

Health Overview and Scrutiny Panel

Thursday, 27th November, 2014
at 6.00 pm

PLEASE NOTE TIME OF MEETING

Conference Room 3 - Civic Centre

This meeting is open to the public

Members

Councillor Stevens (Chair)
Councillor White (Vice-Chair)
Councillor Bogle
Councillor Claisse
Councillor Mintoff
Councillor Noon
Councillor Parnell

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PUBLIC INFORMATION

Role of Health Overview Scrutiny Panel (Terms of Reference)

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

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

Public Representations

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

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

Mobile Telephones:- Please 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

COUNCIL'S PRIORITIES:

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

CONDUCT OF MEETING

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

Business to be discussed

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

Rules of Procedure

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

Quorum

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

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

Other Interests

A Member must regard himself or herself as having 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.

Dates of Meetings: Municipal Year 2014/2015

2014	2015
24 July	29 January
25 September	26 November
27 November	

AGENDA

Agendas and papers are now available via the City Council's website

1 APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)

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

2 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 - 8)

To approve and sign as a correct record the minutes of the meetings held on the 25th September and the 30th October 2014 and to deal with any matters arising, attached.

7 MINOR INJURIES UNIT (Pages 9 - 12)

Report of the Chief Executive of the Southampton Clinical Commissioning Group providing an update on the Minor Injuries unit, attached.

8 2015/16 BUDGET: OUTLINE OF HEALTH AND ADULT SOCIAL CARE PORTFOLIO PROPOSALS (Pages 13 - 18)

Report of the Cabinet Member for Health and Adult Social Care, detailing the 2015/2016 Budget proposals for the Portfolio, attached.

9 MULTI-AGENCY SAFEGUARDING HUB (MASH) - PROGRESS REPORT AND OUTLINE OF EARLY OUTCOMES (Pages 19 - 30)

Report of the Interim Head of Service, Children and Family Service providing a progress report for the Multi-Agency Safeguarding Hub, attached.

10 OFSTED ACTION PLAN (Pages 31 - 62)

Report of Interim Head of Service, Children and Families Service detailing the Children's Services Action Plan, attached.

11 UNIVERSITY HOSPITAL SOUTHAMPTON FOUNDATION TRUST, WHOLE SYSTEM WINTER PLAN AND EMERGENCY DEPARTMENT PERFORMANCE (Pages 63 - 80)

Report of the Chief Executive of the University Hospital Trust detailing the winter plan and providing the opportunity to discuss the Emergency Department performance, attached.

Wednesday, 19 November 2014

HEAD OF LEGAL AND DEMOCRATIC SERVICES

Agenda Item 6

To approve and sign as a correct record the minutes of the meetings held on the

- 25th September; and
- 30th October 2014

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SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL
MINUTES OF THE MEETING HELD ON 25 SEPTEMBER 2014

Present: Councillors Stevens (Chair), Claisse, Bogle, Mintoff, Noon, Parnell and White

10. **APPOINTMENT OF VICE-CHAIR**

RESOLVED that Councillor White be appointed as Chair for the remainder of the Municipal Year 2014/2015.

11. **DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS**

The Panel noted that Councillor Bogle was an appointed representative of the Council as a Governor of the University Hospital Southampton NHS foundation Trust and Councillor Noon worked for a care provider.

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

RESOLVED that the minutes for the Panel meeting held 24th July 2014 be approved and signed as a correct record.

13. **THE IMPACT OF HOMELESSNESS ON THE HEALTH OF SINGLE PEOPLE**

The Panel noted the report of the Assistant Chief Executive seeking approval for the Panel's draft inquiry report "The Impact of Housing and Homelessness on the Health of Single People".

The Chair, on behalf of the Panel, thanked all of the groups and individuals who had given up their time to participate within the inquiry.

RESOLVED that the Panel agreed that the draft report and recommendations set out in Appendix 2 be submitted to Cabinet for consideration.

14. **UNIVERSITY HOSPITAL SOUTHAMPTON; EMERGENCY DEPARTMENT REPORT**

The Panel considered the report, of the Chief Executive of University Hospitals Southampton, detailing the Hospital's Emergency Department performance.

Jane Hayward, Chief Operating Officer of University Hospital Southampton and Jon Richards, Chief Executive Officer of the Southampton Clinical Commissioning Group, were in attendance and, with the consent of the Chair addressed the meeting.

The Panel were informed that the Trust was continuing to review its work flows and processes within the Emergency Department of the Hospital. The Panel expressed a disappointment that there continued to be no improvement against the performance targets.

The Panel noted that the Trust continued to struggle with performance targets for the Emergency Department. It was clear that unlike previous years the Trust had failed to hit these targets in August. The Panel were informed that the Trust, as a trauma centre with a helipad, had experienced a high volume of major cases over the summer period,

and that one possible explanation of the lack of performance this year in August was that the fine weather this summer saw more instances of people injuring themselves whilst participating in outdoor activities.

The Panel considered an option to draw together various stakeholders in the region in order to help resolve the performance of the Trust's Emergency Department. However, the Panel noted that work had been undertaken to identify the main areas of concern and that a joint report identifying actions to address these issues was being put towards all stakeholders boards to review on a monthly basis.

RESOLVED that in order to continue to scrutinise the performance of the Emergency Department at the Panel's next meeting it would consider the joint monitoring report in order to review any unresolved actions.

15. **ADULT SOCIAL CARE TRANSFORMATION**

The Panel considered the report of the Cabinet Member for Health and Adult Social Care and the Director, People providing an update on the transformation of the People Directorate.

The Panel noted the ongoing transformation of the Council and the People Directorate. It was noted that the reform of Adult Social Care was driven by the need to improve outcomes and manage demand. The Panel were informed that work had been undertaken to improve the initial point of contact for the public to care services. This work had been done in order to divert and sign post individuals, after an initial eligibility assessment, to the most appropriate care pathway. It was noted that this work on what is known as the "Front Door" would hopefully be completed toward the end of the year.

The Panel noted that communication with staff was key to the programme. The Panel further noted that work practices and cultures were having to adapt to a multi-skilled approach and that there had been challenges to overcome and that the change had generally been received in a positive matter.

The Panel discussed the performance measures used and in particular whether the information was available to track patient need. It was noted that efforts were being made to improve the depth of the data available so that this level of individual information could be provided.

RESOLVED that the matter would return to Panel at an appropriate meeting following the introduction of the new "Front Door" arrangements for social care assessment.

16. **BETTER CARE SOUTHAMPTON UPDATE**

The Panel considered the report of the Cabinet Member for Health and Adult Social Care providing an update on the Better Care Fund.

The Panel were informed that the Health and Wellbeing Board had now submitted a revised plan, as requested by Central Government, in line with the amended guidance. The Panel noted that the intention for the Better Care Fund was to provide a single pooled budget for health and social care services, in order to promote closer working together in local areas between the NHS and the Council.

It was explained that Southampton's Better Care Plan had set out a number of targets in relation to care and the Panel sought clarification as to the how achievable these target were.

The Panel observed that effective communication was key to the engagement of staff and service users in order to meet the challenges required by the programme. The Panel were informed that there was a detailed communication plan set out that identified the various stages of communication needed to implement the changes required by the programme.

RESOLVED that the detailed communication plan be circulated to the Panel.

17. **OFSTED ACTION PLAN**

The Panel considered the report of the Director, People detailing the outcomes and action plan of the inspection into children's safeguarding.

The Panel noted that Ofsted had offered the Council help and support in the development of an action plan to address issues set out in their Inspection report of services for children in need of help and protection, child looked after and care leavers.

The Panel noted the Council had 90 days to prepare the action plan understood that the plan would receive scrutiny at a future meeting. The Panel noted that part of Ofsted criticism was based around politicians not meeting their corporate parenting responsibilities.

The Panel discussed the roles and responsibilities of the Council's Corporate Parenting Committee and noted that whilst not very Member sat on the Committee that there was both a corporate and personal responsibility on all Councillors for children that were classed as looked after or previously looked after.

It was stated that it was safe to assume that every school within the City's wards would have at least one child that was considered looked after. It was further explained that Councillors could not be automatically given the individual details of these children, but they had a collective responsibility for them and all of the other children at the schools within their wards to ensure that the best education possible was provided.

It was noted that the Ofsted inquiry had identified areas of good practice within this service area for example:

- the Multi Agency Safeguarding Hub; and
- the Behaviour Resource Service.

The Ofsted report had however, clearly laid out a number of areas for improvement including care leavers, missing children, and adoption that required immediate action.

RESOLVED that the Panel would scrutinise the Action Plan at a future meeting.

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SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL
MINUTES OF THE MEETING HELD ON 30 OCTOBER 2014

Present: Councillors Stevens (Chair), Bogle, Claisse, Mintoff, Noon, Baillie and Smith

Apologies: Councillors White and Parnell

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

It was noted that following receipt of the temporary resignations of Councillors White and Parnell from the Panel, the Head of Legal and Democratic Services, acting under delegated powers, had appointed Councillors Baillie and Smith to replace them for the purposes of this meeting.

19. **BITTERNE WALK-IN CENTRE**

Report of the Assistant Chief Executive of the City Council setting out information relating to the Bitterne Walk-in Centre.

The Panel received a presentation from representatives of the Southampton Clinical Commissioning Group and Solent NHS Trust detailing proposals for supporting primary care and increasing community nursing to better meet the needs of the most vulnerable patients, especially the elderly, in their own homes across Southampton. The proposals detailed plans to run a trial for a 6 month period commencing in December 2014 and involved the temporary closure of the Bitterne Walk-in-Centre (BWIC).

Rowena Davis, Phil Wood, Tom Doak, Ben Hibbert, Kim Rose, Councillor LLOYD and Mike Simpson were in attendance and, with the consent of Chair addressed the meeting.

A number of issues were discussed at the meeting including:

- how the diversion funding from the BWIC to the community nursing and community health care will better address the needs and requirements of the most vulnerable patients in the City;
- the financial costings of the BWIC and how the funding available for the pilot would be made available for the temporary period;
- the merits of undertaking a pilot that tested whether the provision of community care could be improved by diversion of funding that became available with the temporary closure of the BWIC prior to any consultation on the future of the service;
- difficulties with gaining a same day appointment at GP surgeries within the Eastern part of the City and how the pilot was aimed to free up GP time and availability to relieve this problem. The Panel noted the growing demand on GP and Nursing services with population growth;
- the geographical nature of health provision in the City including the disparity of services available within the Eastern areas and the proportion of residents on a low income and without the necessary means to transport themselves to other parts of the City to visit health facilities;

- concerns that with the closure of the BWIC residents will seek treatment from an inappropriate provider and add to the pressures upon the City's emergency departments.
- the importance of communicating the correct care pathways and advice to residents in order for them to more readily access the correct services efficiently. The Panel were told that the emergency telephone number 111 had proved to be very effective within the City and across Hampshire. It was stated at the meeting that those needing care often found themselves misdirected by their own previous experience and that instead of sourcing the most appropriate pathway they followed the same route into gaining care. The Panel were informed that the communication plans were robust and aimed to redirect patients through the 111 number to the most correct place for care;
- the development of the Pilot had resulted from consultations with the main health providers in the City including University Hospitals Southampton;
- the practicalities of holding a meaningful consultation within a period that included the Christmas holidays and prior to a general election.

RESOLVED that the Panel:

- (i) noted that there were opportunities for improvement to the provision of community health care services that did not rely on the release of funding made available from the temporary closure of the Bitterne Walk-in-Centre; and
- (ii) recommended that the Southampton City Clinical Commissioning Group and the Solent NHS Health Trust do not change the provision of services through the Bitterne Walk-in-Centre prior to a meaningful consultation with residents and that due care should be taken to ensure that the practicalities of holding a meaningful consultation within a period that included the Christmas holidays and prior to a general election.

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY COMMITTEE		
SUBJECT:	MINOR INJURIES UNIT		
DATE OF DECISION:	NOVEMBER 2014		
REPORT OF:	CHIEF EXECUTIVE, SOUTHAMPTON CLINICAL COMMISSIONING GROUP		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Peter Horne	Tel: 02380 725660
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STATEMENT OF CONFIDENTIALITY

None

BRIEF SUMMARY

Following a pilot in 2013, Southampton City CCG re-specified and retendered the Minor Injuries Unit Service at the Royal South Hants Hospital. The new service went live in August 2014. This paper provides an overview of the new service and the arrangements that are in place to manage the contract.

RECOMMENDATIONS:

- (i) Health Overview and Scrutiny Panel to receive and note the paper.

REASONS FOR REPORT RECOMMENDATIONS

1. The Health Overview and Scrutiny Committee requested a briefing on the new MIU service

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. N/A

DETAIL

3 Background

- 3.1 In response to a GP audit of Emergency Department (ED) attendances at University Hospital Southampton NHS Foundation Trust (UHS) in Q4 11/12, Southampton City CCG (SCCCG) agreed a plan to increase the number of minor injury patients seen at the Royal South Hants (RSH) Minor Injury Unit (MIU) to support a reduction in the attendances at the UHS ED. The key driver was identified as a mismatch between the availability of radiology services and the opening hours of the existing nurse-led service. Patients who could clinically have attended the MIU were attending UHS instead to have an X-Ray.
- 3.2 The CCG established a pilot to extend the radiology opening hours at the MIU for 5 hours per day from 5pm to 10pm. Early indications showed success in diverting activity away from UHS and proved popular with patients and the ambulance service. It was agreed that the re-designed model had proved successful.
- 3.3 The CCG then considered the approach to implementing the pilot in full. It

was identified that this would entail a major change to an existing service and as such required market testing through tendering. A tender process, overseen by NHS South of England Procurement services, then took place between the end of 2013 and early 2014. Bidders were asked to submit bids detailing how they would provide the best possible service incorporating innovative ideas, strong communication plans and ensuring good working relationships with neighbouring services.

- 3.4 Care UK were the successful bidder and the new service commenced on 1 August 2014 for a period of 5 years under a Standard NHS Contract.
- 3.2 The aim of the service is to see, treat and discharge people with minor injury and illness within a four hour period. A 'see and treat' model is used to ensure that patients are seen quickly and discharged if appropriate. Patients are either advised, redirected to other services or seen and treated within the unit by the skilled practitioners. All practitioners can now interpret x-rays and further clinical training is planned on a regular basis.
- 3.3 People do not need to make an appointment. Patients can attend during opening hours which are: Monday-Friday 7.30am-10.00pm, weekends and Bank Holidays 8.00am-10.00pm (last patient accepted at 9.30pm).
- 3.4 For adults and children, the MIU is able to:
- Stitch and close wounds
 - Remove splinters
 - Remove foreign bodies from ears, noses etc
 - Dress minor wounds, cuts and grazes
 - Apply plaster of paris to broken limbs
 - X-ray arms and legs (from 2 years old)
- It is also able to treat:
- Sprains and strains
 - Broken bones to arms, lower leg and feet
 - Wound infections
 - Minor burns
 - Minor head injuries
 - Insect and animal bites
 - Minor eye injuries
 - Minor injuries to back, shoulder and chest
- 3.5 One of the main changes of the new service is that children from 2 years old can now be x-rayed (previously from aged 12). This change to the service is that there is an average of 80-90 children a month under the age of 12 now having their x-ray at the MIU as opposed to needing to attend UHS ED.

4 Supporting Actions

- 4.1 The CCG has developed a winter communications plan with the public and stakeholders. Key messages are:
- **Phone first – call 111.** *NHS 111 is the gateway to the urgent care system. It provides health advice fast and will direct you to the right health service for your needs.*
This service was launched in February 2013 and local feedback on services is good. Our winter promotion will highlight this and show more people that 111 is a good first port of call.
 - **Think first – and ask your pharmacist.**
There are several 100 hour pharmacies in the city. These pharmacies offer access to help advice and medication round the clock. Our campaign materials aim to instil confidence about using pharmacies. They will highlight little known facts such as the 5 years of specialist training pharmacists undergo along with the ability to discuss your concerns in a private consultation room if required. The CCG wants to show that, for minor ailments, pharmacies are a faster more convenient alternative to other health services. We must make better use of the other NHS Funded Services across the City.
 - **Think first – and be prepared.**
This strand of the campaign aims to help people to with self- care by highlighting the need to have medicines they might need at home. That way if they do fall ill they can get better faster.
 - **Do you know about your Minor Injuries Unit?** This campaign is being run as part of the new MIU service at the Royal Southants Hospital (RSH).
- 4.2 In addition, the MIU has a comprehensive communications plan for promoting the service. A large leaflet drop took place from 8 October 2014 to 192,000 homes in the surrounding area.
5. **Contract management**
- 5.1 Monthly contract review meetings are taking place between the CCG and Care UK and a monthly quality review will discuss any quality concerns or issues. Reporting on key performance indicators will be monitored throughout and Care UK held to account at the contract review meetings. There have been two contract management meetings since the service was fully mobilised. In August 2014, 2955 patients attended the MIU and in September 2014 this number grew to 3274
- 5.2 Some of the key performance metrics that Care UK are being measured on are:
- Quality including safety and patient experience
 - Overall attendances and any breaches
 - Under 12's attending for x-ray (as this is new to the service)
 - Onward referrals to ED
 - Choosing well information given out (supporting the winter message)
 - Patients re-attending within 7 days with same condition (health promotion monitoring)
 - Complaints
- 5.3 Within the contract management there is a dedicated monthly contract

quality review meeting which scrutinises all aspects of quality of the service. Complaints and incidents are monitored very closely and managed by the local senior team with oversight by the Hospital Director/CQC registered manager. Any trends or concerns raised are covered in the contract quality review meeting.

RESOURCE IMPLICATIONS

Capital/Revenue

7. The MIU contract is £1.7million.

Property/Other

8. None

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

9. Health and Social Care Act 2012

Other Legal Implications:

10. None

POLICY FRAMEWORK IMPLICATIONS

11. Align with Health and Wellbeing Strategy and Council's Policy Framework Plans

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	All
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SUPPORTING DOCUMENTATION

Appendices

1.	None
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Documents In Members' Rooms

1.	None
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Equality Impact Assessment

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

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

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

1.	None	
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DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY COMMITTEE		
SUBJECT:	BUDGET PROPOSALS – INTEGRATED COMMISSIONING UNIT		
DATE OF DECISION:	27 NOVEMBER 2014		
REPORT OF:	CABINET MEMBER FOR HEALTH AND ADULT SOCIAL CARE		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Stephanie Ramsey	Tel: 023 8029 6941
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STATEMENT OF CONFIDENTIALITY
None

BRIEF SUMMARY

The budget proposal for reviewing Learning Disability Residential Placements is focussed on improving outcomes for people with learning disability by developing bespoke housing solutions within the city. The policy direction and imperative to offer more personalised forms of care continues to be a national driver as set out in the Care Act 2014.

The review of Housing Related Support (Supporting People) and other commissioning contracts is to identify areas where efficiencies can be made whilst minimising impact on residents. The plan for rehabilitation and reablement review is a key priority within the Better Care Southampton Plan and is key to achieving the required outcomes. Some savings are expected to be achieved through greater integration and reduction of duplication. The proposals are still being developed through work with a range of stakeholders and so implications are not yet available.

RECOMMENDATIONS:

- (i) Health Overview and Scrutiny Committee notes the budget proposals

REASONS FOR REPORT RECOMMENDATIONS

1. There is a national requirement, following Winterbourne View Hospital findings, for a review of current placements for people with a learning disability with complex needs, placements made out of area and those at risk of admission. A consequence of moving people to more bespoke accommodation will release savings. In the Priorities Survey 2013 reviewing contracts was amongst the most common residents' suggestions for savings. The rehabilitation and reablement review is a key priority within the Better Care Southampton Plan and is key to achieving the required outcomes.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. The development of the Better Care Southampton plan was undertaken with a wide range of stakeholders to identify the top priorities. Through this a range of transformational approaches were considered and rehabilitation and reablement was prioritised as one of the areas that will achieve significant change

Duplications and inefficiencies exist, such as use of multiple contracts with same providers, mixed use of contracts and grants. There is a need to avoid unnecessary costs and move to lower cost solutions. Contracts have been reviewed to identify those for focus

DETAIL (Including consultation carried out)

3 Learning Disability Residential Placements HASC 2

- 3.1 This is a 2 year project to rehouse 58 people with Learning disability and complex needs, who are currently in high cost residential placements out of the city. The intention is to develop bespoke housing solutions for each individual working with a range of housing associations within the city. This is not a service reduction but a project to move people from residential placements to individual community placements. The Learning Disability Housing project will be delivered through selected housing associations, by working in partnership with the commissioning agencies to support the individuals housing needs. It will also ensure dedicated care management and advocacy for each individual and their carers.

- 3.2 Following the Winterbourne View Hospital findings, the Government issued requirements to local authorities and health services. These requirements include a review of current hospital placements for people with a learning disability with complex needs, placements made out of area and those at risk of admission. Southampton City Council and Southampton City Clinical Commissioning Group (SCCCG) has taken this opportunity to review all current placements of complex individuals to ensure the most appropriate housing solutions for those individuals considered at highest risk are being identified.

Another requirement set by Government was that by April 2014 each area needs to have also developed a joint plan to ensure high quality care and support services for all people with learning disabilities or autism and mental health conditions or behaviour described as challenging, in line with best practice.

- 3.3 Many individuals with a learning disability who have complex needs are currently cared for in residential care settings. This type of service provides support in communal arrangements. As a result, personalised services are difficult to deliver. Individuals with complex needs benefit from bespoke service designs to appropriately support their physical, social and psychological needs. It is recognised that individuals' health and wellbeing can be more effectively supported if the person has control over who, where and how they live (DOH, 2007 Department of Health: Services for people with learning disabilities and challenging behaviour or mental health needs).
- 3.4 A total of 58 individuals across the CCG and Council were identified from the joint review who may benefit from rehousing outside of residential care settings. This is in line with the City Council's plan to reduce reliance on residential care and in more appropriate support settings.

- 3.5 Savings will be achieved through:
- Reduction in the need for high cost residential placements
 - Enabling service users to share staff teams where appropriate thereby reducing costs
 - Reducing the number of out of city placements thereby reducing staff costs in terms of travel and time when assessing and reviewing service users
 - Developing a wider range of housing solutions for the future.

3.6 These are out of area services and so there is no impact on Southampton City Council staff. The temporary recruitment of staff to enable the project to proceed has been built into the costs.

3.7 This work is being undertaken in conjunction with Southampton City Clinical Commissioning Group (CCG). Cabinet approved the joint work with the CCG to meet these needs and to develop a Section 256 agreement to enable the transfer of £1,500,000 to support the development of housing for this group in December 2013. The planned efficiency saving for this work for SCC is £750k, from annual spend of £3,327,328 (2013/14 baseline)

4. **Housing Related Support (Supporting People) HASC 5**

4.1 Supporting People provides housing related support services, mainly through contracts with voluntary sector agencies, but including in-house provision particularly for older people.. Support is provided to homeless people (including young people and teenage parents); women fleeing domestic violence; people with learning disabilities and mental health problems; and older people in sheltered housing and at home. Up to 2,500 people receive support at any one time. Support focuses on helping people to maintain their accommodation for longer, to stay safe in the community, and to promote their independent living skills. It underpins statutory services for people in the community.

4.2 The review aims to protect housing related support services to vulnerable people by focusing on achieving better value for money across contracts. The impact on individuals will be limited by focusing on the contracting arrangements and rationalising administration costs. Support will continue to be targeted to ensure it is supporting the achievement of wider strategic priorities of the authority. While most services have previously been tendered, there is room for further negotiation on prices for the future.

Negotiations with providers will commence in November 2014. By working with providers using key information e.g. hours provided, hourly rates etc. we will look to investigate opportunities to rationalise and ensure appropriate provision and funding arrangements from all potential agencies involved in client welfare e.g. Housing Benefits claims through the Department of Work and Pensions. Where providers are not willing to negotiate risk assessments will be carried out to ascertain when providers can be changed. Any such contracts will not be extended. Support services will continue to be targeted to ensure they are supporting the achievement of the wider priorities of the authority. This includes ensuring that services better support statutory service provision, and continue to prevent people from having to move into institutions including residential care. The programme will rationalise its administration by reducing IT costs and the collection of monitoring data.

4.3 The key intention of the proposal is to provide better value for money.

Negotiations are not intended to impact negatively on individuals. Housing related support will be protected by focussing core activities, and will continue to support vulnerable people living in the community. The Supporting People Programme will continue to focus on supporting vulnerable people to remain in their own accommodation and maximising their independence, and enable those individuals to take responsibility for their decision making.

4.4 Total efficiencies planned are £480k from a 2015/16 net controllable budget of £7,306,500

5. **Review existing commissioning contracts to make further efficiencies HASC 1 (£100k)**

5.1 This is part of an ongoing piece of work to review all contracts held to identify areas for efficiency, reduce duplication and ensure value for money.

5.2 In the Priorities Survey 2013 reviewing contracts was amongst the most common residents' suggestions for savings. Overall, 41% of all respondents made suggestions for improving efficiency, showing that it is an area which is important to residents.

6. **Strategic review of rehabilitation and reablement services HASC 4 (£400k)**

6.1 The strategic review of options for rehabilitation and reablement services (HASC 4) will look at the whole system including health services and those provided by the council. The savings are expected to be achieved through greater integration and reduction of duplication. The proposals are still being developed, through work with a range of stakeholders.

6.2 Evidence highlights the importance of effective rehabilitation and reablement that intervenes early to prevent problems developing and supports people to regain and maintain their independence improves outcomes for the individual and reduces ongoing costs. Enabling speedy discharge from hospital reduces the need for ongoing care. A significant number of older people deteriorate in hospital as a result of time spent in bed, falls and infections and, for those who are mentally frail, disorientation and diminished cognitive functioning. Such deteriorations often result in increased social care spend. Thus, in some health and social care systems, over 50% of all admissions into residential and nursing home care come directly from hospital.

6.3 A full stakeholder consultation will be undertaken with staff, customers and carers on the proposed options in the future. At this stage the full complement of staff working within the SCC services have been highlighted for information. There is no clarity on the staff numbers who may be implicated in the final proposal.

6.4 The rehabilitation and reablement review is a key priority within the Better Care Southampton Plan and is key to achieving the required outcomes including to significantly reduce permanent admissions to residential and nursing homes. The aim is to achieve a 12.3% reduction in admissions in per capita terms over 2014/15 and sustain and improve on this in subsequent years. Also to increase the percentage of older people still at home 91 days post discharge into reablement services

7. **Review of Public Health Services HASC 3 (£400k)**

7.1 The savings will be achieved through a review and refocus of Public Health

services, based on the prioritisation of Children’s Centres. This will increase the level of Public Health funding to protect this vital service area. This review will not impact on front line provision and will be derived from reduced management and overheads costs.

RESOURCE IMPLICATIONS

Capital/Revenue

- 8 Proposed savings:
- 8.1 Review existing commissioning contracts to make further efficiencies HASC 1 £100k
- 8.2 Learning Disability Residential Placements HASC 2: £750k, from annual spend of £3,327,328 (2013/14 baseline)
- 8.3 Review of Public Health Services HASC 3: £400k, from expenditure guide 2015/16 of £15,050,000
- 8.4 Strategic review of rehabilitation and reablement services HASC 4 £400k
- 8.5 Housing Related Support (Supporting People) HASC 5: £480k from a 2015/16 net controllable budget of £7,066,000

Property/Other

- 9. None

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

- 10. Care Act 2014, legislative requirement from April 2015

Other Legal Implications:

- 11. None.

POLICY FRAMEWORK IMPLICATIONS

- 12. Alignment with Health and Wellbeing Strategy and Southampton Better Care plan

KEY DECISION? Yes

WARDS/COMMUNITIES AFFECTED:	All
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SUPPORTING DOCUMENTATION

Appendices

1.	None
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Documents In Members' Rooms

1.	None
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Equality Impact Assessment

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

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

Title of Background Paper(s)

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

1.	None	
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DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:	MASH – PROGRESS REPORT AND OUTLINE OF EARLY OUTCOMES		
DATE OF DECISION:	27 NOVEMBER 2014		
REPORT OF:	INTERIM HEAD OF SERVICE, CHILDREN AND FAMILY SERVICES		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Louise Drury	Tel: 023 80834650
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STATEMENT OF CONFIDENTIALITY
None

BRIEF SUMMARY

The Multi-Agency Safeguarding Hub (MASH) is the single point of contact for all safeguarding concerns regarding children and young people in Southampton we have also determined that it is the front door access for Early Help referrals.

The attached report Appendix 1 identifies the progress that has been made since April 2014 and outlines early outcomes.

Appendix 2 provides Q1 and Q2 Mash data set.

RECOMMENDATIONS:

- (i) Members to note progress report and outline of early outcomes and agree to receive 6 monthly reporting on MASH.

REASONS FOR REPORT RECOMMENDATIONS

1. MASH is a statutory front door for Children’s Services and members need to be alert to the performance of this service and the demand for Children’s Services in the city.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. Not Applicable

DETAIL (Including consultation carried out)

4. Brief introduction and description of area of work:

4.1 The Multi-Agency Safeguarding Hub (MASH) is the single point of contact for all safeguarding concerns regarding children and young people in Southampton we have also determined that it is the front door access for Early Help referrals.

4.2 The MASH brings together expert professionals, called “navigators”, from services that have contact with children, young people and families, and makes the best possible use of their combined knowledge to keep children safe from harm.

It does this by:

- Acting as a “front door” to manage all safeguarding referrals
- Researching information held on professional databases
- Providing a secure and confidential environment for professionals to share information
- Identifying low-level repeat referrals which taken in isolation may not appear concerning
- Prioritising referrals using a BRAG (**Blue/Red/Amber/Green**) rating
- Referring cases to other agencies
- Activating “child protection” social work services which sit alongside the MASH to provide immediate protection for a child

4.3 The Threshold Document is integrated into the Southampton Child and Family Early Intervention Model which supports the vision for Southampton children and families where the highest priorities are ‘a good education for all’ and ‘the earliest help’. Within MASH, the navigators research and share information about a child, using the Southampton Child and Family Early Intervention Model and Threshold Document to establish the level of need and inform the best response to meet the child’s needs.

5 **MASH Statistical information:**

5.1 Q1 saw the number of referrals to MASH increase significantly month by month since the formation of the new service. Our analysis in advance of the new service design for children and families across the city confirmed the hypothesis that too often children were not receiving interventions until they reached crisis point. We projected that in the first quarter we would see a sharp increase in referrals and subsequently allocations, as the system was more coherent and accessible. The presence of Ofsted (for most of quarter two) and the publication of three serious case reviews may well have seen that increase continue for longer than might otherwise have been the case, whilst the August rates are particularly low we do expect to see the beginning of a levelling of referrals and allocations over Q3 and Q4. See Appendix 2 for MASH dataset report for further information.

6 **Findings from qualitative audits, in particular feedback from service users and staff which relate to children’s safeguarding:**

6.1 From the recent Inspection July 2014, Ofsted reported that Thresholds for children and young people needing help and protection are understood by partners. The majority of referrals are of good quality, contain comprehensive detail and consider the impact on children. Partner agencies speak positively and confidently about the MASH, to which there has been a recent increase in referrals. The likely reasons for this are well understood and whilst it has put additional pressure on services, no children were found to have been left at risk as a result of these pressures and clear plans were seen to be in place to manage the increased demand.

6.2 The Children’s Commissioner’s 2013 Inquiry into Child Sexual Exploitation in Gangs and Groups found that both police and local authorities still identified the inability to share information as a key barrier to safeguarding children from sexual exploitation. The report cited MASHs as an encouraging development, combining the expertise and resources of several bodies in order to identify children at risk of sexual exploitation. This co-ordination was identified as particularly important for children and young people who face several different

risks.

- 6.3 In March 2014, HMIC published results from an all force inspection on domestic abuse, 'Everyone's business: Improving the police response to domestic abuse'. This report found that many forces, in order to increase the effectiveness of their partnership working in domestic abuse, are supporting the creation of multi-agency safeguarding hubs (or MASHs). HMIC strongly supports the development of these approaches and recommended that forces and partners make sure there is a clear understanding of the relationship between the MARAC and the MASH, avoiding duplication but not constructing rigidly separate structures. Meetings have been undertaken with management representatives of MARAC, MASH and CAADA to look at how these can work better together by adopting an integrated approach. The next meeting is scheduled for October 2014 and will be informed by Data provided by the Multi-Agency Risk Assessment Conference (MARAC) and MASH.

7 Main achievements and areas of strength, and impact on safeguarding

- 7.1 An effective MASH has been established in Southampton which is enabling good inter-agency information sharing and decision is making at the first point of contact with statutory social care services. This was evidenced in initial feedback during the recent Ofsted inspection July 2014
- 7.2 Simply having a MASH model does not guarantee a good safeguarding response. The label of a MASH will not deliver any benefits unless each agency effectively discharges its own safeguarding duties. In this way a MASH is not a panacea for poor inter agency working, but will instead enhance good inter agency working if effective cultures and processes are developed. Prior to going live in April 2014, investment was made in the development of processes and in ensuring these were effectively communicated to all staff to be based in MASH and across the partnership via the MASH workshops which facilitated discussion and understanding about Thresholds, Referral Processes and Information Sharing. An induction programme was undertaken by all MASH members and this was followed by Team Building events.
- 7.3 There has been a more accurate assessment of risk and need, as safeguarding decisions are based on coordinated, sufficient, accurate and timely information. Within MASH information is gathered from a wider range of sources which helps to build a more complete picture. There are early signs that this has had a positive impact reducing 'No Further Actions' which contributes to a reduction in repeat referrals. Improved identification of risk allows for earlier intervention, taking preventative action before risk had escalated.
- 7.4 The MASH workflow process ensures that there is consistent management oversight of cases which avoids cases getting 'lost' in the system, ensures that decision making is evidenced and undertaken by a qualified social worker at a suitable level of authority. Systems are in place to ensure that feedback is provided to the referrer.
- 7.5 There is an improved understanding between professions, both in terms of language used and the approach to safeguarding. MASH staff have reported both in recent Ofsted inspections and via agency line management that they are confident in applying thresholds supported by the Threshold Document and have a better understanding of different agency's roles. Southampton MASH is firewalled and there is greater confidence to share information which underpins

improving safeguarding quality.

- 7.6 There are greater efficiencies in processes and resources. By being a co-located integrated service duplication is avoided and the BRAG work flow process ensures management oversight and the opportunity to step-up and step-down risk assessments. This contributes to better allocation of resources at the right time. Furthermore decision making within 24 hours of a referral being received has significantly improved since the implementation of MASH.
- 7.7 The rotation of staff is intended to develop further as it was felt to be important in the first 6 months to embed processes before introducing these to a wider group of staff. However, there is confidence within the management group that it is now possible to support rotation of staff more widely to ensure that the balance is kept between risk assessment of referrals and frontline work, and develops the team's competence. This will also transfer knowledge back to the home agency when staff members return from their secondment to MASH.

8 Evidence of how Serious Case Review findings have been implemented:

- 8.1 Evidence from SCR findings highlight previous poor practice and decision making, leading to missed opportunities to protect children and failures to achieve permanence for children within their timescales.
- 8.2 Decisive action has been taken in response to SCR findings to improve services and outcomes for children. This has included establishing multi-agency Early Help Teams, creating a MASH and equally importantly, the action taken has sought to transform the culture in which services operate by creating a common ownership of safeguarding across its partnerships, and making practice more evidence based and child focused.
- 8.3 The range and work of agencies in the MASH, including health, housing, independent domestic abuse advisors (IDVAs) and police officers mean that it is an effective arena for sharing information to inform decision making. Decisions about thresholds of need and risk are made by qualified and experienced social workers. Poor information sharing and decision making, which missed opportunities to safeguard children, were strong features of learning from recent serious case reviews, and practice within the MASH demonstrates how that learning has been used to improve practice.

9 Key developments:

- 9.1 The Multi-agency commitment to MASH to include Probation, Adult Mental Health and Substances Misuse Services. Adult substance misuse and mental health issues feature significantly in a number of child protection cases. Ofsted Inspectors saw strong engagement with and by these services in safeguarding children, including good quality, timely referrals and good information sharing and joint working with children in need of protection. However, engagement with these services will be strengthened further by being present in MASH.
- 9.2 It is recommended that a multi-agency data analyst role is developed in MASH as this is central to the identification of potential families and children at risk across a range of areas such as child sexual exploitation or gangs. This information would then be used to identify patterns of behaviour to build up MASH intelligence.

10 **What will the outcomes of improvements be?**

10.1 Through the development of MASH and Early Help the right service will be identified for the right child at the right time. Consistent evidence based preventative casework interventions to children and families will be delivered at the earliest stage of identified concern(s). Assessments and interventions are offered through the Early Help Teams and by universal service providers' use of the universal help assessment/plan with children, young people and families.

10.2 Specific improvement outcomes will be:

- Improved school attendance across the City.
- Reduction in the number of cases re-referred into the MASH within 12 months – indicating that the right intervention is being offered to families.
- Reduction in the numbers of cases being “stepped up” to higher threshold interventions (such as children subject to child protection plans and children placed in care).
- Improvement in the quality of referrals received by MASH through increased use of the UHA within universal settings.
- Reduction in duplication and gap.
- Children and families will be able to name their Lead Professional

11 **Key messages:**

11.1 In conclusion it is clear that the MASH has come a very long way in a relatively short time. The introduction of a new working model has involved a period of substantial change both in the process of referrals to LA children's social care, but perhaps more importantly, in the way professionals from different agencies relate to each other and share information. There are good indications that a MASH culture is emerging which facilitates working together and information sharing.

11.2 There are also promising signs that MASH working can lead to improvements in safeguarding outcomes. Speedy access to information from a range of different agencies means that social care professionals are now beginning to get a fuller picture of the child in his or her situation. This makes it possible to make more informed decisions that are appropriate to the level of risk. The audit data also revealed an improvement in the turnaround time for referrals.

11.3 However, there are still a number of challenges which must be met if MASH is to reach its full potential and improve safeguarding services for children and young people. This includes wider agency resourcing of adult services, including Probation, Mental Health and Substance Misuse. Plans are in place for these to be achieved in January 2014.

11.4 The difficulties in the collection of data held by different agencies arises partly from the fact that information is held in many different databases. Taking a proactive approach by having a dedicated analyst in MASH would reduce the weaknesses in multi-agency data collection, sharing and analysis which inhibits the development of safe care strategies for individual and groups of children and young people and means that risks may not be identified and patterns of

behaviours and trends are not tracked. For example, Ofsted identified that arrangements for identifying and tracking children and young people missing from home and care are under-developed with patterns and trends yet to be identified. The key components to analyst role would be performance management and analysis of vulnerable cohorts.

12 **Resource Implications:**

<u>MASH - Staff Costs</u>		
Post	£	Calculation based on:
<u>SCC posts</u>		
Team Management	52,800	1 x Grade 12 TM
Assistant Team Management	127,900	3 x Grade 10 ATMs
Social Work	148,200	4 x Grade 9 SWs
EWO	37,000	1 x Grade 9 SW
Early Years	37,000	1 x Grade 9 SW
Housing	37,000	1 x Grade 9 SW
YOS	8,000	0.2 x Grade 9 SW
IDVA	18,500	0.5 x Grade 9 SW
Vulnerable Adults	37,000	1 x Grade 9 SW (not yet In MASH)
Admin	23,100	1 x Grade 6 BSO
Total SCC MASH Staff	574,000	
Voluntary Sector	20,000	
Total SCC MASH	545,500	
<u>Non-SCC posts</u>		
Police	42,600	1 x Grade 10 ATM
Health with Admin	48,600	1 x Grade 9 SW and 0.5 Grade 6 BSO
Adult Mental Health	37,000	1 x Grade 9 SW (not yet in MASH)
Probation	37,000	1 x Grade 9 SWs (not yet in MASH)
Total Partner Agencies	165,200	
Costs are an approximation; based on the mid-point of the grade		

RESOURCE IMPLICATIONS

Capital/Revenue

5. None

Property/Other

6. None

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

10. The Information Sharing Protocol which underpins the activity of MASH is in place and has been agreed by partnership legal bodies.

Other Legal Implications:

11. None

POLICY FRAMEWORK IMPLICATIONS

12. Compliant with Working Together 2013

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	All
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SUPPORTING DOCUMENTATION

Appendices

1.	Appendix 1 MASH Data Set
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Documents In Members' Rooms

1.	None
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Equality Impact Assessment

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

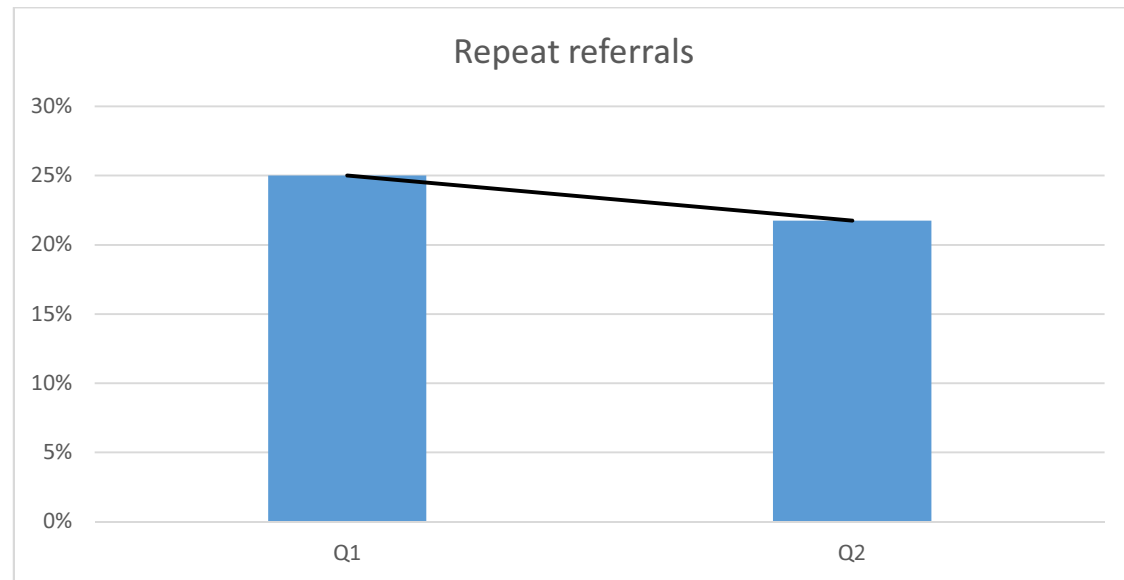
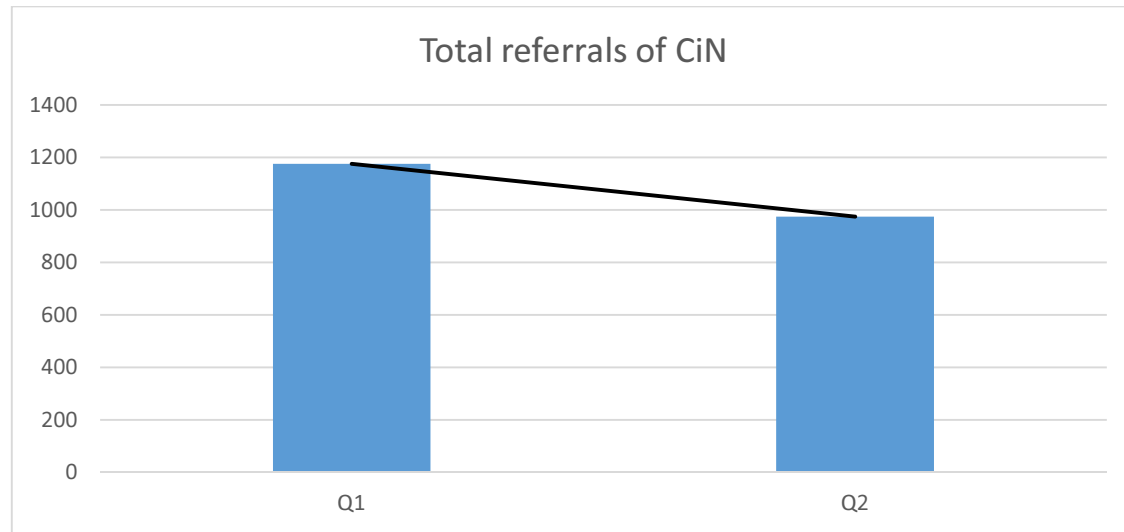
Equality Impact Assessment and Other Background documents available for inspection at:

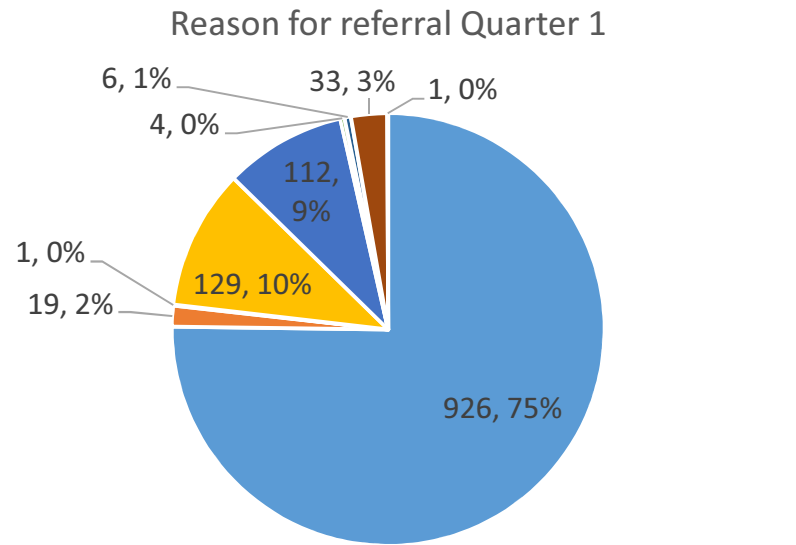
Title of Background Paper(s)

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

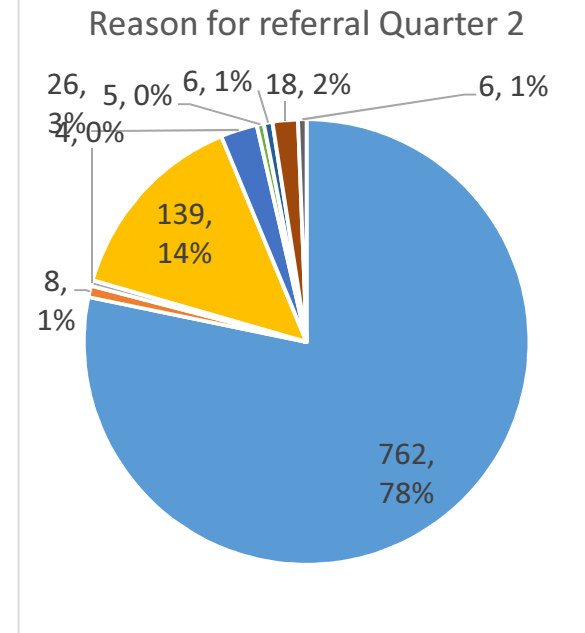
1.	None	
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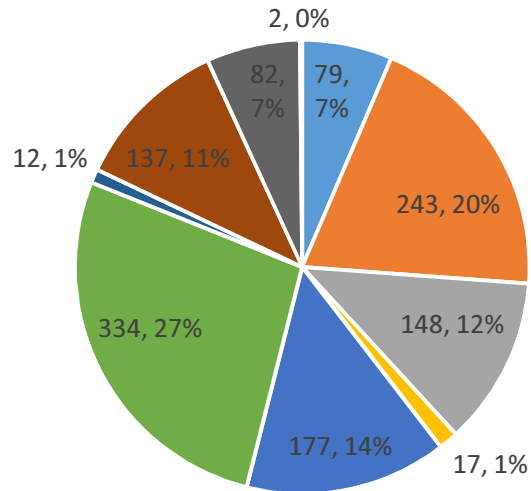


- Total referrals where primary reason was recorded as abuse or neglect (N1)
- Total referrals where the primary reason was Child Disabilities (N2)
- Total referrals where the primary reason was Parental disability or illness (N3)
- Total referrals where primary reason was recorded as Family in acute stress (N4)
- Total referrals where primary reason was recorded as Family dysfunction (N5)
- Total referrals where primary reason was recorded as Socially unacceptable behaviour (N6)
- Total referrals where primary reason was recorded as Low income (N7)
- Total referrals where primary reason was recorded as Absent parenting (N8)
- Total referrals where primary reason was recorded as Cases other than Children in Need (post-adoption only) (N9)

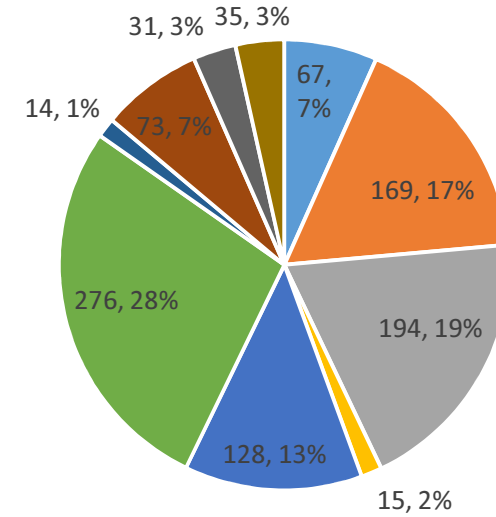


Appendix 2 Mash Dataset

Referral Source Quarter 1



Referral Source Quarter 2



- Number of referrals from individuals (acquaintances, neighbours, strangers, self etc) (1)
- Number of referrals from Education services including schools (2)
- Number of referrals from Health services (including GP, health visitor, school nurse, A&E and other hospital departments) (3)
- Number of referrals from Housing (LA housing or housing association) (4)
- Number of referrals from LA services (including Adult Social Care, Youth Offending Service and other internal and external LA departments) (5)
- Number of referrals from Police (6)
- Number of referrals from Other legal agency (including courts, probation, immigration, CAFCASS, prison) (7)
- Number of referrals from other (including children's centres), independent agency providers, voluntary organisations, fire department (8)
- Number of referrals from anonymous referrers (9)
- Number of referrals from unknown source (10)

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DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:	OFSTED ACTION PLAN		
DATE OF DECISION:	27 NOVEMBER 2014		
REPORT OF:	INTERIM HEAD OF SERVICE, CHILDREN AND FAMILIES SERVICE		
<u>CONTACT DETAILS</u>			
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STATEMENT OF CONFIDENTIALITY
None

BRIEF SUMMARY

On July 7th OFSTED undertook a second unannounced inspection of Southampton Children's Services and Southampton LSCB over a period of three weeks. This followed the previous inspection which had been declared by Ofsted to be flawed. The report of inspection and the required action plan has now been published. The improvements that have followed the transformation programme were acknowledged by the inspectors and they deemed the leadership and management of the service to be strong. However due to there being insufficient evidence yet of the impact of the changes to children's Services and the LSCB, both were overall judged to Require Improvement. In addition the Leaving Care service was deemed to be inadequate due to systemic failures in the multiagency commitment to this group of young people. Ofsted identified a number of issues that need to be addressed before Children's Services' could be considered to be good. The appendix contains the Ofsted report and the draft action plan. Ofsted will re-inspect Southampton Children Services in 12-18 months' time and will expect to see all the actions completed and the service demonstrating that it is a good service. Children's services have accepted Ofsted's offer to work together to devise an effective action plan to ensure that services for children in Southampton are good and a meeting took place on 22nd October. The overall action plan was considered acceptable but some amendments were proposed and these have been incorporated into the Action Plan. Any amendments by Hosp will also be included.

RECOMMENDATIONS:

- (i) The committee review the action plan in order to monitor progress and confirm the direction of travel

REASONS FOR REPORT RECOMMENDATIONS

1. This Ofsted Report and Action Plan is a statutory requirement and it is important that it is scrutinised by HOSP
2. HOSP needs to be aware of the concerns that need to be addressed and the

proposed actions to address these concerns

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. It is a statutory requirement to respond to the Ofsted Inspection report and produce an action plan and that there should be sufficient scrutiny by the council. One of the requirements identified by Ofsted is that scrutiny of Children's Services by Southampton City Councillors should be improved. Therefore no other actions were considered.

DETAIL (Including consultation carried out)

4. The Panel received the report at their meeting on 25th September 2014, and requested an update on the action plan to be submitted to their next meeting. The Ofsted Inspection report contains the findings of a thorough inspection of Children's Services, which included consultation with service users and staff. The report highlights that services require improvement because:
 - a) Politicians have not been meeting their corporate parenting responsibilities to champion looked after children and care leavers and ensure that their needs are met.
 - b) Too many care leavers are not in education, employment and or training. Only three care leavers are currently in higher education.
 - c) Over 30% of care leavers are either not in touch with services or assessed as living in unsuitable accommodation.
 - d) Adoption is not achieved quickly enough for a small minority (17%) of looked after children.
 - e) Care plans for looked after children are neither thorough nor comprehensive and therefore are not effective in assisting practitioners in their work to ensure that all children's needs are being met.
 - f) The majority of looked after children do not receive good quality life story work.
 - g) Looked after reviews are too often delayed or not held at the right time
 - h) Arrangements to respond to children who go missing from home and care are not sufficiently robust.
 - i) Strategy discussions do not always include all appropriate agencies and are poorly recorded.
 - j) Case recording is often not sufficiently detailed nor purposefully linked to the care plan of the child.
 - k) The supervision of social workers does not consistently promote reflective practice.
 - l) Performance management arrangements are not sufficiently focused on improving the quality of work with children and families.
5. Under each of these points there is a detailed list of what the Local Authority needs to do to improve the services for children and the Local Authority is required to provide an action plan within 90 days in order to move from Requires Improvement to Good. The attached draft action plan addresses each of the requirements and the RAG rating shows the progress to date.

ACTION PLAN

6. The Action Plan to address the issues raised has been compiled by staff of the new Quality Assurance Business Unit in consultation with senior managers, the LSCB and Ofsted Inspectors. In order to keep the plan manageable, actions will be aligned with the existing transformation plan and those actions arising from the previous Ofsted inspection which are not yet complete. A senior manager has been identified for each action and they will maintain an active overview of the progress against each action. Some actions, particularly those in relation to care leavers, will require the commitment of other services both within and outside the council and a strategic commitment to support the improvement.
7. The majority of the Actions are on track and will be completed in the time frames indicated. These actions are marked as amber. Some actions are already complete and are marked as green. The red actions will be completed on time but activity on these has not yet started or they are in the very early stages of development

RESOURCE IMPLICATIONS

Capital/Revenue

8. There are no capital costs to these proposals and it is anticipated that revenue costs will fall within the existing budget for Children’s Services. Successful implementation of the required changes have the potential to lead to reduced costs in the future as children’s needs are met earlier and there will be less demand for placements for looked after children.

Property/Other

10. There is no impact on property in the Action Plan

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

11. All the actions in this report fall within the statutory powers already accorded to Children’s Services. Ofsted, as a statutory body, has required an improvement in the delivery of Southampton Children’s Services and Southampton City Council Children’s Services is required to comply

Other Legal Implications:

12. There are no other legal implications

POLICY FRAMEWORK IMPLICATIONS

13. There are no Policy Framework Implication

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	The Ofsted Inspection report applies to children in the whole of Southampton
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SUPPORTING DOCUMENTATION

Appendices

1.	SCC Children's Safeguarding Inspection Ofsted Action Plan
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Documents In Members' Rooms

1.	None
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Equality Impact Assessment

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

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

Title of Background Paper(s)

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

1.		
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Action Plan in Response to Ofsted Findings

DRAFT

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No	Ofsted recommendation.	Action	Timescale	Lead	Performance Indicator	RAG Rating	Outcome
Priority and immediate action (3 months)							
13/14	Take action to reduce the numbers of care leavers living in unsuitable accommodation and ensure that all such arrangements are robustly risk assessed and monitored.	<ul style="list-style-type: none"> Implement the recommendations of the Strategic Needs Review of Supported Housing: (*) - improve the referral process and joint-working between Pathways and supported housing providers to ensure improved and timely access and provision - Support and accommodation services to be tendered. (July 15) 	3 months	Integrated Commissioning Unit Nick Cross	P17 NI147 % of care leavers who are in contact and suitable accommodation	Amber	All care leavers feel, and are safe in their accommodation. All care leavers are able to benefit from advice, guidance and the support of their corporate parent.
	Ensure that all cases where care leavers are not in contact with services are regularly reviewed and that there are effective responses to all opportunities to	<ul style="list-style-type: none"> Current independent and 'suitable' accommodation to meet the needs of care leavers. Work with providers to look at current mix and to identify new accommodation options across registered providers and SCC 	3 months	Integrated Commissioning Unit/ Nick Cross	P17 CLA48 % of care leavers still in contact with social services	Amber	

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No	Ofsted recommendation.	Action	Timescale	Lead	Performance Indicator	RAG Rating	Outcome
	re-establish contact.	<ul style="list-style-type: none"> As part of the current implementation of the Council's Allocations Policy ensure that Care Leavers obtain priority to access suitable Housing which best meets their Needs Accommodation options to meet sustainability criteria (i.e. remain available for care leavers post-22 years of age) As part of Phase 2 Transformation develop a Housing Options model to provide targeted support as part of the Pathway Plan for Care Leavers and co-locate the Housing and Care leavers Service (*) Ensure there are robust arrangements to identify and monitor those children who are in unsuitable 	<p>3 Months</p> <p>3 months</p> <p>3 months</p> <p>3 months</p>	<p>Nick Cross</p> <p>Integrated Commissioning Unit/Nick Cross</p> <p>Nick Cross / Fiona Mackirdy</p> <p>Fiona Mackirdy</p>		<p>Red</p> <p>Red</p> <p>Green</p> <p>Green</p>	

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No	Ofsted recommendation.	Action	Timescale	Lead	Performance Indicator	RAG Rating	Outcome
		<p>accommodation and/or who are not in contact</p> <ul style="list-style-type: none"> Ensure a robust risk assessment is on the file that includes pro-active planning to mitigate risk and to re-establish contact with every care leaver who is not in contact and/or assessed as living in unsuitable accommodation and that this is regularly reviewed. Continue to consider Staying Put arrangements for all Young People as part of their Pathway Plan (*) 	<p>3 months</p> <p>3 months</p>	<p>Fiona Mackirdy</p> <p>Fiona Mackirdy</p>		<p>Green</p>	
15	Improve support for care leavers to encourage and sustain engagement in education, employment or training.	<ul style="list-style-type: none"> Implement recommendations for apprenticeships for Care Leavers (*) Review the remit of the Virtual School to consider post-16 education, 	<p>3 months</p> <p>3 months</p>	<p>Denise Edghill</p> <p>Ed Harris</p>	P17 NI148 % of care leavers who are not in education, training or employment (NEET)	<p>Amber</p>	Reduce % of care leavers who are NEET from 69% (2013/14) to 31% (2016/17)

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No	Ofsted recommendation.	Action	Timescale	Lead	Performance Indicator	RAG Rating	Outcome
		<p>employment and training support</p> <ul style="list-style-type: none"> Implement a tracking system for Care Leavers who are currently, or at risk of becoming NEET which tracks placement and performance. The Corporate Parenting Committee to receive regular reports for scrutiny. 	3 months	Denise Edghill/ Ed Harris			
16	Ensure that information from 'return home' interviews is routinely shared and used to improve the quality of safe care planning for children. Improve the quality and analysis of data on children going missing from home and care.	<ul style="list-style-type: none"> Ensure the new contract with the provider for Return Interviews includes a clear expectation that all information relating to return home interviews have been shared with the child's social worker and routinely informs the child's plan. Routinely collect and analyse missing children from home and care data to identify risk, patterns and trends and report into the LSCB Missing, Exploited 	3 months 3 months	Integrated Commissioning Unit / Stephanie Ramsey / Louise Drury Louise Drury/Fiona Mackirdy	P17 CLA39 / CLA40 Number of CLA missing / episodes of CLA missing for 24 hours or more	Amber	Patterns of behaviour and trends in relation to children who go missing are identified so that the risks to individual, and groups of, children are known and mitigated by safe care strategies

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No	Ofsted recommendation.	Action	Timescale	Lead	Performance Indicator	RAG Rating	Outcome
		and Trafficked Subgroup (*)					
17.	Complete the review of children waiting for adoption and ensure that appropriate alternative plans for achieving permanency are implemented for the small number of children for whom adoption is no longer an appropriate option.	<ul style="list-style-type: none"> Complete the review of children waiting for adoption and implement the recommendations arising. Going forward implement a rag rating system, developed and owned by the Independent Chair Service, for all CLA to measure progress against the care plan. 	3 months 3 months	Fiona Mackirdy Christine Robinson		Amber Amber	Adoption is appropriately considered for all children unable to return to their birth families, and where this is not achievable the plan is actively reviewed at each statutory review to consider alternative permanency plans. Where the review recommendation is no longer the plan, all actions to rescind the plan are taken within 3 months.
18		This action is a repetition of action 15 and has been removed.					

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Areas requiring improvement (6-9 months)							
Care leavers							
19.	Ensure appropriate services are available to support improved attainment of all care leavers.	<ul style="list-style-type: none"> • Virtual School to consider post-16 education, employment and training support 	Feb 15	Ed Harris		Red / Amber	By 2019 50% of care leavers will achieve level 2 or 3 qualifications.
		<ul style="list-style-type: none"> • Develop consistent and high quality careers advice in schools which is proactively provided to looked after children; ensuring this is firmly in place from year 9. 	April 15	Ed Harris		Red	
		<ul style="list-style-type: none"> • Explore the development of mechanisms via the virtual school to routinely engage with the children and young people in our care to support and help shape their learning journeys; ensuring this facilitates the experiences and opportunities children and young people need to develop their interests, inform their decisions and add value to their learning 	Jan 15	Ed Harris		Amber	
		<ul style="list-style-type: none"> • All looked after children will receive a work placement 				Amber	

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		<p>arranged through their school in consultation with the Virtual School, which will provide a meaningful experience of their career aspirations</p> <ul style="list-style-type: none"> • Review looked after Children’s predicted grades, to ensure they are set at a level which provides appropriate challenge and demonstrates the high expectations placed on them • Ensure a broader range of professional disciplines have an active interest in our looked after children’s educational progress and make a positive contribution to their learning and development • Provide opportunities for looked after children to participate in other activities such as the Junior Warden Scheme which support their contribution to their local community and support school attendance and 	<p>April 15</p> <p>April 15</p> <p>April 15</p> <p>April 15</p>	<p>Ed Harris</p> <p>Ed Harris</p> <p>Ed Harris</p> <p>Nick Cross /</p>				<p>Amber</p> <p>Amber</p> <p>Amber</p>
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		<p>attainment</p> <ul style="list-style-type: none"> • As Corporate Parents the Care Leavers Service to offer practical and emotional support to all young people to access and remain engaged in education • Regularly and routinely submit reports on looked after children's educational progress and broader achievements to enable our elected members to effectively complete their scrutiny role • Ensure a culture of celebration of our children's achievements, which will become embedded through routine celebratory events and in our regular core activities 	<p>Dec 14</p> <p>Ongoing</p> <p>12 months</p>	<p>Ed Harris</p> <p>Fiona Mackirdy</p> <p>Fiona Mackirdy/ Ed Harris</p>			
20.	Increase the number of care leavers successfully attending higher	<ul style="list-style-type: none"> • Virtual School to consider post-16 education, employment and training support. This will include a clear and targeted early focus 	Immediately	Ed Harris		Amber	By 2019 10% of care leavers will attend higher education.

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	<p>education.</p>	<p>placed on raising and nurturing the aspirations of looked after children and the expectations of them by their carers and their education providers</p> <ul style="list-style-type: none"> • Virtual school to track and target individual children • Continue to develop links with local universities as part of mentoring support to care leavers • All looked after children who are interested, or are showing ability to progress to higher education will be accompanied to at least 2 university open days by the Virtual school/Care Leavers Service • As Corporate Parents the Care Leavers Service to offer practical and emotional support to all young people to access and remain engaged in education 	<p>Immediately</p> <p>Immediately</p> <p>May 15</p> <p>Dec 14</p>	<p>Ed Harris</p> <p>Ed Harris</p> <p>Ed Harris</p> <p>Fiona Mackirdy</p>			
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21.	Ensure that preparation for the transition into adulthood begins early enough, and is informed by a good needs assessment.	<ul style="list-style-type: none"> • Continue to implement Phase 2 transformation that will create a newly structured care leavers service and an earlier focus (14 years+) on young people's transition to adulthood (*) • Raise the quality of pathway plans • Going forward implement a rag rating system, developed and owned by the Independent Chair Service, for all CLA to measure progress against the care plan 	<p>Oct 14</p> <p>Dec 14</p> <p>April 15</p>	<p>Theresa Leavy</p> <p>Fiona Mackirdy</p> <p>Christine Robinson</p>	<p>Proxy indicator: p15 CLA 23 % of CLA with an updated care plan in the last 6 months</p>	<p>Green</p> <p>Amber</p> <p>Amber</p>	<p>Each looked after child aged 16 years or over has a clear analytical needs assessment which results in an effective pathway plan that adequately prepares the child for adulthood.</p>
22.	Improve the availability of health promotion and advice to care leavers.	<ul style="list-style-type: none"> • Consider the contract with the looked after health service that it meets the needs of older young people and that the service is informed by young people's feed back • Ensure young people leaving care have details of their health history 	<p>Jan 14</p> <p>Mar 15</p>	<p>Integrated Commissioning Unit Sehpanie Ramsey / Fiona Mackirdy</p> <p>Fiona Mackirdy</p>		<p>Amber</p> <p>Red</p>	<p>All care leavers know and understand their health histories and receive the health and health promotion advice they need.</p>

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		<ul style="list-style-type: none"> • Review of available health promotion service and ensure as Corporate Parents the Care Leavers Service offers practical and emotional support to all young people to access appropriate health provision 	Mar 15	Fiona Mackirdy		Red	
23.	Expand the range and availability of suitable accommodation options and eliminate the use of unsuitable provision such as bed and breakfast accommodation.	<ul style="list-style-type: none"> • Implement the recommendations of the Strategic Needs Review of Supported Housing and the City Council Housing Strategy (*) • Continue to offer 'Next Steps' service which assists young people in securing tenancies (*) • As part of Phase 2 Transformation develop a Housing Options model to provide targeted support as part of the Pathway Plan for Care Leavers and Co-locate the Housing and Care Leavers Service (*) 	<p>Mar 15</p> <p>Dec 14</p> <p>Mar 15</p>	<p>Integrated Commissioning Unit/ Fiona Mackirdy</p> <p>Fiona Mackirdy</p> <p>Nick Cross /Fiona Mackirdy</p>	<p>See also OFSTED recommendation 13: P17 NI147 % of care leavers who are in constant suitable accommodation</p>	<p>Amber</p> <p>Green</p> <p>Amber</p>	All care leavers feel, and are safe in their accommodation.

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		<ul style="list-style-type: none"> • Ensure that the strategic accommodation needs of looked after children are reflected in the Homelessness Prevention Strategy and the next Council Housing Strategy • Ensure a robust risk assessment is on the file that includes pro-active planning to mitigate risk and to re-establish contact with every care leaver who is not in contact and/or assessed as living in unsuitable accommodation and that this is regularly reviewed. • Implement the Staying Put Policy(*). 	Dec 14	Nick Cross		Amber	
			Dec 14	Fiona Mackirdy		Green	
			Oct 14	Fiona Mackirdy			
24.	Ensure that care leavers have a good understanding of their rights and entitlements.	<ul style="list-style-type: none"> • Children in Care Council, IRO and Social worker to promote care leavers rights, entitlements and access to advocacy via a fact sheet. • Increase advocacy take up for Children Looked After and Care Leavers (*) 	Mar 15	Fiona Mackirdy		Amber	All care leavers are provided with clear information about their entitlements and right to complain and proactively offered an advocate.
			Mar 15	Christine Robinson/ Fiona Mackirdy		Amber	

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25.	Establish a comprehensive set of policies, procedures and practice standards to support social workers and personal advisors to improve the quality of services to care leavers.	<ul style="list-style-type: none"> • Complete review, update and improve accessibility to policies and procedures on the 'Child Centred Practice;' website signed off via CSLT (*). 	Mar 15	Fiona Mackirdy / Christine Robinson		Amber	Professionals working with care leavers will have an appropriate level of knowledge, skills and guidance to ensure young people's successful transition to adulthood.
26.	Ensure that children's care plans are outcome focused and sufficiently address all of a child's assessed needs.	<ul style="list-style-type: none"> • Review the recent implementation of 'Practice Standards' for care and pathways plans in the light of Ofsted findings • New Quality Assurance Business Unit to strengthen quality assurance function of IRO's • IRO Manager to review the implementation of the new care plan format and make recommendations to CSLT 	Dec 14	Fiona Mackirdy		Amber	All children looked after have a recorded, outcome focussed and up to date care plan which sufficiently addresses the child's needs including their emotional needs and family contact requirements.
			Mar 15	Christine Robinson		Amber	
			Mar 15	Christine Robinson		Amber	
27.	Improve the	<ul style="list-style-type: none"> • Devise a tool kit for direct work with children and run 	May 15	Christine Robinson/		Amber	Children's records

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	quality, consistency and recording of direct work undertaken by social workers with looked after children.	workshops to roll-out across children's services. Tool kit to include age appropriate methods to elicit and record child's views. • Supervision and new audit process providing direct feedback to staff to drive up standards	Dec 14	Fiona Mackirdy Christine Robinson		Green	accurately reflect the purpose and detail of social work visits to children and record the child's wishes and feelings.
28.	Ensure that all looked after children who require it receive good quality and timely life story work.	• Appoint adoption improvement manager to oversee and improve the quality of life-story work • New Quality Assurance Business Unit to strengthen quality assurance function of IRO's	Sept 14 Apr 15	Fiona Mackirdy Christine Robinson		Amber	All children looked after of sufficient age and understanding are helped to make sense of their histories and use this knowledge to help them understand their future plans.
29.	Ensure that all looked after children can	• Current advocacy provider to visit social work teams and promote the advocacy	Feb 15	Christine Robinson		Amber	All children looked after who are over 10 are

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	receive support from an advocate or independent visitor.	<p>service and Independent Visitor Scheme</p> <ul style="list-style-type: none"> • Ensure information about advocacy and the independent scheme is included and provided to all children and young people in the 'Children coming into Care' Pack • Commissioning to continue to review the contact for IV and Advocacy to ensure sufficiency provision and that identified service needs are met 	Mar 15	Christine Robinson		Red	offered advocate and/or independent visitor.
				Christine Robinson/ Integrated Commissioning Unit / Stephanie Ramsey		Amber	
30.	Improve the timeliness of looked after reviews, and ensure that the records of these reviews are circulated promptly.	<ul style="list-style-type: none"> • Set and manage clear performance measures with the IRO Team • Implement CLA tracker to ensure timescales are met and decision and records distributed 	Sept 14	Christine Robinson	P15 NI66 % of CLA reviewed within timescale	Amber	90% of children's care plans will be reviewed on time and the completed record circulated within 20 days.
			Sept 14	Christine Robinson		Amber	

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31.	Strengthen arrangements to consult with looked after children and young people. This work should include consideration of the support arrangements for the Young People in Care Council and expanding the range and age of children involved in consultation.	<ul style="list-style-type: none"> Youth Options to continue to support the YPiCC in broadening the membership especially younger looked after children. YPiCC to facilitate consultation days with younger looked after children. Develop and implement a participation and engagement strategy 	Dec 14	Fiona Mackirdy		Amber	The YPiCC is appropriately supported so that a greater age and range of children are included in consultation.
			Mar 15	Fiona Mackirdy		Amber	
			Dec 14	Christine Robinson		Amber	
32	Increase the involvement of the virtual school in Personal Education Plan (PEP) meetings to promote the most effective use of pupil premium funding to improve the educational attainment of	<ul style="list-style-type: none"> Virtual school to implement the recommendations from their May 2014 review report detailing how they will work with schools to drive up the quality of PEP's, to ensure the best use of the pupil premium to raise attainment. Create a pupil premium champion and to establish with the designated teacher a menu of commissioned 	Jan 15	Ed Harris		Amber	The pupil premium will be used to best effect for all looked after children and attainment will improve by an average of 5% at all key stages by 2016
			Jan 15	Ed Harris		Amber	

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	looked after children.	services for schools.					
33.	Further improve the timeliness with which children progress into adoptive placements.	<ul style="list-style-type: none"> • Appoint a project lead to drive performance improvement in adoption timeliness • Use the family finding tracker proactively to identify areas of risk of delay 	Oct 14 Dec 14	Fiona Mackirdy Fiona Mackirdy	P21 Adoption scorecard A1 average number of days taken to place a child for adoption after entering the care system	Green Green	The time taken between the Court deciding that adoption is in the best interests of a child and the child being matched with adopters will improve to an average of 121 days by 2015
34.	Accelerate the rate at which adopters are recruited and assessed to meet the demand from children who need a permanent family.	<ul style="list-style-type: none"> • Implement the tasks and actions identified in the Adoption Recruitment and Retention Strategy 	Mar 15	Fiona Mackirdy	P21 Adoption scorecard AD14 number of adopter applications at stage 1 / AD15 number of applications where stage 1 is not yet complete and will take less than 2 months	Amber	Children for whom the plan is adoption will not have to “wait” because of a lack of adopters
35.	Ensure that all	<ul style="list-style-type: none"> • Undertake a programme of 	Dec 14	Christine		Green	When planning

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	relevant agencies are involved in strategy discussions and meetings, and that these discussions clearly record decisions, rationale and planning of Section 47 enquiries.	<p>multi-agency workshops on strategy discussions/meetings to improve involvement and ensure that decisions and action planning is effective</p> <ul style="list-style-type: none"> • Multi-agency audit of strategy discussion/meetings and section 47 enquiries by external auditors • Ensure that all new referrals to MASH which are s47 enquiries evidence as a minimum, Health, Police and Children and Families contribution in face to face strategy meetings. • Monthly audit of strategy discussion/meetings to evidence multiagency input to inform decision making and planning. 	<p>Dec 14</p> <p>Oct 14</p>	<p>Robinson</p> <p>Christine Robinson</p> <p>Louise Drury</p> <p>Christine Robinson</p>		<p>Amber</p> <p>Amber</p> <p>Amber</p>	s47 enquiries, all decisions taken and actions planned will be underpinned by sound and full information, taken from a multi-agency perspective
36.	Improve the quality of assessments so	Agree key recording points to tackle via recording workshops including:	Dec 14	Phil Bullingham		Amber	Assessments will clearly convey a sense of the

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	<p>that these reflect children's daily experiences.</p>	<ul style="list-style-type: none"> • Assessments to reflect the child's lived experience within the family or in their care setting. • Assessments to include a well-tested analysis that formulates an easily understood rationale to aid our recommendations. • Ensure staff comply with Paris recording guidance – including timeliness and quality of recording case work and assessments. • Chronologies that tell the child's story, highlighting their lived experience and where strengths, concerns and outcomes are recorded. • Evidence of service user engagement and feedback is captured consistently within assessments and monitored via audit activity. 					<p>child's life experience so that clear, specific and relevant outcomes are identified and appropriate interventions undertaken</p>
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37.	<p>Improve the quality and consistency of recording of child protection visits so that they clearly reflect the aims of the child protection plan.</p>	<p>Agree key recording points to tackle via recording workshops including:</p> <ul style="list-style-type: none"> • Child Protection visits reflect the aims of the child protection plan and are clearly shared with families, young people and children where appropriate. • Contingency plans to be recorded within care plans and for those to be related to change expectations. • Assessments to reflect the child's daily life experience within the family or in their care setting. • Compliance monitored via monthly audit programme – to include evidence of learning • Ensure staff comply with Paris recording guidance – 	<p>Dec 14</p> <p>Ongoing</p>	<p>Phil Bullingham</p> <p>Christine Robinson</p>		<p>Green</p> <p>Amber</p> <p>Green</p> <p>Amber</p>	<p>Evidence of progress against intended outcomes will inform effective decision-making</p>

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		including timeliness and quality of recording.					
38.	Improve child protection plans so that they more clearly focus on key areas of risk and how this will be reduced and include contingency planning.	<ul style="list-style-type: none"> Advanced Strengthening families training has been commissioned which will strengthen child protection planning and ensure key risks are identified and addressed IRO/CP Service to ensure contingency planning is always recorded in child protection plans 	Dec 14 Dec 14	Christine Robinson Christine Robinson		Green Green	Parents of children subject to a child protection plan, and the professionals working with them, will be very clear about the risk to the child, what needs to happen to reduce that risk and the consequences of the risk not reducing.
39.	Develop systems to identify and quantify the number of child protection cases within which adult substance misuse and mental health issues feature significantly.	<ul style="list-style-type: none"> QA Unit to work with the Performance Team to identify how best to capture information across all children's cases including those subject to a child protection plan 	Dec 14	Ed Harris/ Christine Robinson		Amber	Families with children subject of a child protection plan, receive the help they need to reduce risk to the child and improve outcomes.
40.	Increase the participation of	<ul style="list-style-type: none"> Monitor and evaluate impact of new automatic referral for 	Dec 14	Christine Robinson		Amber	Children over 10 will be enabled to

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	older children in child protection processes.	advocacy for children and young people at child protection conferences and take action as appropriate					participate in child protection conferences about them so that their situation is better understood and more appropriate plans determined
41.	Ensure that the provision of S20 accommodation and the availability of looked after services are appropriately considered and discussed with homeless 16 and 17 year olds.	<ul style="list-style-type: none"> • Review the priorities within the Homelessness Prevention Strategy to endorse the views of service users and the commitment to only use B&B as a last resort • Develop and implement an updated joint working protocol for Homeless 16/17 year olds with input from service users 	Dec 14	Nick Cross		Amber	Homeless 16 & 17 y.o. young people are accommodated under s20 when this provision best meets their needs
			Nov 14	Nick Cross / Louise Drury		Amber	
42.	Ensure that members robustly and consistently champion the needs of looked after children and care leavers.	<ul style="list-style-type: none"> • Conduct induction and awareness raising sessions for members of the council • Consider whether all Southampton City Council Reports should detail the impact on Looked After Children and Care Leavers 	Nov 14	Theresa Leavy		Green	Children looked after and care leavers will receive good services which meet their needs
			Nov 14	Dawn Baxendale		Green	

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		<ul style="list-style-type: none"> • To invite all councillors to identify those areas falling within their remit, and that of other councillors, to be reviewed in order to support the work of the Corporate Parenting Board • Corporate Parenting Committee to devise a SMART action plan to achieve their objectives 	Nov 14	Mark Chaloner		Green	
			Nov 14	Mark Chaloner		Green	
43.	Develop the role of scrutiny within the City to ensure that the wider multi-agency arrangements for the provision of early help and services to children and their families from children's social care, are	<ul style="list-style-type: none"> • Scrutiny arrangements will be reviewed to ensure more rigorous scrutiny of children's services. 	Nov 14	Suki Sitaram	Overview and Scrutiny 16/10/14 decided to develop a new dedicated panel to scrutinise children and family services. The new Children	Green	Children's needs are effectively met by multi-agency services

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	routinely considered by political leaders.				and Families Scrutiny panel will be set up and meet 6 times a year. In addition the OS panel will want monthly performance reports In relation to Children's services.		
44.	Further develop performance management arrangements to provide analysis of the quality of work being undertaken and drive improvements in service quality	<ul style="list-style-type: none"> • Performance manager to determine an action plan that includes analysis of key data and the implications for the quality of work and service provided; that can be used by teams to drive improvement in service quality • Strengthen arrangements between the Performance and Data Team and the new Quality Assurance Business Unit. 	Jan 15 Jan 15	Ed Harris Christine Robinson / Ed Harris		Amber Green	Managers will understand what the data is indicating and what might be the cause of performance deficits resulting in an improved service to the public
45.	Ensure there is sufficient capacity and skills within	<ul style="list-style-type: none"> • Continue to review the sufficiency of the IRO Service so that identified performance 	Ongoing	Christine Robinson		Amber	Children in care receive appropriate good

KEY:

RED = Activity on these has not yet started or early stages Amber = On track to be completed Green = Completed

	the Independent Reviewing Service to provide consistent quality assurance and robust challenge of the work it reviews.	standards are met which include robust quality assurance • Set and manage clear performance measures with the IRO Team and develop the requisite skills for effective quality assurance	Jan 15	Christine Robinson		Amber	quality interventions that are robustly quality assured
46.	Continue to review the sufficiency of the social care workforce so that workloads are manageable and allow front line workers and managers to meet required standards.	• Complete the Children's Services Phase 2 Transformation agenda and implement the new Workforce Strategy (*)	Mar 15	Theresa Leavy/ Vince James		Amber	Children receive a good quality service from the LA which meets required standards and improves outcomes
47.	Ensure that all social workers receive consistently good quality and regular supervision that includes	• Implement the new supervision framework and ensure all managers are aware of core requirements and are sufficiently skilled to provide effective supervision (inc reflective supervision groups,	Jan 15	Christine Robinson		Amber	Children receive a good quality service from the LA which meets required standards and improves outcomes

KEY:

RED = Activity on these has not yet started or early stages Amber = On track to be completed Green = Completed

	<p>professional development, case reflection and appraisal.</p>	<p>management/supervision training) (*)</p> <ul style="list-style-type: none"> • Identify and promote areas of existing good practice (eg Team RAP) • Training Manager (Practice Educator) to collate the learning themes identified through the annual appraisal process and devise a departmental learning and development programme 	<p>Mar 15</p> <p>Mar 14</p>	<p>Phil Bullingham</p> <p>Christine Robinson</p>		<p>Amber</p> <p>Amber</p>	
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DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:	UNIVERSITY HOSPITAL SOUTHAMPTON FOUNDATION TRUST, WHOLE SYSTEM WINTER PLAN AND EMERGENCY DEPARTMENT PERFORMANCE		
DATE OF DECISION:	27 NOVEMBER 2013		
REPORT OF:	CHIEF EXECUTIVE, UHS		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name	Jane Hayward	Tel: 023 8079 6241
	E-mai	Jane.Hayward@uhs.nhs.uk	
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STATEMENT OF CONFIDENTIALITY

None

BRIEF SUMMARY

The University Hospital Southampton Foundation Trust will outline their plans to manage the winter pressures within the whole system and within the hospital through the Winter Plan 2014. The Panel will also receive an update of the latest Emergency Department performance.

RECOMMENDATIONS:

- (i) That the Panel notes the whole system Winter Plan 2014 and how this will impact on Emergency Department at the University Hospital Southampton, and following discussions agrees any issues that may need to be brought forward to a future HOSP meeting.

REASONS FOR REPORT RECOMMENDATIONS

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

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. None

DETAIL (Including consultation carried out)

3. At the last Panel meeting, on 25th September 2014, the University Hospital Southampton outlined their latest Emergency Department's (ED) performance. The Panel remained concerned about the continued poor performance within the Emergency Department. It was agreed by the Panel to receive the whole system Winter Action Plan for 2014 and consider how effective this will be in relieving winter pressures.

The South West System Winter Action Plan, agreed by System Chiefs, is attached at Appendix 1.

4. The latest Emergency Department performance was not available in time for

the publication of the HOSP papers. A supplementary agenda item will be raised when the performance data is available.

5. The Panel are asked to note the latest ED performance and the progress, both as a whole system and within the hospital system, to achieve their performance targets. In addition, the Panel are asked to consider whether the whole system Winter Plan for the University Hospital Southampton will ensure winter pressures are managed.

RESOURCE IMPLICATIONS

Capital/Revenue

6. None

Property/Other

7. None

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

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

Other Legal Implications:

15. None

POLICY FRAMEWORK IMPLICATIONS

16. None

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	ALL
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SUPPORTING DOCUMENTATION

Appendices

1.	South West System: Urgent Care Whole System Winter Action Plan
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Documents In Members' Rooms

	None
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Equality Impact Assessment

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

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

Title of Background Paper(s)

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

1.	None	
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South West System – System Resilience Group / ORCP Briefing – Urgent Care Whole System Action Plan

Topic Area	Update on Urgent Care Whole System Action Plan (WSAP)
Purpose	<p>The South West System Resilience Group (SRG) agreed that a common paper would be taken to all organisational boards to provide an agreed update on the key actions being taken to address poor performance in urgent care.</p> <p>This paper is prepared monthly by the Unscheduled Care Delivery Group (USDG)</p>
Information	<ul style="list-style-type: none"> • The WSAP was developed by the system with support from ECIST to drive improvements in the urgent care system. • The WSAP provides an overview of the key workstreams that are being progressed. There are detailed plans for each project which underpin this overview. • It has been agreed that the report will be brought to organisational boards in order to increase the levels accountability. • Delivery of the plan is supplemented by the additional funding that has been received as part of the ORCP activity which commenced in September. The aim of the ORCP funding is to stabilise the system through winter and to accelerate delivery. • The ORCP plan focusses onto the key system, priorities areas which are: <ul style="list-style-type: none"> ○ Primary care ○ In-reach to acute hospital ○ In hospital therapy ○ Frailty pathway ○ Reducing DTOCs ○ Mental health ○ ED flow • The key messages for November are: <ul style="list-style-type: none"> ○ ED performance remains significantly off trajectory ○ The bulk of the ORCP plans for tranche 1 are being implemented, with an average of 4-6 weeks slippage ○ An additional plan for the use of Tranche 2 funds has been developed to address the key areas that are driving a high level of breaches within the UHS Emergency Department ○ Changes to the System Resilience Group to ensure increased oversight by the Chief Officers have been agreed and are being implemented • This action plan is reviewed monthly at the SW Hants Unscheduled Care Delivery Group by system partners.
Key/Contentious issues to be considered	ED performance remains below operational standards.
Please indicate which meetings	SW Hampshire Unscheduled Care Delivery Group

this document has already been to	
Principal risk(s) relating to this paper	<ul style="list-style-type: none">• Delivery of ED performance• Potential Delays to implementation of Better Care Plans
Report Author	Lucie Lleshi, Senior Commissioning Manager
Date of paper	14/11/14
Actions requested /Recommendation	To note the actions being taken in the Urgent Care Whole System Action Plan.

South West Hampshire System Urgent and Emergency Care Whole System Action Plan 2014/15 **this is from last month – it will need to be changed**

The urgent and emergency care action plan is structured around three main programmes of work:

1. **Urgent and emergency response**
2. **Building and sustaining operational resilience**
3. **Patient discharge and flow**

Page 69 These programmes report monthly into the Urgent Care Delivery Group, in turn reporting up to the Urgent Care Working Group.

The system has been working to an action plan that was derived from recommendations made by the Emergency Care Intensive Support Team (ECIST) in Quarter two 2012/13. The primary focus for work in 2013-14 was around improvements to discharge and patient flow; the focus for 2014-15 will shift to ED and associated front door pathways, while continuing to improve whole system discharge processes and sustain operational resilience.

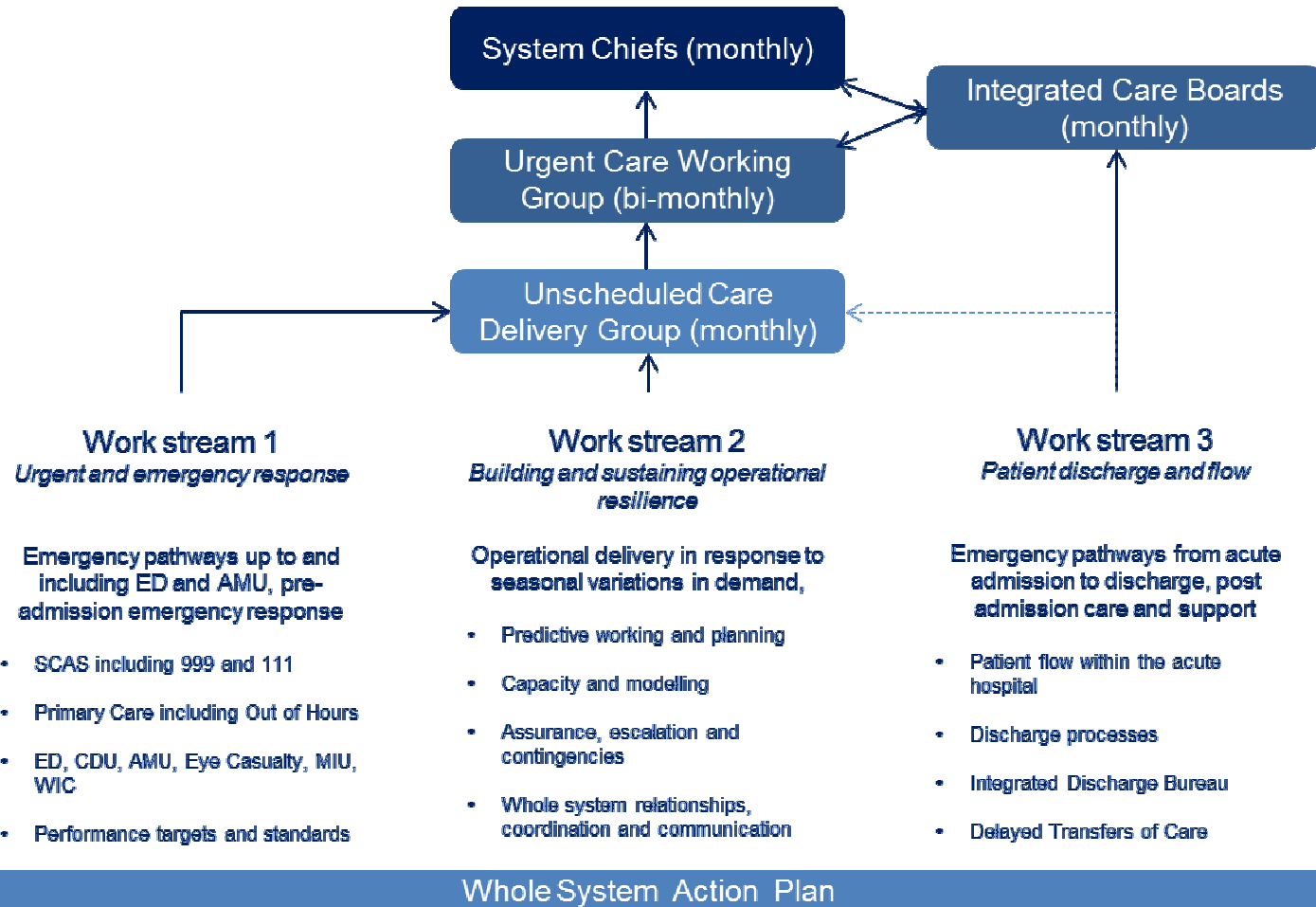
This plan has been refreshed following an ECIST review of 2013/14 winter and a system-wide evaluation of the joint resilience fund and winter monies funded initiatives.

This plan reflects system resilience learning from 2013/14, continued implementation of the UHS ED remedial action plan to achieve the 4-hour standard, CCG QIPP and CQUIN proposals and links to the Better Care Fund and Integrated Care work stream.

This plan is intended to provide a summary of more detailed project tasks being delivered within the governance structure on page 2. It is supported by a set of system-wide metrics which are reviewed monthly.

Please note that this plan DOES NOT INCLUDE admissions avoidance actions being led through the Integrated Commissioning Units, but does still include complex discharge which has transferred to Integrated Commissioning Units and is overseen by the Integrated Care Boards.

South West System – Urgent Care Programme Governance



Work stream 1: urgent and emergency response

This work stream incorporates 4 projects:

1.1 GP tools and information: to manage patients' use of urgent and emergency service

1.2 Minor Injuries Unit (Care UK) and Walk in Centre (Solent): appropriate alternative services to ED for minor injury and minor illness


1.3 Public access : SCAS 111 and 999, GP out of hours (OOH, Care UK) and GP extended hours: 24/7 access to out of hours primary care, advice and onward referral including emergency response and managing patients outside of hospital

1.4 UHS Emergency Department (ED, including Clinical Decisions Unit (CDU)) and Acute Medical Assessment Unit (AMU): managing demand at the hospital front door, incorporating the ED RAP

Ref	Objective / Action	Expected impact/KPIs	Project Lead	Lead Org	Expected delivery date	Progress	In month	Planned delivery
Page 71	GP urgent care dashboard: pro-active use of information to understand, monitor and actively manager patients' use of emergency services	Reduction in avoidable/repeat ED attendances, non-elective admissions and 999 calls	Ali Howett	SCCCG	Review quarterly Next update due September 2014	Roll out of tool to all Southampton practices completed Sept 13. Initial review of 2013/14 identified commissioning and QIPP opportunities and early indications of success in managing targeted cohorts of patients	G	G
	1.1.2 Clarity platform: implantation of a tool that uses business intelligence from data supplied by primary and secondary care to provide useful reports to support risk stratification, predict activity and identify commission gaps and opportunities for patient and provider education	Intelligence can be used to manage our population and the provision of their healthcare by commissioning services differently Reduce ED attendances, 999 calls and non-elective admissions	Tina Woodcock	SCCCG	October 2014	Tool development and learning session held end of July 2014.	A	A
	1.2.1 Minor Injury Unit: change of provider. New service to commence in August, offering imaging and extended to children over the age of 2	Further shift of minor injury activity to reduce ED attendances	Katy Collins	SCCCG	1 st August 2014 Review monthly	Service commenced 1 st Aug – review performance monthly. First CRM due 17 th Sept, awaiting type III activity report	G	G

Ref	Objective / Action	Expected impact/KPIs	Project Lead	Lead Org	Expected delivery date	Progress	In month	Planned delivery
1.2.2	<p>WIC: review WIC functions and activity as part of wider stakeholder engagement on 24/7 urgent access to primary care.</p> <p>Ensure value for money and appropriate use of commissioned services</p>	<p>Patients have access to appropriate care for minor illness</p> <p>Reduce avoidable ED attendances</p> <p>Reduce duplication of services available</p>	Lucie Lleshi	SCCCG	May 2015	<p>Full service review completed April 14.</p> <p>Recommendations presented to SCCC Clinical Executive Group May 14 for consideration.</p> <p>Options currently being appraised</p>	G	A
1.3.1	<p>SCAS 111 Directory of Services: improvement to directory of services so that callers are able to signpost patients to the most appropriate services</p>	<p>Reduction in ED attendances</p>	Judith Collyer	SCAS 111	Ongoing through 2014/15	<p>Full time Programme Manager in post. DoS is up to date and now includes eye casualty, MIUs and WICs</p>	G	A
1.3.2	<p>SCAS 111 performance and capacity: improve clinical cover to ensure call staff are able to check with a clinician regarding a disposition to dispatch an ambulance or attend ED.</p> <p>Improve staff fill rates to sustain performance against KPIs</p>	<p>Patients are managed in the most appropriate service (or through education and self-care) to avoid ED attendances and 999 calls</p> <ul style="list-style-type: none"> - conversion to 999 ≤7% (threshold 10%) - conversion to ED below threshold of ≤5% - calls answered within 60 seconds above threshold of ≥95% - calls abandoned rate below threshold of ≤5% 	Mark Rowell	SCAS 111	<p>Ongoing through 2014/15</p> <p>Review performance monthly</p>	<ul style="list-style-type: none"> - conversion to 999 7% (SHIP) - conversion to ED 7% (SHIP) - locally referrals to ED have been declining over past 16 months) - calls answered in 60s 94% - calls abandoned 1% <p>Over summer staffing issues resulted in a dip in performance around call answer in 60 seconds. This is being closely monitored and managed and has significantly improved</p>	A	A
1.3.3	<p>Emergency response and pre-hospital care action group (replacing SCAS ambulance group): multi-agency group established to share experience and identify potential areas for system reform within the context of pre-hospital urgent care</p>	<p>Reduce ED attendances and emergency admissions</p> <p>Reduce hand-offs between urgent care providers</p>	Sarah Knight	WHCCG	March 2015	<p>Terms of Reference and overarching priority areas agreed. Senior representatives from key providers have shared information about service provision, challenges/gaps and suggestions for improvements to appropriately manage patients outside EDs</p>	A	A
1.3.4	<p>SCAS direct link to GP practices: manage in-hours calls</p> <p>Winter funding priority</p>	<p>Winter funding priority</p>				<p>Dependent on successful funding bid</p>		

Ref	Objective / Action	Expected impact/KPIs	Project Lead	Lead Org	Expected delivery date	Progress	In month	Planned delivery
1.3.5	<p>SCAS 999 pathways: transition to NHS pathways, aligned with 111.</p> <p>Provide the right care, first time.</p> <p>Optimise the benefits of closer working between 999 and 111 services and explore the potential for a fully integrated clinical assessment and signposting service.</p>	<ul style="list-style-type: none"> - reduce number of vehicles dispatched - single, consistent triage tool - increase in amount of call auditing - enables 999 emergency call takers to directly refer patients safely to alternative care pathways, via the local DoS - right outcome for patients based on commissioned services available - reduce re-contact rates - increase hear and treat capability - integration: 999 and 111 operations centres to become fully integrated, with improved resilience 	Deb Ingram	SCAS 999	<p>Transition complete June 2014</p> <p>Review performance monthly of hear and treat and conveyance</p>	<p>Rollout of NHS pathways is complete for the South</p> <p>Hear and treat performance dropped significantly from plan for May, the opposite of what was expected. Assurance received from SCAS that performance is looking much improved</p> <p>Continue to monitor closely through contract performance route</p>	A	A
1.3.6	<p>GP OOH direct booking: implement direct booking directly into Primary Care Centres for patients requiring a face to face appointment with a GP</p>	<p>Improve response and waiting times for patients.</p> <p>Out of hours access to primary care to avoid attendances to ED</p>	Justin Cankalis	Care UK	October 2014	Progress delayed due to other pressures (contract dispute, performance issues, RAP). Slip to Q4. Best model yet to be defined	R	R
1.3.7	<p>GP OOH performance and capacity: improve staff fill rates to improve performance and ensure all NQR12 targets are met across the system</p>	<p>Out of hours access to primary care to avoid attendances to ED</p> <p>All response times for emergency, urgent and routine home visits and primary care centre appointments above the threshold of ≥95%</p>	Justin Cankalis	Care UK	<p>Ongoing through 2014/15</p> <p>Review performance monthly</p>	<p>NQR12 performance is improving, but not all standards met. This is being managed through the contract review process</p> <p>Staff fill rate being monitored closely.</p>	R	A
1.3.8	<p>Access to primary care outside of core hours for urgent patients: funding targeted at extended hours/OOH services specifically for urgent patients. To be delivered by local practices and/or OOH services</p> <p>Winter funding priority – link to 1.3.7</p>	<p>Winter funding priority</p>		CCGs		<p>Dependent on successful funding bid</p>		

Ref	Objective / Action	Expected impact/KPIs	Project Lead	Lead Org	Expected delivery date	Progress	In month	Planned delivery
1.4.1	ED Remedial Action Plan (RAP): work stream 1 (ED/CDU/AMU) incorporating ECIST recommendations, winter funding priorities and ED action plan	<p>Improve flow</p> <p>Reduce breaches</p> <p>Reduce non-elective admissions</p> <p>Delivery of the 4 hour standard</p>	Jane Hayward	UHS	March 2015	<p>Plan includes key priorities for 2014/15:</p> <ul style="list-style-type: none"> - frailty pathway - AEC pathways - speciality hot clinics - access to diagnostics - workforce - flow and service improvement - CDU development - analysis of attendances - crowding policy - therapy at the front door - perfect week learning <p>See Annex A: ED RAP updated July 14</p>  <p>ED RAP work stream 1.xlsx</p> <p>Key milestones on track as of 1st Sept meeting. Next check point 6th October.</p>	G	A
1.4.2	Abdominal pain pathway: develop and implement a single, comprehensive pathway for patients presenting with abdo pain	<p>Improved patient experience</p> <p>Reduce (repeat) ED attendances and emergency admissions</p> <p>Reduce LoS for patients requiring admission</p> <p>Patient managed with in the appropriate specialty</p>	Clare Handley	SCCCG	March 2015	<p>Pathway working group established and well represented by all relevant disciplines. Exploring benefits abdo pain MDT.</p> <p>Progress slipped due to lack of availability over holiday period. Workshop rescheduled for 17th Sept.</p>	R	A

Ref	Objective / Action	Expected impact/KPIs	Project Lead	Lead Org	Expected delivery date	Progress	In month	Planned delivery
1.4.3	<p>Mental health pathway: develop mental health pathways to ensure patients' needs are met in a timely manner</p> <p>Ensure that patients are appropriately defined and managed according to their physical and mental health care needs</p> <p>Include out of hospital urgent and emergency services (GPs, MIU, WIC, IIH, SCAS 999 and 111)</p>	<p>Improved quality of care and patient experience</p> <p>Reduce ED attendances and non-elective admissions</p>	Katy Bartolomeo	SCCCG	March 2015	<p>Four priority patient groups identified for pathway and service improvements, commencing with repeat attenders with self-harm.</p> <p>Progress slipped due to lack of availability over holiday period.</p> <p>Next check point end of Sept 2014</p>	R	A
1.4.4	<p>Mental health in ED: improve psychiatric service responding to support patients in ED</p>	<p>Mental health impact on ED defined and quantified</p>	Katy Bartolomeo	UHS CCGs Southern Health	March 2015	<p>Project team established to clarify the programme of work around psychiatry liaison, resolution for Section 136 patient care, access to other services, admissions avoidance.</p> <p>Service review underway. Next checkpoint October 2014.</p> <p>Currently a significant issue for ED</p>	R	A
1.4.5	<p>Support patients to make good choices: promoting choose well principles through patient and public engagement, communication and education</p>	<p>Increase use of 111</p> <p>Reduce minor illness and injury attendances to ED</p>	Chris Bailey Lisa Sheron	WHCCH SCCC	December 2014	<p>Communication and education programme for 14/15 developed and linked to Seasonal Plans</p> <p>111 awareness, bus advertising and 'phone first' campaign</p> <p>MIU awareness and promotion</p> <p>Continue with choose well campaign</p> <p>Self-care and use of community pharmacies awareness</p> <p>Regular tweets and media messages</p>	G	A

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Ref	Objective / Action	Expected impact/KPIs	Project Lead	Lead Org	Expected delivery date	Progress	In month	Planned delivery
1.4.6	<p>Front door model: review, reconfirm and specify the front door model within the emerging strategic context and adjust joint plans and priorities accordingly.</p> <p>Agree and articulate a coherent front door model that incorporates best practice, strategic direction (Keogh/ Willets), local changes (e.g. 111, Children's Hospital, MIU, primary care, mental health, eye casualty) etc.</p>	<p>Preferred front door model defined within an updated strategy</p> <p>Service specification for UHS front door</p>	Lisa Sheron Chris Bailey	SCCCG WHCCG	September 2014	<p>CCGs have agreed to review, confirm and articulate the urgent care strategy, linking in with current work, ED RAP, ED service improvement and learning. Identify any gaps and ensure what is already in place works.</p> <p>Next check point October 2014.</p>	R	R
1.4.7	30 Day Readmissions: complete re-admissions audit and build on existing action plans	Reduction in 30 day re-admissions	Sarah Knight	WHCCG SCCG	October 2014	<p>Output from previous audit reviewed to inform next steps</p> <p>Audit planned for 24th Sept 2014</p>	G	A
1.4.8	ED re-attendances: review 7 day un-planned re-attendances	Reduction in ED re-attendances to below the threshold <5%	Sarah Knight	WHCCG SCCCG	October 2014	<p>Current re-attendance rate remains at ~9%</p> <p>Further review initiated now that data issues have been resolved. Slip to Q4 for resolution</p>	R	A

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Work stream 2: building and sustaining operational resilience

This Work stream incorporates 3 projects:


- 2.1 Operational daily system resilience: escalation, alerts, daily dashboards and system communications
- 2.2 Operational resilience planning: system-wide seasonal plans, incorporating provider plans and contingencies and lessons learned
- 2.3 Capacity and demand modelling for system management and planning: predictive working using system intelligence, data trends and IT tools for forward planning and pro-active system working


Ref	Objective / Action	Expected impact	Project Lead	Lead Org	Due Date	Progress this month	In month	Planned delivery
2.1.1 Page 77	<p>Triggers for escalation: build upon existing daily dashboard and escalation framework to develop an interactive whole system escalation matrix.</p> <p>Matrix to include agreed measures, thresholds and actions to trigger appropriate responses across the system to manage points of pressure in a pro-active rather than reactive manner</p>	<p>Reduction in red and black alerts</p> <p>Consistent, pro-active responses to organisational and system pressure</p>	<p>Sarah Knight</p> <p>Rob Chambers</p>	<p>WHCCG</p> <p>SCCCG</p>	September 2014	<p>Most providers have identified a number of relevant measures and applied a threshold to trigger escalation.</p> <p>The new dashboard is produced and circulated daily.</p> <p>Outstanding actions to be resolved at meeting end of September 2014.</p>	A	A
2.1.2	<p>System communications: develop improved methods of system communication to ensure the right people receive the right information at the right time.</p> <p>Further strengthen provider-to- provider communications</p> <p>Ensure relevant information is obtained and ahead in a timely manner to support pro-active response to pressure</p> <p>Maintain contact list to ensure all relevant contacts are listed against correct organisation, with right job title and contact details</p>	<p>Improved system-wide relationships</p> <p>Reduction on red and black alerts</p> <p>All organisations feel informed and supported</p>	<p>Sarah Knight</p> <p>Rob Chambers</p>	<p>WHCCG</p> <p>SCCCG</p>	October 2014	<p>Pilot use of NHS.net text messaging to identified individuals</p> <p>Contact list reviewed and updated</p> <p>Next check point mid-Sept 2014</p>	G	A

Ref	Objective / Action	Expected impact	Project Lead	Lead Org	Due Date	Progress this month	In month	Planned delivery
2.2.1	<p>Seasonal Planning for 2014/15: review seasonal plan, implement 13/14 learning into practice and produce a revised plan for 14/15</p> <p>Obtain assurance from NHSE</p>	Updated seasonal plan and processes	James Lawrence Parr Clare Handley	WHCCG SCCCG	August 2014	<p>Submitted on time at end of July as part of ORCP submission.</p> <p>Awaiting final assurance from NHSE (expected end of September)</p>	G	R
2.2.2	<p>Activity and capacity planning: produce annual profiled activity plans for expected seasonality across planned and unscheduled pathways, with matched capacity (staff and facilities), for normal business continuity</p> <p>Resource gaps highlighted to inform Seasonal Plans and flex requirements</p>	Annual plans reflect usual seasonal variation and plans to maintain delivery, including performance standards	Named provider planning leads CCGs	WHCCG	July 2014	Wessex Demand Modelling Tool under development for all CCGs and providers; limited progress at August 2014. Next check point October 2014.	R	R
2.2.3	<p>Winter 2014 review: post winter review, including review of dashboard, plan, escalation and communication processes, predictors identified and lessons learned for next winter</p>	Further improve processes for proactive management of system pressures to prepare for winter 2015	TBC Rob Chambers	WHCCG SCCCG	April 2015	To be carried out April 2015		
2.3.1	<p>Predictive working: introduce more predictive information within system resilience co-ordination and the identification of future/predicted pressures across the system</p>	Forecast pressure to enable a proactive system response	Sarah Knight Rob Chambers	WHCCG SCCCG	Sept 2014	<p>Predictive information now available, the sub group now need to refine how this is used.</p> <p>Next check point end of September 2014.</p>	A	A
2.3.2	<p>Capacity management system: explore the implementation of a system wide electronic capacity management system to support the sharing of system resilience alerts/information across all organisations on a daily basis.</p>	Forecast pressure to enable a proactive system response	James Lawrence Parr Rob Chambers	WHCCG SCCCG	March 2015	This has now been superseded by the in-house tool developed by the predictive working group – see 2.3.1		

Work stream 3: patient discharge and flow

This work stream incorporates 2 projects:
 3.1 Patient flow within the acute hospital: operating standards, post admission care and support and discharging planning
 3.2 Complex discharge: Integrated Discharge Bureau, health and social care discharge processes, incorporating the whole system complex discharge action plan

Ref	Objective / Action	Expected impact	Project Lead	Lead Org	Due Date	Progress this month	In month	Planned delivery
Page 79	ED Remedial Action Plan (RAP): work stream 2 (patient discharge and flow) incorporating ECIST recommendations, winter funding priorities and ED action plan	Improve patient flow Reduce internal discharge delays Timely discharge Improve patient experience/outcome Improve patient outcome Reduce length of stay Reduce readmission rate	Jane Hayward	UHS	October 2014	Plan includes key priorities for 2014/15: <ul style="list-style-type: none"> - discharge appointments - internal operating standards - in-hospital therapy - nursing home capacity See Annex B: ED RAP updated June 14  ED RAP work stream 2.xlsx Key milestones on track as of 1 st Sept meeting. Next check point 6 th October.	G	A

Ref	Objective / Action	Expected impact	Project Lead	Lead Org	Due Date	Progress this month	In month	Planned delivery
3.2.1	<p>Complex discharge action plan (CDAP): redefine the existing plan to include more ambitious milestones and enlist executive sponsors to partner managerial leads for each sub-theme</p> <p>ECIST recommendation</p>	<p>Clearly defined plan with senior support for key themes</p> <p>Clearly defined expected impacts for each action, supported with metrics</p>	<p>Rachel King</p> <p>Donna Chapman</p>	<p>WHCCG</p> <p>SCCCG</p>	<p>July 2014</p> <p>Monthly monitoring</p>	<p>Plan includes key priorities for 2014/15:</p> <ul style="list-style-type: none"> - patient and family choice - continuing health care - trusted assessment - discharge to assess - rehabilitation/reablement - in-reach co-ordinators - strengthened IDB leadership - streamline discharge processes - nursing home quality/capacity <p>See annex C: CDAP updated July 14</p>  <p>CDAP updated July 2014.xlsx</p>	A	A