made. At the time of writing, the council has a budget gap of £4.3m for 2015/16, which is forecast to increase to £54.2m for the three years from 2015/16 to 2017/18. The Health and Adult Social Care Portfolio currently represents 33% of the council's Net Portfolio General Fund budget.
27. Spending in this area is subject to demand-led pressures associated with the provision of social care, which stem largely from demographic trends, including an ageing population and people having increasingly complex care needs.
28. Overall expenditure on internal day provision is £1.8M per annum, this equates to a weekly expenditure of £35,500, based on a 52 week schedule, although some services close over key holiday periods (summer and Christmas). Over 70% of expenditure is directed towards clients with learning disability, who form over 50% of the client population.
29. The remaining budget for SDS services will be used to fund the structure and costs required to maintain two building based services at Sembal House and Woolston. The changes required to the establishment will be subject to full consultation with staff and unions. A budget will also remain to fund the cost of re-provision for eligible clients that no longer attend SDS. It is envisaged that the cost of re-provision will be in the range of £140,000 to £450,000 per annum. This range is subject to full reviews of client needs being undertaken. In the short term this figure would reduce if applied predominantly to clients with learning disabilities, where the re-provision cost are currently higher. It is anticipated that the cost of re-provisioning for these clients will decrease as market development work begins to impact on developing wider alternatives and improving quality and price.
30. There are 57 staff (49.09 fte) across all SDS sites with a further 27 staff (15.3 fte) working on zero hour contracts. Staff on zero hour contracts may have employment rights due to length of service. The staffing structure in SDS is currently top heavy, with 4 layers of management across the service. The funded establishment includes a budget for staff working on zero hour contracts. Whilst there has been additional use of additional support workers within the centres this has previously been managed within the existing budgets. SDS regularly spend an average of £25K per month on zero hours contract workers.
31. Analysis of the market place shows that in addition to SDS there are currently 112

people (adults) accessing day services commissioned from external providers.

32. A wider review of day services, including those commissioned from external providers had commenced at the time the decision to consult on the future of internal day services was made and this has continued. The review sought to address:
 - approaches that enable individuals to be active participants in their local communities, seek employment and education opportunities;
 - services that are cost effective and efficient; and
 - support to carers.
33. Further work is required to inform the design and development of services for the emerging populations over the next 5-10 years who are choosing different options.
34. Retaining 2 SDS bases and restructuring the service does not impact on individuals' eligibility for support to meet their social care needs. The current criteria under the Fair Access to Care Services (FACS) scheme or, from 1 April 2015, under the Care and Support (Eligibility Criteria) Regulations 2014 will be applied and individuals with eligible needs that are best met through accessing a day service will be supported in the council's remaining restructured service or through a private or independent provider.

RESOURCE IMPLICATIONS

Capital/Revenue

35. The budget report presented to Cabinet on 16th July 2014 identified that a review of the Council's provider services would be undertaken. This review and associated consultation has now been completed. It is now anticipated that the proposed restructure of Southampton Day Services will achieve a minimum and maximum saving of £540,000 and £850,000 respectively for 2015/16 and minimum and maximum savings of £700,000 and £1,010,000 for 2016/17.
36. The budget for Southampton Day Services including the four Day Centres, (Sembal, Woolston, Freemantle and St Denys) and the four satellites, (Wooden Reflections, Tools for Self-Reliance, Stella Maris and Nutfield Nursery) is £1,840,000. The proposed reduction in bases by 1st April 2015 will save £990,000 on a recurring basis. In addition, as per the proposal in this report, an element of the saving from the reduction in bases will be required to fund the cost of reprovision for those eligible clients no longer attending SDS.
37. The cost of reprovision for the clients no longer attending SDS is difficult to quantify with certainty as detailed assessments of clients' needs has not yet taken place. However, the cost of reprovision can be expected to be within the range of £140,000 and £450,000 dependant on the outcome of the reviews. The level of likely saving in 2014/15 therefore could span across the range; £850,000 to £540,000.
38. For 2016/17 it is anticipated that further work in respect of market development and client reviews will be required. It is expected that this work, undertaken during 2015/16 will achieve a minimum of £160,000 additional saving in 2016/17. The current level of saving proposed in both 2015/16 and 2016/17 are realistic estimates. However should, after the client reviews are completed, it be identified that a further saving has been made this will be subject to another saving proposal.
39. Consultation with staff employed at SDS will commence in January 2015 with a view to minimising or avoiding compulsory redundancies and restructuring the

existing service. There are currently 49.09fte posts within the funded establishment of which 5.64fte are vacant. This proposal could affect 57 people that could be subject to compulsory redundancy should alternative suitable employment not be found within the Council. In addition there are 27 staff currently working on zero hours contracts. It is anticipated that vacancies within People Directorate will help in the reduction of the number of compulsory redundancies arising from this proposal. The cost of any redundancies will be picked up within a central provision.

Property/Other

40.

Adult day services are provided from 4 main sites, with 4 additional locations used to offer specific elements of the service. Of the 4 main sites, 3 are cost neutral and available through a lease agreement with the relevant Community Association. The fourth site is owned by SCC and provides accommodation to the City Care First team and one voluntary sector agency.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

41. When considering the recommendations and in particular the decision to cease delivery of SDS services at two existing centres and to restructure the remaining service the Council must take into account a number of factors, including:

The representations made during the consultation and any analysis of the consultation

The equality impact assessment bearing in mind its public sector equality duties as well as all other relevant information.

The effect on individual health, lives and well-being of service users and their carer's in having to use alternative day services or other models of delivery , particularly individuals who regularly use the day services

Consideration of any duty under the Human Rights Act 1998 so as not to act incompatibly with the rights under the European Convention for the Protection of Fundamental Rights and freedoms ("the Convention"). The Council will need to consider whether the proposed closure is likely to breach any of the service users rights e.g. Article 2 the right to life, Article 3 the right not to be subjected to torture or inhuman or degrading treatment and Article 8 the right to respect for a person's family life and their home. If this decision is likely to breach the convention the Council will need to examine any particular facts and determine if such a breach is justified and proportionate. The Council can though take into account general economic and policy factors which have led the Council to conclude that the home should be closed. This though must be balanced against the impact on the service users.

The Care Act 2014 requires local authorities to prepare for implementation of the Act in April 2015 and April 2016. The recommended option of moving to a more personalised service approach would support greater compliance with the Care Act.

The Act though places various duties and responsibilities on Local Authorities about commissioning appropriate services. In particular all Local Authority should encourage a wide range of service provision to ensure that people have a choice of appropriate services, local authorities must ensure their commissioning practices and the services delivered on their behalf comply with the requirements of the Equality Act 2010 and should encourage services that respond to the fluctuations and Changes in people's care and support needs.

The Care Act also places duties on Local Authority to carry out an assessment of any carers needs. This can include participation in education, training and recreation.

The Council has a number of statutory duties and powers to individuals under various pieces of legislation to assess individual needs and then to provide appropriate care, support and accommodation for the eligible needs.

The Care Act 2014 provides an updated legal framework for care and support and introduces a number of new rights, responsibilities and processes. All Local Authorities are now in the transition phase with parts of the Act coming into force in April 2015. When carrying out new assessment or when re-assessing individuals, the needs assessment must be carried out in line with the Care Act 2014. It would also be best practice when assessing the impact on carer's to ensure this is done in compliance with the 2014 Act.

Other Legal Implications:

42. If service users are moved from SDS services against their will, this is likely to constitute a prima facie breach of their rights under Article 8(1) the Council need to consider whether this breach can be justified as above.

In addition if any service user is subject to restraints that amount to a deprivation of liberty and no less restrictive options are available to meet that persons needs any planned move from the unit must be lawfully authorised either by the Deprivation of Liberty safeguards or by an order of the Court of Protection, whichever would be most appropriate.

There is a legal requirement to consult with staff where redundancies are contemplated. The 45 day consultation referred to earlier in this report will meet this requirement.

POLICY FRAMEWORK IMPLICATIONS

43. These proposals are aligned to the Community Asset Strategy and following priorities set out in the Council Strategy 2014 -2017:
- Prevention and early intervention.
 - Protecting vulnerable people.
 - A sustainable Council.
 - Officers will also ensure that the implementation of agreed proposals will be done in conjunction with the current work on the Community Asset Strategy, as the pilot phase focuses on Council owned community centres

KEY DECISION? Yes
WARDS/COMMUNITIES AFFECTED: ALL

SUPPORTING DOCUMENTATION

Appendices

1. Summary of Consultation Responses
2. Equality and Safety Impact Assessment

Documents In Members' Rooms

1. Record of all the Consultation Responses Received

Equality Impact Assessment

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

Other Background Documents

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

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1. ADULT SOCIAL CARE PROVIDER SERVICE: CABINET REPORT DATED 15 TH JULY 2014 (SEEKING APPROVAL FOR A PUBLIC CONSULTATION ON THE FUTURE OF WOODSIDE LODGE)	

Agenda Item 8

DECISION-MAKER:	OVERVIEW AND SCRUTINY MANAGEMENT COMMITTEE		
SUBJECT:	FORWARD PLAN		
DATE OF DECISION:	15 th JANUARY 2015		
REPORT OF:	ASSISTANT CHIEF EXECUTIVE		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Mark Pirnie	Tel: 023 8083 3886
	E-mail:	mark.pirnie@southampton.gov.uk	
Director	Name:	Suki Sitaram	Tel: 023 8083 2060
	E-mail:	Suki.sitaram@southampton.gov.uk	

STATEMENT OF CONFIDENTIALITY

None

BRIEF SUMMARY

This item enables the Overview and Scrutiny Management Committee to examine the content of the Forward Plan and to discuss issues of interest or concern with the Executive to ensure that forthcoming decisions made by the Executive benefit local residents.

RECOMMENDATION:

- (i) That the Committee discuss the Forward Plan items listed in paragraph 3 of the report to highlight any matters which Members feel should be taken into account by the Executive when reaching a decision.

REASON FOR REPORT RECOMMENDATIONS

1. To enable Members to identify any matters which they feel the Cabinet should take into account when reaching a decision.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. None.

DETAIL (Including consultation carried out)

3. The Forward Plan for the period January 2015 – April 2015 has been circulated to members of the Overview and Scrutiny Management Committee. The following issues were identified for discussion with the Decision Maker:

Portfolio	Decision	Requested By
Health and Adult Social Care	Domiciliary Care Re-commissioning	Cllr Moulton
Education and Change	Implementing the Council Strategy 2014-2017: Transformation Programme update	Cllr Moulton

4. Briefing papers responding to the Forward Plan items identified by members of the Committee are appended to this report. Members are invited to use the papers to explore the issues with the decision maker.

RESOURCE IMPLICATIONS

Capital/Revenue

5. The details for the items on the Forward Plan will be set out in the Executive decision making report issued prior to the decision being taken.

Property/Other

6. The details for the items on the Forward Plan will be set out in the Executive decision making report issued prior to the decision being taken.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

7. The details for the items on the Forward Plan will be set out in the Executive decision making report issued prior to the decision being taken.
8. The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.

Other Legal Implications:

9. None

POLICY FRAMEWORK IMPLICATIONS

10. The details for the items on the Forward Plan will be set out in the Executive decision making report issued prior to the decision being taken.

KEY DECISION? No

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

SUPPORTING DOCUMENTATION

Appendices

1.	Briefing Paper – Domiciliary Care Re-commissioning
2.	Briefing Paper - Implementing the Council Strategy 2014-2017: Transformation Programme update

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	
----	------	--

SUBJECT: DOMICILIARY CARE RECOMMISSIONING
DATE: 15 JANUARY 2015
RECIPIENT: OVERVIEW AND SCRUTINY MANAGEMENT COMMITTEE

THIS IS NOT A DECISION PAPER

SUMMARY:

A report is scheduled to be considered at the 20th January 2015 meeting of Cabinet, recommending the approval of the award of domiciliary care contracts to a multi provider framework

If approved, the new contracts will commence from mid February 2015, for a period of 4 years. This report therefore seeks to:

- Provide an overview of the structure of commissioned provision
- Describe the rigorous commissioning process undertaken to ensure effective service delivery
- Describe the consultation process undertaken during this process.

BACKGROUND and BRIEFING DETAILS:

1. Due to its size and importance in terms of meeting client needs and enabling the city to meet its strategic requirements, it is essential that domiciliary care provision achieves high standards of delivery, quality and value for money. Currently the service is variable, not sufficiently flexible to meet increasing demands and relies heavily on spot purchase. A framework agreement is advantageous because it offers a structured legal framework to contract over a 4 year period. This provides stability to the successful providers enabling officers to work with them to build capacity within the market. The framework would therefore also provide:
 - Increased flexibility with changes in demand.
 - Support of personalisation and Individual Service Fund (ISF) approaches, thereby creating more choice and control for users.
 - Offers better value for money provision.
2. Cabinet supported the following recommendations in December 2013:
 - (i) To approve the pre-tender considerations and the criteria to be used to evaluate tenders.
 - (ii) To delegate authority to the Director, People to invite tenders and evaluate them in accordance with the recommended evaluation criteria.

To note that the award of the contract will be considered by Council or Cabinet as appropriate as detailed in the procurement timetable (listed in Section 13 of the December 2013 report).

Following this resolution the domiciliary care tender commenced in 2014 as part of a joint commissioning exercise between Southampton City Clinical Commissioning Group and Southampton City Council. The tender was advertised in May 2014 and the Invitation to Tender (ITT) stage completed in December 2014. This tender supports the Council and Southampton City Clinical Commissioning Group (CCG) to

BRIEFING PAPER

improve quality and maximise efficiencies.

3. Snapshot data provided in July 2013 identified that the domiciliary care market within Southampton provides care for approximately 1,810 people in any given week (1,750 SCC and 60 SCCC). 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 CCG
4. The Framework Agreement will provide a platform for the delivery of domiciliary care and reablement services for adult and children services in Southampton City Council (SCC) and Continuing Health Care for Southampton City CCG (SCCC).
5. Due to its size and importance in terms of meeting client needs and enabling the city to meet its strategic requirements, it is essential that domiciliary care provision achieves high standards of delivery, quality and value for money. Currently the service is variable and not sufficiently flexible to meet increasing demands. The tender supports four main outcomes:
 - To improve quality within domiciliary care services
 - To ensure the best value available within the market
 - To ensure services are able to respond to changing needs and demands
 - Support the development of personalisation across the city

The model of provision has been designed to address areas of improvement by offering:

- Greater flexibility and capacity, whilst still maintaining the geographical focus which recognises the issue of travel time
- Clearer quality standards and performance indicators (KPIs) linked to contract terms and conditions which will support the drive for quality
- A more streamlined system as outlined in the service specifications with a strong emphasis on promoting personalisation and independence
- A requirement to deliver outcome based support using flexible care plans that shift away from minute by minute calls
- A more generic approach focussing on need rather than diagnosis which addresses individual circumstances
- The tender will reduce the number of providers we work with, thereby providing an opportunity to proactively work with a targeted number of agencies to share best practice and work with them to provide solutions to market issues, such as capacity and workforce.

BRIEFING PAPER

6. Framework

The lots for the Framework include:

Lot 1 – Adults

Providers awarded onto this Lot will provide domiciliary care services to adults over the age of 18 who meet the respective Council's eligibility criteria for funded support in their own home. This lot will cover the following care groups:

- People with physical disabilities
- People with learning disabilities
- People with mental health problems
- Older people
- Acquired brain injury

Lot 2 – Accommodation with Care and Support

Providers awarded onto this Lot will provide domiciliary care services to adults in care schemes for instance extra care and supported living services.

Lot 3 – Continuing Healthcare

Providers awarded onto this Lot will provide continuing health care services to those meeting CHC eligibility criteria. This Lot will also include providers who can provide case management and the option of BiPAP (Bilevel Positive Airway Pressure) alongside continuing health care if required.

Lot 4 – Children and Young People

Providers awarded onto this Lot will provide services to children or young adults from 0-25 years. This Lot is proposed to support effective transitions into adult services and deliver the principles set out within the Children and Families Bill/Southampton's service structures.

Lot 5 – Reablement

Providers awarded onto this Lot will provide, if required, reablement provision. The increasing demographic changes and the emphasis on recovery, reablement and prevention within the city's transformational change programme, requires a service focussed on enabling clients to regain or achieve an optimal level of independence. This Lot forms a foundation to support the sourcing of further reablement support services should it be identified that meeting demand and improving outcomes will be more effectively achieved through this arrangement. Currently the majority of provision is delivered internally within the council. During the lifetime of this Framework the council's position may change. If it does we may seek to commission such services from this lot.

BRIEFING PAPER

7.

Tender Process

The framework agreement has been created following a two stage restricted tender process, in accordance with the Council's Contract Procedure Rules and Ethical Procurement Policy.

Stage 1: pre-qualification stage:

Shortlists were drawn up in accordance with the Council's Contract Management Guidelines by a pre-qualification questionnaire (PQQ).

The pre-qualification tested the capacity and capability, including quality, of potential bidders as well as potential bidder eligibility to take part in the Procurement. This included the following:

- Subcontracting/consortia arrangements
- Professional conduct
- Economic and financial standing
- Insurance
- Resources
- Health and safety
- Quality assurance
- Equality
- Environmental
- Sustainability
- Carbon policy
- Business continuity
- Previous experience and references
- Child Protection and Safeguarding Adults
- Policies

The outcome of this stage presented a list of pre-qualified bidders for the Procurement and a short-list of bidders to be invited to tender.

Stage 2: Invitation to Tender stage:

Tenders have been evaluated on the basis of the most economically advantageous tender in order to award providers onto the framework agreement using the following criteria:

- Quality

Quality consisted of 40% of the evaluation weightings. The quality assessment was evaluated using a range of criteria. Providers had to score at least 50% of the quality scoring to be eligible for award onto the contract. Any providers that did not meet the requirements of 50% of the quality scoring failed this stage in the process. The quality assessment was evaluated using the following criteria:

- Meeting the needs of the individual and customer focus
- Approach to safeguarding, performance and safe environment
- Approach to staff recruitment, retention and training
- Mobility and capacity building
- Business Continuity Planning
- Information systems and its use for monitoring service provision
- Approach to partnership working with the Council and others

- Price

Price consisted of 60% of the evaluation weightings.

BRIEFING PAPER

Differing weightings were given to each individual evaluation criteria and were stated in the tender documentation.

8. Consultation

A market event to stimulate domiciliary care provision was held in February 2014. Included in this event was a Tender Ready session for potential providers. The Integrated Commissioning Unit (ICU) are sending out monthly email updates to providers about issues related to the sector, including any relevant tender information and timescales. There is an email address which we encourage providers to use, if they are not tendering, so we can support the market with potential changes. In February and March 2014 the ICU led twelve focus groups with adult clients (including Continuing Healthcare), with approximately 70 people: all adult care groups were covered as some groups were mixed. The reports of the Buzz Network Short Break Event, Children's Domiciliary Care Needs Analysis and SCC's Complaints (April 2012 – October 2013) were also analysed to inform the five specifications and key questions that the ICU used to test potential providers.

The requirements that were most important to clients were:

- good communications skills between provider staff (office & care workers) and clients;
- provider staff that have an attitude fit for the job;
- provider staff are provided with the training to have the functional skills and professional competencies to meet the needs of clients;
- provider staff are consistent and reliable, but flexible;

Providers have:

- good organisational systems;
- high staff retention;
- range of staff to match appropriately to client's;
- a key worker system;
- realistic rotas that take into account travel and needs of clients;
- care plans are outcome focused, and understood by all;
- clients are in control of their care.

The full Report of Domiciliary Care Service Stakeholder Engagement and Report Analysis 2014 is located in Appendix 1.

The ICU has begun a programme of work with clients, informal carers and families regarding potential changes to the provision. From the 29th September 2014 – 8th October 2014 we held four information events across the city where we used a Frequently Asked Question (FAQ) presentation format, with time for additional questions, to provide information about the forthcoming potential changes and hear any feedback that individuals had. We have sent a newsletter out to all clients recorded as receiving domiciliary care support using the FAQ format. There is another newsletter planned for the end of February 2015. Additionally there is an email address where clients, informal carers and families can contact the ICU directly, if there is any other feedback about potential changes.

Report of Domiciliary Care Service

Stakeholder Engagement

and

Report Analysis 2014

Table of Contents

1	Executive Summary	1
2	Background.....	1
3	Purpose	1
4	Methodology	1
5	Findings	1
	5.1 Service User Focus Groups and Report Analysis.....	1
	5.1.1 Key Requirements.....	1
	5.2 Interview with Sensory Impairment Team.....	2
	5.2.1 Key Requirement.....	2
	5.3 Service User Satisfaction Survey 2011-12	2
	5.3.1 Key requirements	2
	5.3.2 Other requirements:	3
	5.3.3 Supply and availability of care	3
	5.4 Adult Social Care Survey 2014	3
6	Summary Key Requirements for a Quality Domiciliary Care Service and their Relationship to the Outcomes in ASCOF 2014/15 and NICE Home Care Guidance 2014	3
❖	Appendix 1 Adult Social Care Outcomes Framework (ASCOF) 2014/15.....	6
❖	Appendix 2 National Institute for Health and Care Excellence (NICE) Home Care Guidance 2014	8
❖	Appendix 3 Service User Focus Groups and Reports Analysis	9
❖	Appendix 4 Adult Social Care Survey 2014	13

Report of Domiciliary Care Service Stakeholder Engagement and Report Analysis 2014

1 Executive Summary

All the information gathered support three key requirements for a good quality domiciliary care service and can be summarised as:

- good communication systems;
- good management systems; and
- well trained staff.

Focusing on these key requirements will achieve the outcomes highlighted in yellow in the Adult Social Care Outcomes Framework (ASCOF) 2014/15 and the National Institute for Health and Care Excellence (NICE) Home Care Guidance 2014 (Appendix 1 and 2) :

2 Background

The scope for the procurement of domiciliary care has recently been extended to include all care groups. Some consultation has already been conducted with people with learning disabilities and their carers. This report consolidates the findings from the satisfaction surveys carried out in 2011-12, complaints reports from Southampton City Council (SCC), interview with sensory services in 2013 and service user focus groups in 2014.

3 Purpose

To ensure that the Domiciliary Care Service Specifications reflect how service users say they would like the service delivered in practice.

4 Methodology

A mixture of primary and secondary research was used to inform this report.

Primary research consisted of:

- focus groups with adult service users; and
- interview with Sensory Services Team.

Secondary research consisted of analysis of the following reports:

- Service User Satisfaction Survey 2011-12;
- Buzz Network Short Break Event;
- Children's Domiciliary Care Needs Analysis;
- SCC's Complaints (April 2012 – October 2013); and
- SCC's Adult Social Care Survey 2014

5 Findings

5.1 Service User Focus Groups and Report Analysis

Twelve focus groups with adult service users were held, with approximately 70 people: all adult care groups were covered as some groups were mixed. The reports of the Buzz Network Short Break Event, Children's Domiciliary Care Needs Analysis and SCC's Complaints (April 2012 – October 2013) were analysed. A summary of the combined results from the focus groups and reports analyses can be seen in Appendix 3 Service User Focus Groups and Reports Analysis.

5.1.1 Key Requirements

The requirements that were most important to service users largely reflect the results of the surveys in Section 1 of this report and were:

- good communications skills between agency staff (office & care workers) and service users;
- agency workers that have an attitude fit for the job;

- carers are provided with the training to have the functional skills and professional competencies to meet the needs of service users;
- carers are consistent and reliable, but flexible;
- agencies have:
 - good organisational systems;
 - high staff retention;
 - range of staff to match appropriately to service user;
 - a key worker system; and
 - realistic rotas that take into account travel and needs of service user;
- care plans are outcome focused, and understood by all; and
- service users in control of their care.

5.2 Interview with Sensory Impairment Team

When domiciliary care is required there are limited agencies that can meet the communication requirements of service users and so support has to be delivered focussing on both areas:

- personal care from a dom care provider; and
- communications provision from a qualified support agency (qualified in sensory impairment communications)

This is expensive as on top of the dom care cost the support worker is approximately £30/hr, however packages are too low (at present) to attract services¹ with specialist sensory impairment workers to provide a service in Southampton.

5.2.1 Key Requirement

As the population ages, more people will have visual/hearing/duel impairment, the requirement is therefore:

- agency frontline and office staff to attend Sensory Awareness Training².

5.3 Service User Satisfaction Survey 2011-12

The total weekly hours of care delivered by the Older Peoples Framework Agreement and spot providers is approximately 11827 per week. This is an increase of app 5-6% since February 2012. Regular surveys are carried out by the Quality Team to cover all providers; feedback from these surveys covers approximately 10% of service users, Evidence from surveys highlights that where there are deficits in delivery it is mainly an organisational issue: a high percentage of service users report good levels of overall satisfaction with the care they receive.

5.3.1 Key requirements

The survey quite clearly identified the key features that ensure a good quality service. The two most important to service users was:

- good communication by the provider to the service user, through the care worker where appropriate, and if not appropriate service users should be told why; and
- consistent, reliable care workers. If service users have regular carers who they come to trust, the quality of the care they receive is good. Quality deficits very often occur because of organisational failings, for example when service users receive care from a large number of carers, and their service is not consistently programmed, the quality of the care received is much more likely to be poor. It is therefore vital that providers have:
 - adequate office resources to ensure good communication and programming and an ability to thoroughly audit and update paperwork;
 - sufficient supervisory staff to support and monitor field workers; and
 - robust absence monitoring.

¹ Only two companies are known of that can provide specialist workers and domiciliary care in one package: Glyn and About Me.

² Contact SCC Sensory Awareness Team for current 'Hearing/ Visual/ Dual Sensory Loss Awareness' courses

5.3.2 Other requirements:

- well trained staff, both during induction and throughout a carer’s employment.
- flexibility.
- good recruitment and retention – deficits impact on the ability of providers to meet the demand for care.
- positive working relationship with commissioning, where deficits are identified, a common positive approach to improving service delivery is vital.
- service users feel they have choice and control over the service provided.
- service users are treated with dignity and respect.

5.3.3 Supply and availability of care

Supply of care from the framework providers can be poor, particularly at weekends. Almost all have had major organisational problems which have impacted on the ability to increase output. Despite this there is an overall 85 – 90% satisfaction rate amongst those interviewed.

The spot providers frequently deliver smaller volumes in more concentrated areas. They can be eager to support demand but realistic to the challenges when faced with covering a wider area. They appear to be more successful in recruiting and retaining staff. Smaller size probably enables a provider to know its staff and service users better. They are often more successful in meeting the needs of the more complex service user.

5.4 Adult Social Care Survey 2014

The relevant questions in the 2014 Adult Social Care Survey were analysed and the respondent’s comments that relate to domiciliary care can be found in Appendix 4 Adult Social Care Survey 2014. Q25 asked respondents what made them feel unsafe, the majority of the answers that domiciliary care can effect, are related to falls: knowing that a carer will be coming *may* alleviate some of their fears. Of those that responded to the survey (144 / approximately 1,800) the majority were either extremely, very or quite satisfied with the service provided. The analysis supports the findings in Section 5.1 and 5.3 of this report and is incorporated into Table 1. Key Requirements for a Quality Domiciliary Care Service and their Relationship to the Outcomes in ASCOF 2014/15 and NICE Home Care Guidance 2014.

6 Summary

Table 1 lists a summary of the key requirements for a quality service, and the relationship between them and the detail of these requirements, and the outcomes that would be achieved within the ASCOF 2014/15 and NICE Home Care Guidance 2014.

Table 1. Key Requirements for a Quality Domiciliary Care Service and their Relationship to the Outcomes in ASCOF 2014/15 and NICE Home Care Guidance 2014

Key Requirement of Agencies	Detail	ASCOF 2014/15	NICE Home Care Guidance 2014 *
Good Communication Systems	Between: •Carers on rotas so that e.g. what is promised to the service user for next day is achieved	•1A Quality of life •1B Control •3A Satisfaction	•2 Continuity •7 Quality of life
	•Service user ↔ agency ↔ carer (↔ service user**), for communication of e.g. ○ notice if carer will be late ○ staff changes ○ service user will be late ○ service user doesn’t want / need call * It may not be efficient for service users to have	•1A Quality of life •1B Control •4A Safeguarding •4B Safeguarding	•3 Choice, control, dignity •10 Safeguarding •7 Quality of life

	direct contact with carers, if this is so it should be explained to them why.		
	Out of hours emergency contact number information	•4A Safeguarding •4B Safeguarding	•10 Safeguarding
	Various communication methods offered to clients - text /email /phone /letters	•1B Control	•3 Choice, control, dignity
	Standard of English	•1B Control •3A Satisfaction	•3 Choice, control, dignity •4 Independence
Good Management Systems	Adequate office resources and robust management of staff: •Absenteeism •Lateness / no arrival •Key worker system	•1A Quality of life •4A Safeguarding •4B Safeguarding	•4 Independence •7 Quality of life •10 Safeguarding
	Working conditions retain staff	•3A Satisfaction	•2 Continuity
	Timely communications including billing	•1B Control	•3 Choice, control, dignity
	Realistically timed rotas (to allow for travel time and enable care to be given at service user pace) provided to service users weekly, with name of carers	•1B Control •1I Social Contact	•3 Choice, control, dignity •4 Independence •5 Daily living activities •6 Social involvement
	Diversity of staff to match appropriately to service users needs.	•1A Quality of life •3E Dignity	•3 Choice, control, dignity •7 Quality of life
	Outcome focused Care Plans to include: •social & domestic needs and flexibility within those needs •emergency care	•1A Quality of life	•3 Choice, control, dignity •4 Independence •5 Daily living activities •10 Safeguarding
	Carers knows individuals Care Plans before starting to work with them	•1A Quality of life •1B Control •3E Dignity •4A Safeguarding •4B Safeguarding	•3 Choice, control, dignity •7 Quality of life •10 Safeguarding
	Service users involved in choosing carer	•1B Control •3E Dignity	•3 Choice, control, dignity
Well Trained: •Office and Care Staff	•Dignity of service user •Staff attitude •Equality & diversity (inc. possible conditions of service user) •Sensory Impairment Awareness •Communication skills e.g. reflective listening •Organisation's induction to include communication systems & use of ID	•1A Quality of life •3E Dignity •4A Safeguarding •4B Safeguarding	•3 Choice, control, dignity •10 Safeguarding
•Care Staff	•Life skills •Food hygiene & nutrition •Personal care & equipment use •Medications & infection control •First Aid	•1A Quality of life •3E Dignity	•3 Choice, control, dignity •4 Independence •7 Quality of life •9 Health

All of the key requirements will potentially affect Outcome 1, 8 and 11 of the NICE Guidelines, namely:

- 1) Service user and carer satisfaction
- 8) Service users', and their families and carers', experience of home care
- 11) Economic outcomes (including resource use and impact on other services)

There were three issues that service users listed that are outside of the realms of the Service Specifications. Namely:

- supported living and domiciliary care funding should be under one umbrella to allow for more flexibility in care provision;
- combining the councils and care agencies complaints procedures; and
- the councils contract monitoring systems

❖ Appendix 1 Adult Social Care Outcomes Framework (ASCOF) 2014/15

Table 1. ASCOF 2014/15: at a glance

ASCOF Ref	Indicators
1	Enhancing quality of life for people with care and support needs
	Overarching measure
1A	Social care-related quality of life** (NHSOF ¹)
	Outcome measures
	People manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs.
1B	Proportion of people who use services who have control over their daily life
1C	New definition for 2014/15: Proportion of people using social care who receive self-directed support, and those receiving direct payments
	Carers can balance their caring roles and maintain their desired quality of life
1D	Carer-reported quality of life** (NHSOF2.4)
	People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation
1E	Proportion of adults with Learning disabilities in paid employment** (PHOF 1.8, NHSOF 2.2)
1F	Proportion of adults in contact with secondary mental health services in paid employment** (PHOF 1.8, NHSOF 2.5)
1G	Proportion of adults with Learning disabilities who live in their own home or with their family* (PHOF 1.6)
1H	Proportion of adults in contact with secondary mental health services living independently, with or without support* (PHOF 1.6)
1I	Proportion of people who use services and their carers, who reported that they had as much social contact as they would like* (PHOF1.18)
2	Delaying and reducing the need for care and support
	Overarching measure
2A	Permanent admissions to residential and nursing care homes, per 100,000 population
	Outcome measure
	Everyone has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs.
	Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services.
2B	Proportion of Older people (65 and over) who were still at home 91 days after discharge from hospital into reablement and rehabilitation services* (NHSOF 3.6i + ii)
2D	New measure for 2014/15 The outcomes of short-term services: sequel to service.
Placeholder 2E	The effectiveness of reablement services
	When people develop care needs, the support they receive takes place in the most appropriate setting and enables them to regain their independence.
2C	Delayed transfers of care from hospital, and those which are attributable to social care.
Placeholder 2F	Dementia - a measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life** (NHSOF 2.6ii)

3	Ensuring that people have a positive experience of care and support
	Overarching measure
	People who use social care and their carers are satisfied with their experience of care and support services.
3A	Overall satisfaction of people who use services with their care and support
3B	Overall satisfaction of carers with social services
3E	Improving people's experience of integrated care** (NHSOF 4.9)
	Outcome measure
	Carers feel that they are respected as equal partners throughout the care process
3C	Proportion of carers who report that they have been included or consulted in discussion about the person they care for
	People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.
3D	Proportion of people who use services who find it easy to find information about services
	People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual.
	This information can be taken from the Adult Social Care Survey and used for analysis at the local level.
4	Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm
	Overarching measure
4A	Proportion of people who use services who feel safe** (PHOF 1.19)
	Outcome measure
	Everyone enjoys physical safety and feels secure. People are free from physical and emotional abuse, harassment, neglect and self-harm. People are protected as far as possible from avoidable harm, disease and injuries. People are supported to plan ahead and have the freedom to manage risks the way that they wish.
4B	Proportion of people who use services who say that those services have made them feel safe and secure
Placeholder 4C	Proportion of completed safeguarding referrals where people report they feel safe

* Indicator shared: the same indicator is included in another outcomes framework, reflecting a shared role in making progress.

** Indicator complementary: a similar indicator is included in another outcomes framework and these look at the same issue.

Placeholder = a measurement that is being developed.

Outcomes relevant to the key requirements requested by stakeholders as detailed in Table 1. Key Requirements for a Quality Domiciliary Care Service and their Relationship to the Outcomes in ASCOF 2014/15 and NICE Home Care Guidance 2014

❖ Appendix 2 National Institute for Health and Care Excellence (NICE) Home Care Guidance 2014

The NICE 2014 Guidance for Home Care's main outcomes are:

- 1) service user and carer satisfaction
- 2) quality and continuity of care
- 3) choice, control and dignity for service users
- 4) ability to maximise and maintain independent living at home
- 5) ability to carry out activities of daily living
- 6) social involvement, isolation and loneliness
- 7) service user quality of life outcomes (both health and social care-related)
- 8) service users', and their families and carers', experience of home care
- 9) health-related outcomes
- 10) safety and adverse events
- 11) economic outcomes (including resource use and impact on other services)

Outcomes relevant to the key requirements requested by stakeholders as detailed in Table 1. Key Requirements for a Quality Domiciliary Care Service and their Relationship to the Outcomes in ASCOF 2014/15 and NICE Home Care Guidance 2014

❖ Appendix 3 Service User Focus Groups and Reports Analysis

Table 1. Domiciliary Care Stakeholder* Engagement 2014 - What Makes a Good Service

Communication / Attitude	Time	Functional	Competencies	Domiciliary Management
Polite & friendly with no moaning at the cared for person	Punctual: especially when cared for has appointments	Domestic help needed to keep house hygienic	Equalities e.g. knowledge of the key needs of care groups / religions / cultures	Care Plan understood by all: cared for; carer; & agency
Being helpful, doing little jobs even if not on Care Plan e.g. tidy towels up after a bath, doing up zips & buttons	Flexible to suit needs e.g. getting up, going to bed, going out	Help with social activities: going out, meeting friends, going on holiday	Knowledge of life skills so can teach cared for to enable independence e.g. catching a bus, cooking, finance	Matched to cared for person: especially for personal care consider appropriate age and/or gender
Domiciliary Carer and Supported Living Carer communicate so nothing is missed out	Reliable	Help with shopping	Food hygiene & nutrition	Where possible communicate with cared for person directly not through carer
Trustworthy	Adequate time for tasks		Sensory impairment awareness: single and dual diagnosis	Continuity of carers, particularly important for personal care
Treated with dignity	Flexible what time they call		Medication	Transparent, honest & trustworthy
Requests / instructions listened to and acted upon appropriately			Personal care	Able to request carer not to come
Flexible in tasks			Able to sign Makaton	Weekly carers rota to cared for
			Infection control	Choice in carer
				Notice of when carer on annual leave
				Adequate staff to cover sickness etc

Key

Most important

* Spectrum, Buzz Network, Continuing Healthcare, Sembal House, Manston Court Memory Cafe, Padwell Rd Day Centre, Headway, Freemantle and Woolston Community Centre Learning Disabilities Groups; Busy People, SCC Complaints for domiciliary care, SCC Sensory Services Team - covering the following care groups: physical disabilities; mental health; children; continuing healthcare; dementia; older people; acquired brain injury; learning disabilities

Table 2. Domiciliary Care Stakeholder* Engagement 2014 - What Makes a Bad Service

Communication / Attitude	Time	Functional	Competencies	Domiciliary Management
Inappropriate communication: rude; angry; bullying	Carers not turning up - can be a safeguarding issue e.g. if miss medication	Not having enough carers to be able to do emergency tasks e.g. pick cared for person up from the floor when they fall	Signs of stroke: signs have been mistaken for e.g. tiredness and therefore carer left home without calling emergency services	Bad communication inc. forwarding information to carers. Should be able to contact carers directly to e.g. say you'll be home late
Cared for not being listened to	15 minutes isn't enough time for e.g. elderly: get to go to loo or have a meal but not both		No training in treating with dignity	Requests e.g. not to have a particular carer/gender specific carer, are not logged
Poor communication	Lateness - very disruptive to life	Carers should report 'house' things to the office e.g. no curtains, broken fridge	Don't prompt to take meds	Staff leaving to often
Not trustworthy	Travel time not accounted for, so carers either late or leave early		No catheter training	Inappropriate age / gender of carer for personal care
Don't always double lock the door when leaving	Too much clock watching / being rushed by carers		Can't use stair lift	No information given when carers don't turn up
Disrespectful e.g. taking chocolates without asking, not knocking to enter house, moving things around without asking	No flexibility		Doesn't know there are different stages/degrees of dementia - I know how to eat, don't need to be fed	Don't send bills in a timely way - let it build up till very expensive
If it's not written on the Care Plan the carer won't help with a task	Not sticking to timetables and keeping cared for informed of changes		Carer doesn't understand my disability	Supervision of visits: carers writing in log book on e.g. Tuesday they visited on e.g. Monday
Doing their own thing when should be looking after cared for person				Changing carers / times - particularly at short notice & with no consultation
Some carers can't speak understandable English				Cared for not on any carers 'list of calls' for a particular day/s
Carers don't really care about the job				No emergency contact outside of 9-5
				Carers don't always wear ID
				Carer and cared for rotas aren't always the same

				Bed times not appropriate e.g. in plan, because carer late
				Inconsistent care: one carer says 'nice bit of fish tomorrow' then next carer can't cook - no fish!
				Would like changes to be sent by text / email
				No staff to cover for sickness etc

Key

 Most important

* Spectrum, Buzz Network, Continuing Healthcare, Sembal House, Manston Court Memory Cafe, Padwell Rd Day Centre, Headway, Freemantle and Woolston Community Centre Learning Disabilities Groups; Busy People, SCC Complaints for domiciliary care, SCC Sensory Services Team - covering the following care groups: physical disabilities; mental health; children; continuing healthcare; dementia; older people; acquired brain injury; learning disabilities

Table 3. Domiciliary Care Stakeholder* Engagement 2014 - What Should Change

Communication / Attitude	Time	Functional	Competencies	Domiciliary Management
Friendly, polite,	Travel time accounted for	Flexible in practical support to account for cared for persons changing needs	A good training programme to include all things on 'like' and 'dislike' lists	Cared for on interview panel / can choose carers / specify characteristics (age, gender etc)
Flexible when they come and what they do	Keep to agreed times	Supported Living and Domiciliary Care funding under one umbrella - more flexible	Required standard of English for communication purposes	Check attitude when interviewing - do they really want to work in the care industry / are they suitable?
See cared for as a person and not defined by their disability / age etc	Realistic time for care, taking into consideration cared for's age / disability etc.	Council to be included in Complaints Procedure - so one point of call for complaints	Continuing professional development to keep up to date with issues / law etc	Person centred Care Plan that is outcome focused (rather than task focused) and flexible e.g. will enable cared for to try different activities
		Council to monitor agency regularly	Office staff should be trained so they understand cared for persons views	Have good communication system and ensure everyone is trained and adheres to it
				Have a key worker system
				Be friendly and approachable
				Consistent carers, particularly for people with dementia
				Carers need decent pay
				Carers should have time to read and understand the Care Plan before the first visit - including what to do in a crisis for THAT person
				Itemised billing

Key

Most important

* Spectrum, Buzz Network, Continuing Healthcare, Sembal House, Manston Court Memory Cafe, Padwell Rd Day Centre, Headway, Freemantle and Woolston Community Centre Learning Disabilities Groups; Busy People, SCC Complaints for domiciliary care, SCC Sensory Services Team - covering the following care groups: physical disabilities; mental health; children; continuing healthcare; dementia; older people; acquired brain injury; learning disabilities

❖ Appendix 4 Adult Social Care Survey 2014

The following are answers to the questions within the Adult Social Care Survey 2014 that relates to domiciliary care services.

Q1) regarding overall satisfaction with the domiciliary care service provided.

ASCS 2014 Domiciliary Care Respondents Question 1

Number of responses	Satisfaction	% of responses
43	I am <u>extremely</u> satisfied	29.9
46	I am <u>very</u> satisfied	31.9
37	I am <u>quite</u> satisfied	25.7
10	I am <u>neither satisfied nor dissatisfied</u>	6.9
4	I am <u>quite</u> dissatisfied	2.8
3	I am <u>very</u> dissatisfied	2.1
1	I am <u>extremely</u> dissatisfied	0.7
 Total	 144	 100.0

Q22) If your current services better meet your needs compared with a year ago, how do they better meet your needs? Domiciliary Care Recipients Only

Comment
From 7.30am til 10pm, support workers on site. I am able to call them if I need further support. This includes during the night when staff sleep in a separate flat.
I now get help with my housework
I have my own cleaner. Comes in once weekly for 2 hours. I pay for 1 time.
The main reason is I have regular young ladies that are quite reliable, before I really never knew who was coming in
After a fall and also my arthritis has got much worse, the morning carer does more for me
I can go to bed and get up when I like
Increase of time
I do not get any help from services. DO NOT send MEN to wash me. I can wash myself
Can visit the community more, more finances to do things

Question 23) If your current services do not meet your need as well as they did last year, why? Domiciliary Care Recipients Only

Comment
Last year I could get [care?] at a time I wanted to
Not enough [carer] time
In general terms, the care agency have not catered adequately for my needs since I have moved to this address
It is very seldom when I can do some domestic work that our flat is required. Moreover at the moment I even am able to go out and leave my child at school. I need help in this area. [ACTIONED by MIT]
I would like a key worker from Social Services. I would like more hours for support. Help with day to day goals in life.

Question 24) If there was one thing we could do to improve the services you currently receive, what would that be? Domiciliary Care Recipients Only

Comment
I would like extra time and more mileage [ACTIONED by MIT]
Carers to complete tasks outlined in the care plan
Not to pay for carers that do not come to me and to have all the time I pay for
My mother does enjoy a regular carer who knows and can sense when she's not right. I know its difficult

to get a regular carer but the ones who are regular to my mother it's a good thing. When I'm not there I know she is being treated with care and respect. Especially tea or lunch time when mum says she doesn't want any food the regular carer will make her a sandwich which she will probably eat on her own. I know its difficult to get a regular carer but it helps not saying a stranger will be any less caring but it gets along her confidence [??]
Choose carers that are very suited, listen to requests, [name of carer] are in tune with us. We do need regular times, carers not to ask [client] if she needs commode, she will sometimes say 'No' when she does, not to put too much on her plate such as bread, biscuits, cake, little [??]. Make sure she has wash at night also, 4.30 is too early to get her ready for bed. Remove gloves when preparing food, have discussed this with [care manager?] she has agreed to do this.
I would prefer the carers to arrive at set times
Better care agency office consideration and more consistent evening care
Turning up at a regular time
Your staff to have 4 x 4 when it snows!
It would be better if the carers (who come twice a day) could stay longer than 10 minutes and could then have a chat with me
More [carer] time; carers coming at times agreed not hours earlier; carers not rushing in and then say 'I don't have much time'; carers wiping kitchen surfaces after food preparation; washing dishes
Someone to take me out [ACTIONED by MIT]
That carers arrived at the same time each morning, rather than staff time changing when the carer changes
As the carer for my wife [named] I am only aware of the services now provided – I find these very good and much appreciated
Having regular people to attend me
To be more informed with other people needs to be stimulated
Stop being so patronising make sure you know what to do before entering house get to know the person don't just be there because it is my job!!!
Never told about anything, left in dark all the time about any help – no organisation helps or tries to, have to fight for everything then don't get it. The services / medical help is useless and never turn up everything is a battle for my family
I would like my support workers to be able to take me on holiday
More contact from Social Services.
I want to learn to read and write. I struggle with numbers. I want to learn to cook
Remind me to put prescription in on time before [I] run out of medication
[name of provider] could improve – not sure what, staff are good

Q25) If you answered that you felt unsafe in question 7a on page 9 what is it that makes you feel unsafe? Add as many issues as you want. Domiciliary Care Recipients Only

Comment
I don't breathe very well so I have to keep stopping to get my breath as I can't walk very far. Feel unsafe getting in bath. To bath or shower so I don't have one [ACTIONED by MIT]
My mobility makes me feel unsafe because I am afraid of falling
I can only get around with the help of my walker. Also getting out of chair
My mobility makes me feel unsafe
When I am alone I have to be very slow and careful to avoid falling, but I wear an Age Concern Personal Alarm to use if and when I fall
Would like to attend a day centre
Falling
Unable to walk properly. COPD. Loss of balance
Epilepsy seizures, dizziness, depression, high blood pressure
Fear of falling inside or outside of flat

SUBJECT: IMPLEMENTING THE COUNCIL STRATEGY – TRANSFORMATION PROGRAMME UPDATE

DATE: 15 JANUARY 2015

RECIPIENT: OVERVIEW AND SCRUTINY MANAGEMENT COMMITTEE

THIS IS NOT A DECISION PAPER

SUMMARY:

The purpose of this report is to provide an update on the progress since July 2014 when OSMC considered a briefing on the transformation programme. At the July 2014 meeting OSMC requested that the Cabinet Member for Education and Change provide details of the projected savings and timescales against the Transformation projects and work-streams. This report provides some of that information and more details will be available when the Cabinet report is published for Full Council discussion in February 2015.

BACKGROUND and BRIEFING DETAILS:

Background

- At the meeting in July 2014, OSMC requested that the Cabinet Member for Education and Change provide details of the projected savings and timescales. Considerable progress has been made since July 2014 and this report provides an overview of the work undertaken to date and the plans for implementation. While this report provides some information requested, more details will be available when the Cabinet report is published for Full Council discussion in February 2015.

Going forward, the Cabinet's priority is to achieve:

- A reduction in year on year overspends as well as a real reduction in the costs of social care services for vulnerable children and adults.
- The implementation of a new operating model to make us more efficient and sustainable by 2017.
- The development of a list of council services that will be stopped or reduced.
- An increase in the level of resources we apply to our front line services by tackling front and back office inefficiencies.
- Making it easier and more efficient for our customers to deal with the council using self-service designed around their needs.
- Further reductions in procurement of external supplies and services and a review of all contracts.
- A Reduction in the number of management layers and a widening of the spans of control to make us more agile, efficient and adopt smarter ways of working.
- A more commercial approach to how we do business and use innovation to reduce costs and generate more income.

Progress as per the Transformation Cabinet report in July 2014

- Since July 2014, the following progress has been made:

BRIEFING PAPER

- Redesign our organisation to make it more cost effective, deliver improved outcomes for our customers and adopt effective new ways of working by designing a new operating model.
- We have captured an evidence base which tells us the level of effort staff were applying to front line service delivery and front and back office processes across the organisation. This work has identified the level of inefficiency and duplication of work taking place across the whole council and has provided priority areas of focus to drive out business efficiencies and savings.
- We have been talking and listening to our staff. We have completed the first staff survey since 2010 which tells us our staff satisfaction levels. We have been conducting face 2 face briefings with all staff. We have set up a dedicated staff forum (PULSE) to listen to ideas and concerns from our staff. The first forum held in December had over 60 attendees; the next forum is taking place 29 January 2015.
- We recognise that we need accurate information to make informed decisions to enable improved outcomes for our customers. We have prioritised bringing together reporting and data analysis across the organisation by way of establishing the first stage of a Strategy Unit in February 2015.

Progress within the transformation work streams since July 2014

Customer

- We have updated and redesigned our Customer Gateway to make it easier for our customers to deal with their queries, seek advice and make payments. We have introduced self-service terminals and since its launch on 13 October we have received very positive feedback. This new way of dealing with our customers will allow us to make further efficiencies in the front and back office support functions by reducing the need for resources to scan documents, process payments, dealing with general telephone enquires etc. By allowing our customers direct online access to services we can reduce paperwork and unnecessary effort. We have introduced appointment based services for transactions that have to be done face to face and for our most vulnerable customers.
- We have redesigned our web site (live in October 2014) which now offers our customers 24/7 access to the most of the services we provide and have made it easier for customers to make payments, seek information, submit enquiries and make requests for services. Our new website is versatile and can support any type of mobile device making it flexible for all our customers. We will continue to invest in making it easier for our customers to deal with us online by developing a My Southampton single account. By enabling our customers to self-serve, in turn it will help us reduce the level of resource needed to process requests and allow us to focus more resources on front line service delivery.
- Development of a single 'Front Door' - unified point of access for adult social care and housing services:
 - Adults Services and Housing Services are expected to be the first services in the new

BRIEFING PAPER

- 'Front Door' by the end of May 2015 (talks are underway with the Unions)
- Implementation of the Southampton Information Directory (SID) has been completed in preparation for the Care Act which comes into effect in April 2015 and the Children & Families Act which came into force in September 2014.

Infrastructure

- Implementation of a new back office administration function (business support) which will further address inefficiencies and deliver savings of £800k from April 2015.
- We will continue to reduce accommodation and work with our public sector partners through the One Public Estate programme. A key element has been the vacation of the OGS building and leasing it to Southampton University from January 2015.
- We will continue to monitor and reduce our staff spend on agency and overtime by improving work force planning, demand management and managing performance better.
- We have started work on implementing new ways of working for our staff including mobile and flexible working, new performance management, skills and competency frameworks.
- We are reviewing our procurement spend to deliver further cashable savings by buying smarter.

Service design

- We are reviewing our services focusing on why we offer them, who to, and challenging ourselves on whether we are the right provider. In the first phase, we are progressing work on redesign of adult social care provider services and libraries transformation.
- Research on alternative ways of delivering our services and different service models together with the establishment of a service design gateway process to review all proposals is underway. If required, larger/significant service redesign proposals may be brought forward for consideration by Cabinet and Full Council.
- A number of services are currently being reviewed:
 - alternative models for delivering services, including some which have trading / growth potential (e.g. economic development and regulatory services, highways, transport, arts and heritage services, social care services, housing repairs and maintenance, and the legal ABS)
 - Service transformation with cost reductions and/or service restructuring/streamlining (e.g. leisure, waste collection, enabling services) and
 - Customer service transformation (e.g. customer contact and digital services).

The need to change

- The role and shape of public services is changing dramatically. This is because of reducing budgets and changing needs, behaviours and expectations of customers, clients, residents and

BRIEFING PAPER

communities. The council and its public sector partners recognise that we can be more successful in improving outcomes within reducing resources by working together on a whole place thinking approach, pooling of budgets to deliver services in more seamless ways.

- The council is facing a significant funding gap of circa £61.2 million in 2016-17 and 2017-18, as detailed in the November 2014 budget report. The report identified work in progress savings of circa £6.9 million, which would bring the gap down to £54.2 million. This gap is set to widen further due to significant demand pressures in common with other councils. These demand issues and the need to reset a robust foundation for many services to vulnerable people have meant that there continues to be year on year overspends in both children services and adults social care services. A top priority for the council is to reverse this trend of year on year overspends as well as to achieve a real reduction in the costs of social care services for children and adults.

Changing the way we operate

- Given the challenges we face, it is clear that the way the council operates needs to change if we are to find new, more cost effective ways of meeting the needs of our communities in the context of a changing public sector landscape. To achieve this, we recognise that we need to continue to facilitate economic growth and foster effective partnerships with a range of public, private, voluntary and community sector partners. If the council is to deliver the right outcomes for residents, it must also focus its efforts on the right delivery models for the future (some of which may not be the council), income generation, becoming more commercial in everything we do and working with our partners to deliver shared services, maximising efficiencies within our front and back office operations and adopting new ways of working.
- Our new operating model is being developed by the Cabinet and Council's Management Team (CMT) with significant input and insight from Heads of Service, KPMG and the Council's Transformation Programme team. The new operating model will inform:
 - How we will deliver the required services to our customers
 - The best models for delivery of our services
 - How it supports the delivery of the Council's priorities
 - What we need in place to operate efficiently; skills, data, information, policies, procedures, processes, technology, property etc
- The timeline, estimated savings and investment for the transformation programme is being worked through and will be included in the report to Cabinet and Council in February 2015. It is important to note that the transformation programme is not expected to bridge the whole funding gap by 2017-18, however, it will make a significant contribution. Importantly it will help shape the council to become an organisation that is operating efficiently, effectively and designs its services around the needs of its customers, is flexible and agile by reducing unnecessary processes and simplifying the way we do things, anticipating and managing our demand better and generating income longer term.

Our programme of transformation is focused on:

Improving customer experiences by use of innovation and technology

BRIEFING PAPER

- A key aim of the Council Strategy 2014-2017 is to “*put residents and customers at the heart of what we do*”. To do this well, we will need to place much greater emphasis on delivering improved and consistent quality of customer experience across all access channels. This will transform how our customer interacts with us using digital means and helping them to become more self-reliant by providing the right access to information and data. We will redesign our service access points with our customers for our customers. We have already worked with a number of customer groups to gain their input to service redesign and will continue to do so. Through a more co-ordinated approach, using customer feedback, analysis and intelligence we will make it easier for customers and businesses to access information, make payments and become better informed of services we provide.

Reductions in layers of management and widening spans of control within the council

- We will simplify the way we work, providing our staff with the right tools, access to the right information at the right time to fulfil our customer needs. Our staff will adopt new mobile and flexible working styles. Despite the reduced size, the organisation will become agile and fit for purpose. Work is being undertaken by the Chief Executive to determine, at a high level, the future organisational structure for the council and the key components involved in the proposed organisational change.

Taking the cost out of inefficiencies

- We recognise that further efficiencies can be achieved by working differently and smarter. We have captured a sound evidence base which outlines how much staff effort is being applied to key processes across front line service delivery and front and back office support services. The work outlines where there is duplication, fragmentation and areas of efficiency improvement to be undertaken.
- This work was conducted by Price Waterhouse Cooper (PWC) who have completed this type of review across over 60 other public sector organisations. We have to therefore be prepared to base our estimates for the level of potential savings which can be released on the experience of other organisations, who have achieved savings through removing process duplication and fragmentation and delivering efficiency improvement. However at this stage a savings range has been applied and will be further validated during the business case development stage.
- Over the last five years councils have used the outcomes of this type of review to take forward specific process reviews such as stopping unnecessary back office processes, simplifying and redesigning simpler ways of working, consolidating their customer enquiry handling gateway, working towards a common way of undertaking simple assessment needs, enabling staff to become self-sufficient, adopting mobile and flexible working practices using self-service tools, providing more on line access to information and making payments to their customers. In turn they have used this evidence base to identify and deliver efficiencies which has resulted in financial savings. The savings potential identified as part of this review indicates through reducing and improving some of the core processes undertaken by the Council an indicative saving range of £5.9-9.8 million.
- Overall the review has outlined that we have the equivalent of 3,681 Full Time Equivalent (FTE) effort taking place across the council. This figure includes the effort across the processes from

BRIEFING PAPER

Capita and Balfour Beatty. It is also important to highlight that the effort has been estimated by consolidating each activity undertaken across the 40 most common processes across the organisation. The review summarises that we have 41% (1,521 FTE effort) currently delivering frontline service delivery and over (2,160 FTE effort) 59% facilitating and supporting our front line service delivery, this is illustrated in Figure 1.

- This does not mean that we spend 41% of our budget on front line services and more work needs to be done to understand how the effort translates into budgets. This does not therefore represent the number of staff dedicated solely to doing those activities. However it does outline that we have a number of common processes being undertaken in different ways across the council which provides us with opportunity to tackle inefficiencies and make us more efficient.
- This work provides us with an initial view on cashable savings that may be achieved through further process improvement.

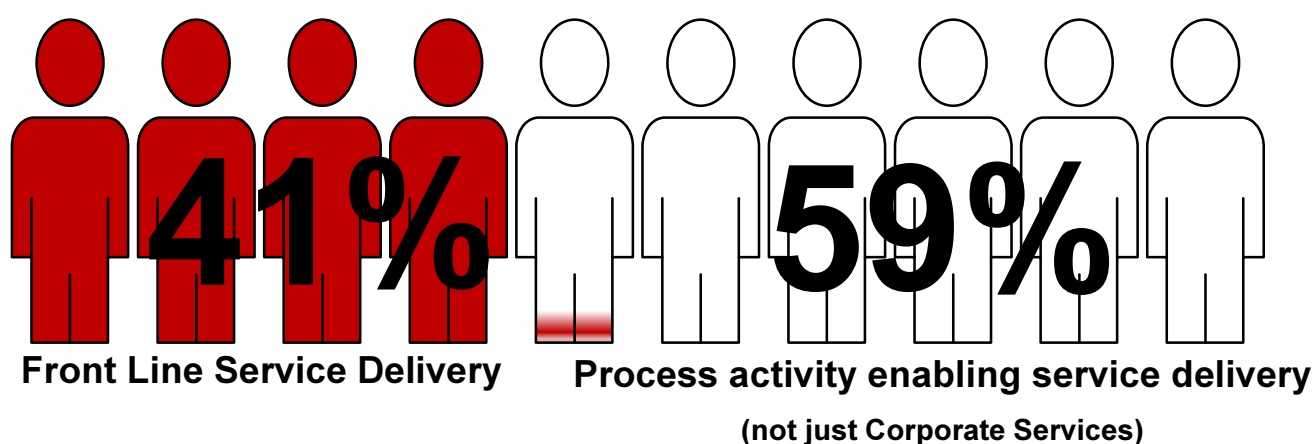


Figure 1 Process activity review representation of effort by core process for SCC

- We recognise that we will have to take decisions without having all the assessment and assurances and manage the risks accordingly.
- As we want to ensure we continue to make ourselves more efficient and work smarter, we are committed to shifting a greater proportion of our (reducing) resources to front line service delivery. Irrespective of what shape the council will be in the future, this work has given us clear evidence to support the stopping, consolidation and reducing fragmentation and duplication of core processes across the Council. It will also help us redesign how we deal with our customers' needs and demands in a more effective way.
- The key recommendations from this work will be aligned to the existing work already underway on projects such as Strategy Unit, Procurement Review, Customer and the implementation of the new operating model. Therefore it has been grouped into two phases:
 - Phase 1 – this work is underway and will focus on process improvements within our customer enquiry handling, customer assessment processes, better effective workforce management, further improvements in our business administration functions (business support) and improved use of our data for reporting and demand management (Strategy Unit). The work has outlined an indicative efficiency saving of £5.0-8.4 million. This will need to be validated through detailed work with the services over the coming months. The business cases for these savings will be completed by March 2015. The savings potential for phase 1 is identified in Table 1. This reduction does not include any

BRIEFING PAPER

reduction in the service delivery activity of the organisation as a result of adopting alternative delivery models.

- Phase 1 includes the savings that have already been agreed for the existing Business Support Phase 1 project and the Front Door project, and these savings are included within the 2015/16 budget, therefore the potential new savings from this work will be within the range of £4.4-7.9 million. However the process activity review clearly outlines additional savings that may be achieved as listed in Table 1.

Table 1 Potential savings from Process Activity Review phase 1

Process area	Average to Maximum Cost Reduction	Indicative Saving Range £M
Customer Enquiry Handling	11-17%	0.7-1.1
Processing Applications & Managing Appointments	13-20%	0.5-0.7
Eligibility & Assessment	11-17%	0.7-1.1
Management & Supervision	10-17%	0.9-1.6
Workforce Planning & scheduling	11-19%	0.4-0.7
Business Administration & Support	10-18%	1.2-2.2
Procurement, Commissioning & Managing Contracts	6-11%	0.2-0.3
Strategy & Policy, Research & Consultation	6-10%	0.2-0.3
Performance Management, Improvement & Business Intelligence Reporting	6-10%	0.2- 0.4
	Sub total	5.0- 8.4M
<i>Business Support and Front Door savings 15/16 removed</i>	Total	4.4-7.9M

- Phase 2 – will focus on improving and streamlining the processes associated with other support functions, such as, HR, ICT, and Finance etc. Although most of these functions are already centralised, within each Directorate there is still a high activity level taking place. The initial business case work for this area will be done in parallel with Phase 1, however, implementation will be aligned to the outcome of the service review work.
- The aim will be to increase the proportion of total effort (and consequently a greater proportion of budgets) to front line service delivery and reduce the effort that goes into supporting service delivery.
- The savings potential for phase 2 is identified in Table 2. This reduction does not include any reduction in the service delivery activity of the organisation as a result of adopting alternative delivery models.
- Officers are still working on these figures and as a result they come with the following health warning:
 - The work completed to date has been a high level desktop exercise, the proposals are in the very early stages and in some instances the figures and the profiling put forward could include duplication and/or uncontrollable costs. Further detailed work is required to verify the actual level of savings which can be delivered.

BRIEFING PAPER

- The interconnection between some of these proposals has not been established in all cases so the numbers may be over or understated.
- As part of the business work we will determine the level of investment required and all proposals will be subject to a robust return on investment review before proceeding.

Table 2: Potential savings from Process Activity Review phase 2

Process area	Average to Maximum Cost Reduction	Indicative Saving Range £M
ICT	10-14%	0.115–0.161
HR	10-14%	0.170–0.237
Legal	6-10%	0.090–0.149
Finance and Payroll	6-14%	0.290–0.405
Fleet	6-10%	0.030-0.051
Property & Estate Management	6-10%	0.025-0.042
FM (not all FM - some maintenance still within service delivery)	6-10%	0.040-0.067
Marketing, PR, Communications	6-10%	0.047-0.078
Health & Safety	8-12%	0.082-0.123
Stores, Distribution & Archives	6-10%	0.021-0.034
Democratic Support	6-10%	0.047-0.079
	Total	0.95-1.4M

- As a result of implementing the improvements in phases 1 and 2 the organisation effort levels would change considerably.

Outcome of phases 1 and 2

- The level of effort applied to the front line service delivery would increase from 41% to approx. 47% representing a 6% increase with the supporting functions reducing by approx. 6% to 53% of effort. The level of effort however may be subject to further change as an outcome of the service review work.

Outlook over the coming months

The priorities for transformation over the coming months will be:

- Commence the implementation of the new operating model (subject to Cabinet and Full Council Approval)
- Continue with the review of all services
- Complete the development of the business cases for the process improvements for Phase 1 and 2

Resource and Policy Implications

BRIEFING PAPER

1. The Council Strategy forms part of the council's Policy Framework, as set out in Article 4 of the Council's Constitution. The Transformation Programme will enable the council to systematically redesign every aspect of how we work and deliver services.

Appendices/Supporting Information:

1. None

Further Information Available From:

Name: Claire Corbett

Tel: 023 8083 4433

E-mail: claire.corbett@southampton.gov.uk

This page is intentionally left blank

Agenda Item 9

DECISION-MAKER:	OVERVIEW AND SCRUTINY MANAGEMENT COMMITTEE		
SUBJECT:	NORTHAM BRIDGE WORKS		
DATE OF DECISION:	15 th JANUARY 2015		
REPORT OF:	ASSISTANT CHIEF EXECUTIVE		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Mark Pirnie	Tel: 023 8083 3886
	E-mail:	Mark.pirnie@southampton.gov.uk	
Director	Name:	Suki Sitaram	Tel: 023 8083 2060
	E-mail:	Suki.sitaram@southampton.gov.uk	

STATEMENT OF CONFIDENTIALITY
None

BRIEF SUMMARY

The Chair of the Committee has requested that the Overview and Scrutiny Management Committee have the opportunity to discuss, with the Cabinet Member for Environment and Transport, the works to repair Northam Bridge that commenced on 6th January 2015.

RECOMMENDATION:

- (i) That the Overview and Scrutiny Management Committee discuss the Northam Bridge Works with the Cabinet Member for Environment and Transport.

REASON FOR REPORT RECOMMENDATIONS

1. At the request of the Chair of the Committee.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. None

DETAIL (Including consultation carried out)

3. On 6th January 2015 major repair work commenced on Northam River Bridge. This is essential work to preserve this vital river bridge, one of the busiest routes into the city centre.
4. A briefing paper on the Northam Bride works is attached as Appendix 1.

RESOURCE IMPLICATIONS

Capital/Revenue

5. Detailed in Appendix 1.

Property/Other

6. Detailed in Appendix 1.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

7. Detailed in Appendix 1.

Other Legal Implications:

8. Detailed in Appendix 1.

POLICY FRAMEWORK IMPLICATIONS

9. Detailed in Appendix 1.

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	N/A
------------------------------------	-----

SUPPORTING DOCUMENTATION

Appendices

1.	Briefing Paper - Northam Bridge Works
----	---------------------------------------

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.	
--	--

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	
----	------	--

SUBJECT: NORTHAM BRIDGE WORKS – JANUARY 2015
DATE: 15TH JANUARY 2015
RECIPIENT: CABINET MEMBER FOR ENVIRONMENT & TRANSPORT

THIS IS NOT A DECISION PAPER

SUMMARY:

Major repair work is planned to start on Northam River Bridge from **6 January**. The bridge is suffering from water ingress problems and needs attention now to avoid more significant future problems or even failure. The work involves completely stripping back the road and footpath to the bridge foundations, repairing water damage and applying two layers of waterproofing that should protect the bridge for the next thirty years. The work will be carried out in two halves to maintain a single lane of traffic over the bridge at all times.

BACKGROUND and BRIEFING DETAILS:

1. This is important work to preserve this vital route, the third busiest into the city. Northam Bridge is the most heavily used river bridge in Southampton accounting for a third of all vehicle crossings over the River Itchen within the boundaries of the city. There are approximately 35,000 vehicle crossings per day. That is over 12 million vehicles per year. Goods vehicles account for 17% of crossings (although HGVs only account for 2%).
2. Although everything possible will be done to minimise the disruption, delays are inevitable and journeys particularly at peak times will take longer than normal. We are asking drivers to plan their journey's knowing that the route will be busiest between 7.30am and 9.30am and 4.30pm and 6pm in the evenings. Also where possible to stay on the M27 and enter the city on an alternative route rather than use junctions 7 and 8.
3. Stakeholders are in the process of being provided with details of the planned works and timing through direct mail, email bulletins, online content including FAQs, media coverage and advanced warning signs. To outline the reasons for the work, for the timing and the likely extent of the disruption. To give clear travel advice to commuters. To reassure audiences that every effort to reduce the impact is being made as we recognise the importance of this route into the city centre.
4. In addition to advanced warning signs, targeted e-alerts will go to VIP stakeholders and anyone subscribing to travel advice related council email bulletins. Joint SCC press releases should go to local media ahead of work starting and at key phases of the work. These should be coordinated with social media releases via all appropriate Twitter feeds and direct mail to identified stakeholders asking for regular updates.

BRIEFING PAPER

5. Detailed information including FAQs with links to other connected schemes will be available via the discover website with support information on My Journey web pages. Frontline services will be sent all information and FAQs.
6. Specific details of the scheme include:-
 - This is essential work to preserve this vital river bridge, one of the busiest routes into the city centre, for residents, businesses, workers and visitors. The work is planned to take up to 20 weeks;
 - The bridge will remain open with one lane running in each direction but restrictions during the work are likely to have a significant impact especially at peak times. We are asking drivers who can to plan their journeys and for local employers to consider flexible working where possible. We would also encourage commuters to consider altering their routes in and out of the city and use junctions other than 7 and 8 of the M27 when they can;
 - Southampton City Council has successfully secured DFT 'Pinch Point' funding to carry out a programme of work on vital routes into the city, of which this is the last to be completed;
 - Key to the whole scheme is the need to improve and maintain transport links into and around Southampton, which will support the future economic growth of the city;
 - The work to Northam River Bridge will involve the replacement and repair of the drainage, parts of the bridge structure and waterproofing layer of the bridge. Without it the bridge is likely to deteriorate quickly and it would then require much more significant renovation and reconstruction in the future.
7. The Scheme will see:-
 - Removal of the existing road surface;
 - Refurbishment of the drainage structures;
 - Constructing concrete boxing around berried utility services over the bridge;
 - Replacement of the waterproofing layer with a double protection;
 - Reconstruction of the road and resurfacing.

Bus operators have been engaged with our plans for this programme of works, please check with bus operators for any changes to journey times.

Pedestrian access will be available over Northam Bridge at all times but diversions will be in place for whichever side of the bridge is closed during the works.

RESOURCE/POLICY/FINANCIAL/LEGAL IMPLICATIONS:

8. Funding for the scheme is part of a successful bid for £4.5m of DFT 'pinch point' funding to preserve important structures that are vital to the economy of the city. Work is being carried out now to avoid clashes with other major schemes and to meet the funding deadline. If work was delayed SCC may have to fully fund future work. Options for full closure of the bridge have been considered but keeping the route open during works was considered overall the best option.

BRIEFING PAPER

TIMESCALES:

9. The programme of work is planned to take up to 20 weeks. The full extent of any repair work will not be clear until the bridge structure is uncovered and investigations have been completed.

Appendices/Supporting Information:

- 1 FAQ's

Further Information Available From:

Name: Paul Walker

Tel: 023 80 83 2628

E-mail: paul.walker@southampton.gov.uk

BRIEFING PAPER

Appendix One - FAQs

Why are we doing the work at Northam Bridge now?

The timing is partly down to funding constraints, but mainly to avoid conflict with other major highways work that took place in 2014.

When will work take place and for how long?

Work is planned to start at the beginning of January, for up to 20 weeks. The duration of the work is subject to weather conditions and inspections once the bridge structure has been fully uncovered.

Can the road works be restricted to off peak times?

Due to the complexity of the work and the extent of the repairs required there is not the flexibility to adjust the traffic management.

What alternative routes and travel options are available?

Access over the bridge will be maintained but restrictions during the work are likely to have a significant impact at peak times. All routes from the east are via pinch point bridges so we are asking drivers who can to plan their journeys around peak time (**7.30am-9.30am and 4.30pm-6pm**) and for drivers already on the M27 to consider using junction 5 or 3. We are also asking local employers who can to consider flexible working to support affected staff. For advice about travel planning and alternative transport options please visit www.myjourneysouthampton.co.uk

Why is the work taking so long?

This is a major scheme to completely remove and replace the road and pavement surface, to inspect and repair the bridge structure and to apply waterproofing protection over the entire bridge. This is while still allowing traffic and pedestrians to use the bridge. The scheme is planned to be up to 20 weeks, the exact length of the work will depend on weather conditions and the extent of repairs required which will not be known until the bridge has been uncovered.

Who is funding this work?

The waterproofing of Northam Bridge is being funded by Southampton City Council and the DFT (Department for Transport) 'pinch point' funding, part of a £4.5m package to safeguard vital routes into and out of the city. This funding included work on several other major structures in the city (including Central Bridge, Redbridge and Millbrook flyovers, Western Approach Rail Bridge, and Vicarage Bridge later in 2015)

What alternative routes are there

We recommend for drivers who come off at Junction 7 or 8 of the M27 to consider staying on the M27 and using junction 3 or 5.

Why isn't work carried out 24 hours a day seven days a week to speed up work?

We are working 7.30am to 5pm weekdays. The scheme is close to residential areas which we need to be sensitive of. We will consider overnight and

BRIEFING PAPER

weekend work to carry out critical work that might create significant disruption at other times. There are significant costs attached to working 24/7 and the funding for the schemes is not sufficient to accommodate the additional costs.

Can traffic signals be adjusted to give bridge traffic more priority?

The signals at Princes Street are being changed to give greater priority for Northam Bridge traffic and other signal junctions on the route are being looked at to see if greater priority can be given.

This page is intentionally left blank

DECISION-MAKER:	OVERVIEW AND SCRUTINY MANAGEMENT COMMITTEE		
SUBJECT:	MONITORING SCRUTINY RECOMMENDATIONS TO THE EXECUTIVE		
DATE OF DECISION:	15 TH JANUARY 2015		
REPORT OF:	ASSISTANT CHIEF EXECUTIVE		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Mark Pirnie	Tel: 023 8083 3886
	E-mail:	mark.pirnie@southampton.gov.uk	
Director	Name:	Suki Sitaram	Tel: 023 8083 2060
	E-mail:	Suki.sitaram@southampton.gov.uk	

STATEMENT OF CONFIDENTIALITY
None

BRIEF SUMMARY

This item enables the Overview and Scrutiny Management Committee to monitor and track progress on recommendations made to the Executive at previous meetings.

RECOMMENDATION:

- (i) That the Committee considers the responses from Cabinet Members to recommendations from previous meetings and provides feedback.

REASON FOR REPORT RECOMMENDATIONS

1. To assist the Committee in assessing the impact and consequence of recommendations made at previous meetings.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. None.

DETAIL (Including consultation carried out)

3. Appendix 1 of the report sets out the recommendations made to Cabinet Members at previous meetings of the Overview and Scrutiny Management Committee. It also contains summaries of any action taken by Cabinet Members in response to the recommendations.
4. The progress status for each recommendation is indicated and if the Overview and Scrutiny Management Committee confirms acceptance of the items marked as completed they will be removed from the list. In cases where action on the recommendation is outstanding or the Committee does not accept the matter has been adequately completed, it will be kept on the list and reported back to the next meeting. It will remain on the list until such time as the Committee accepts the recommendation as completed. Rejected recommendations will only be removed from the list after being reported to the Overview and Scrutiny Management Committee.

RESOURCE IMPLICATIONS

Capital/Revenue

5. None.

Property/Other

6. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

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

Other Legal Implications:

8. None

POLICY FRAMEWORK IMPLICATIONS

9. None.

KEY DECISION? No

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

SUPPORTING DOCUMENTATION

Appendices

1.	Monitoring Scrutiny Recommendations –15 th January 2015
----	--

Documents In Members' Rooms

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

Equality Impact Assessment

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

Other Background Documents

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

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
------------------------------	--

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

Overview and Scrutiny Management Committee: Holding the Executive to Account

Scrutiny Monitoring – 15th January 2015

Date	Portfolio	Title	Action proposed	Action Taken	Progress Status
04/12/14	Health & Adult Social Care	-Future of Day Services -Future of respite service -Future of Woodside Lodge	1) That the Cabinet delays the decisions on the future of the adult social care services until assessments with service users and carers have been completed.	The following items have been Called-In and are on the 15 January OSMC agenda: <ul style="list-style-type: none"> • Future of Day Services • Future of respite service Information contained within the Call-In report appendices addresses a number of the OSMC recommendations. Mark Pirnie – 07/01/15	
			2) That the financial details outlined in the reports are reviewed prior to the Cabinet decision.		
			3) That the Head of Adult Social Care arranges a meeting with the Chair, or nominated representative, of St Denys Area Community Association before the Cabinet meeting.		
			4) That, to help inform the decision and provide re-assurance to service users, information on the potential options, and associated costs that could be purchased by service users through direct payments is presented at the Cabinet meeting.		
			5) That a summary of the Co-production appendix in the Members Room is incorporated within the Day Services Cabinet report.		

Date	Portfolio	Title	Action proposed	Action Taken	Progress Status
04/12/14	Health & Adult Social Care	-Future of Day Services -Future of respite service -Future of Woodside Lodge	6) That the Cabinet Member outlines: <ul style="list-style-type: none"> - The cost of expanding the Shared Lives scheme; - The available alternatives to the Shared Lives scheme, and the associated costs of these options. 		
			7) That the response from the CCG/NHS Provider Services to the proposal to close Woodside Lodge, and the potential it may have to reduce stress on the health and social care system relating to delayed discharge, is circulated to the Committee, and that any issues raised are followed up by the Health Overview and Scrutiny Panel.		
			8) That the Cabinet Member gives consideration to how the decision relating to Woodside Lodge can be integrated within the Millbrook Estate Regeneration Programme.		
			9) That the Health Overview and Scrutiny Panel review the impact of the Cabinet decisions 6 months after implementation.		
			10) That the Cabinet Member provides re-assurance to service users that the Council run facilities and services will not close until the contingency proposals effectively meet the identified needs of users.		

Date	Portfolio	Title	Action proposed	Action Taken	Progress Status
11/12/14	Leader's	Local Plan Review	1) That, to ensure that ward councillors and communities are engaged in the development of the Local Plan, officers schedule consultation meetings in community settings at appropriate times throughout the review.	Agree. 4 meetings for groups of ward Councillors will be set up (anticipated for late January / early February, for central, west, north and east areas). A Communications / Engagement Plan is being prepared. The first community consultation is proposed for June / July 2015.	
			2) A new Supplementary Planning Document on parking is developed that includes minimum parking spaces.	The current SPD expresses the standards as a maximum. A focussed review of the SPD will be progressed as resources allow, and considered alongside the Local Plan.	
			3) That plans are developed with local communities that support the viability and vitality of district and town centres in Southampton.	The Local Plan will include a section on the town / district / local centres to do this.	
			4) That officers engage with Eastleigh BC and Hampshire CC to consider how the potential of Weston Shore, and the route to Netley, can be maximised.	PUSH are reviewing the Green Infrastructure strategy. We have asked the project team to consider identifying this as one of the strategic links, as it would help connect Woolston via Weston Shore and Netley to the Royal Victoria Country Park via the waterside.	
			5) That to support an appropriate housing mix in Southampton the Local Plan review is utilised to: a. Protect the character of areas that contain executive houses in the city b. Identify opportunities to increase the supply of executive housing in Southampton.	To be approved by the independent Inspector, the Local Plan will need to consider evidence on all types of housing need (including for executive homes). Given that the city is already built up, the focus is likely to be on providing an appropriate level of protection for existing homes. New higher density apartments by the waterfront for example might also include executive homes.	
11/12/14	Leader's	Local Plan Review	6) That the Cabinet Member circulates to the OSMC a briefing note on the Redbridge roundabout	This recommendation has been forwarded to the transport team who will provide a briefing note.	

Date	Portfolio	Title	Action proposed	Action Taken	Progress Status
			transport scheme.		
			7) That, in the development of the Local Plan, the Council proactively engages with health providers about the current and future health infrastructure requirements in the city.	Agreed. The planning policy team have had initial discussions with the Council's public health team and will seek meetings with the relevant health providers in Spring 2015.	
11/12/14	Housing and Sustainability	Thornhill District Heating Scheme	1) That officers circulate the schematics for the project to the OSMC.	Schematic diagram for the proposed pipe runs for the project circulated to OSMC on 06//01/15.	Complete
			2) That the Cabinet Member clarifies the Administration's policy with regards to funding the Council's Estate Regeneration Programme.	The Administration has set aside funds to deliver the Townhill Park estate regeneration scheme within the Housing Revenue Account. Work is underway to see if a Development Company (DevCo) or similar model could provide a more attractive option, which is also being considered for the Millbrook and Maybush regeneration.	
			3) That the OSMC are provided with: a. A brief table outlining the headlines on the current HRA borrowing position. b. The funding envelope for the Millbrook Estate Regeneration Scheme.	a. The current HRA borrowing position remains consistent with the HRA Business Plan agreed at Council in Feb 2014 with a £6m headroom retained for a contingency. Borrowing levels fluctuate during the year. Full detail is being finalised as part of the HRA budget report and will be contained within Appendix 2 that will be considered by Council on 11 February 2015. b. This will be determined by how many elements of the proposed regeneration are backed by the community (i.e. how much work is carried out) and the cash needed is expected to be sourced by the DevCo.	

Date	Portfolio	Title	Action proposed	Action Taken	Progress Status

This page is intentionally left blank