Public Document Pack

Health Overview and Scrutiny Panel

Thursday, 26th October, 2017
at 6.00 pm

PLEASE NOTE TIME OF MEETING

Conference Room 3 and 4 - Civic Centre

This meeting is open to the public

Members

Councillor Bogle (Chair)
Councillor White (Vice-Chair)
Councillor P Baillie
Councillor Houghton
Councillor Mintoff
Councillor Noon
Councillor Savage

Contacts

Ed Grimshaw
Democratic Support Officer
Tel: 023 8083 2390
Email: ed.grimshaw@southampton.gov.uk

Mark Pirnie
Scrutiny Manager
Tel: 023 8083 3886
Email: mark.pirnie@southampton.gov.uk

PUBLIC INFORMATION

ROLE OF HEALTH OVERVIEW SCRUTINY PANEL (TERMS OF REFERENCE)

The Health Overview and Scrutiny Panel's responsibilities and terms of reference are set out within Part 3 of the Council's Constitution: Responsibility for Functions

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.

MOBILE TELEPHONES: - Please switch your mobile telephones to silent whilst in the meeting.

USE OF SOCIAL MEDIA: - The Council supports the video or audio recording of meetings open to the public, for either live or subsequent broadcast. However, if, in the Chair's opinion, a person filming or recording a meeting or taking photographs is interrupting proceedings or causing a disturbance, under the Council's Standing Orders the person can be ordered to stop their activity, or to leave the meeting. By entering the meeting room you are consenting to being recorded and to the use of those images and recordings for broadcasting and or/training purposes. The meeting may be recorded by the press or members of the public.
Any person or organisation filming, recording or broadcasting any meeting of the Council is responsible for any claims or other liability resulting from them doing so.
Details of the Council's Guidance on the recording of meetings is available on the Council's website.

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

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

The Southampton City Council Strategy (2016-2020) is a key document and sets out the four key outcomes that make up our vision.

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

CONDUCT OF MEETING

BUSINESS TO BE DISCUSSED
Only those items listed on the attached agenda may be considered at this meeting.

RULES OF PROCEDURE
The meeting is governed by the 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 of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body, or

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

OTHER INTERESTS

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

- Any body to which they have been appointed or nominated by Southampton City Council
- Any public authority or body exercising functions of a public nature
- Any body directed to charitable purposes
- Any body whose principal purpose includes the influence of public opinion or policy

PRINCIPLES OF DECISION MAKING

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

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

In exercising discretion, the decision maker must:

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

DATES OF MEETINGS: MUNICIPAL YEAR 2017/2018

2017	2018
29 June	22 February
24 August	26 April
26 October	
7 December	

AGENDA

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 - 4)

To approve and sign as a correct record the minutes of the meeting held on 24 August 2017 and to deal with any matters arising, attached.

7 UPDATE ON PROGRESS - SOUTHERN HEALTH NHS FOUNDATION TRUST

(Pages 5 - 38)

Report of the Interim Chief Executive, Southern Health NHS Foundation Trust, providing the Panel with an update on progress at the Trust.

8 HEALTH AND WELLBEING STRATEGY UPDATE

(Pages 39 - 52)

Report of the Cabinet Member for Health and Community Safety updating the Panel on progress made to date delivering against targets within the Health and Wellbeing Strategy.

9 ADULT SOCIAL CARE PERFORMANCE
(Pages 53 - 66)

Report of the Service Director - Adults, Housing and Communities outlining current performance in Adult Social Care and proposals to introduce a new operating model.

10 MONITORING SCRUTINY RECOMMENDATIONS TO THE EXECUTIVE
(Pages 67 - 72)

Report of the Service Director, Legal and Governance, detailing the actions of the Executive and monitoring progress of the recommendations of the Panel.

Wednesday, 18 October 2017 SERVICE DIRECTOR, LEGAL AND GOVERNANCE

SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL

MINUTES OF THE MEETING HELD ON 24 AUGUST 2017

Present: Councillors Bogle (Chair), White (Vice-Chair), P Baillie, Houghton, Mintoff, Noon and Savage

7. MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)

RESOLVED: that the minutes for the Panel meeting on 29 June 2017 be approved and signed as a correct record.

8. UPDATE ON DISCHARGES FROM UNIVERSITY HOSPITAL SOUTHAMPTON

The Panel considered the report of the Chief Executive of University Hospital Southampton and the Service Director – Adults, Housing and Communities, providing the Panel with an update on discharges from University Hospital Southampton

Jane Hayward (Director of Transformation, University Hospital Southampton), Gail Byrne (Director of Nursing, University Hospital Southampton) and Sharon Stewart (Acting Prioritisation, Safeguarding and Initial Response Service Lead) were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of matters including:

- A Continued improvement on the tackling delays in discharging of Southampton residents;
- How the Hospital's over all figures were affected by the difficulties of the provision of home care in some parts of Hampshire;
- The appointment of domestic care assistants by the hospital to help increase the level of care support for patients who live in less accessible areas;
- Staffing shortages, The Panel were briefed on the hospitals efforts to ensure that the right number of appropriately trained staff were available through a number of recruitment, training and retention practices including the creation of a skills ladder and the use of NVQs. It was stated that the hospital continued to value the work of carers;
- How the hospital was working to try and safely reduce the necelength of stay of patients by ensuring that they kept as active as possible during their stay in hospital. It was noted that patients tending to stay most inactive when they had visitors and it was hoped to encourage visitors where possible to use the facilities on site to encourage patients to be more active.
- That the Hospital continued to learn from the examples of other Health Authorities to ensure that best practice was undertaken.

RESOLVED that the Panel noted the ongoing improvements within the system but, that the overall target seemed challenging and that the Panel would continue to review the Trust's performance.

9. **EMERGENCY FLOW IN UNIVERSITY HOSPITAL SOUTHAMPTON**

The Panel considered the report of the Chief Executive, University Hospital Southampton Foundation Trust, providing the Panel with an update on emergency flow at Southampton General Hospital.

Jane Hayward (Director of Transformation University Hospital Southampton) and Peter Horne (Director of System Delivery, NHS Southampton City CCG) were in attendance and, with the consent of the Chair, addressed the meeting.

RESOLVED that

The Panel discussed a number of matters including:

- The ongoing steps to improve performance and flow within the Emergency Department (ED), and the National Initiative for the introduction of a GP led service on site to support the ED;
- The hospitals continued aim to reduce, where possible, the length of stay within the hospital for patients in order to free up space and enable a better flow from the ED into other areas of the hospital;
- The pressure for the target to be reached by end of March 2018;
- The potential for a specialist Children's Emergency Department. The Panel noted that the Trust was still trying to raise funds for the facility and that no construction work had yet started; and
- How the numbers patients attending the ED was balanced by an increase in the seriousness of the health conditions of those attending. It was explained that the increasing age and frailty of large numbers of the population echoed the more complex nature of those now attending the ED.

RESOLVED that the Panel noted the performance information set out within the report but, that it would continue to monitor the Trust.

10. **UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST - CQC REPORT**

The Panel considered the report of the Chair recommending that the Panel note the outcome of the 2017 CQC inspection and discuss the actions that the Trust intend to take in response to the findings.

Gail Byrne (Director of Nursing- University Hospital Southampton) and Anabel Hodgson (Healthwatch Southampton) were in attendance and, with the consent of the Chair, addressed the meeting.

The Chair and the Panel congratulated the Trust on the result of the latest inspection and discussed a number of matters including:

- The hard work that had been put in by staff to achieve the CQC rating;
- That the Emergency Department had been visited by the inspectors on this occasion;

- Actions to resolve the areas of improvement set out within the CQC report
    - It was noted that a clinical working group had been set up to resolve issues where there were mix sex wards at the hospital; and
    - It was noted that the fridge temperature issue across the site had been resolved; and
- Issues relating to the DNR (Do Not Resuscitate) / CPR (Cardiopulmonary resuscitation) process. It was explained that matter had arisen in the processing of the paperwork of these incidents because of a disparity between national and regional guidelines. It was further explained that the Trust was undergoing a project to resolve this issue.

RESOLVED that the Panel congratulated the Trust on the result of the inspection and noted the report.

11. **UPDATE ON 'TRANSFORMING PRIMARY MEDICAL CARE IN SOUTHAMPTON 2017-2021 (SOUTHAMPTON)**

The Panel considered the report of the Report of the Director - System Delivery providing an update on the progress and planning for the delivery of Southampton City CCG's strategy – "Transforming Primary Medical Care in Southampton 2017-2021".

John Richards (Chief Executive Officer, NHS Southampton City CCG), Peter Horne (Director of System Delivery, NHS Southampton City CCG) and Annabel Hodgson (Southampton Healthwatch) were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of issues including:

- How the planned GP service would fit into the system within Southampton as a whole;
- The split of GP practices over the City. Members requested that information that detailed the practices in the City be forwarded to the Panel by officers;
- The disparity of the financial settlement assumptions based on population growth versus the actual growth of the City's population and the shortfall of funding that this produced;
- How merging the GP back offices and processes had encouraged a uniformity of service. It was noted that merging of practice back offices was possible across the City boundary but that would not see a reduction of the numbers of practices within the City;
- The continuing issues relating to the workforce. It was noted that there is a national shortage of GPs and that whilst there has been a widely publicised increased in the numbers of GPs being trained. However it was explained, in the meantime, that the CCG had been looking to make Southampton a good and interesting place to work in order to recruit staff;
- How the better communication of more relevant and effective care pathways to patients was being encouraged and noted that patients could now refer themselves to a physiotherapist for back issues. In addition it was explained that electronic reminders were being more effectively used and that GP receptionists were being trained and encouraged to suggest alternative routes of treatment to patients that could alleviate the pressures on a GPs timetable;

- The potential implications of the local Sustainable Transformation Plan (STP) being classified with the 3rd quartile of assessment by NHS England.

RESOLVED that the Panel

(i) noted the progress and planning for the delivery of the Southampton City CCG's strategy "Transforming Primary Medical Care in Southampton 2017-2021"; and

(ii) requested that officers circulate, to the Panel, information relating to the GP registered list.

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

The Panel noted the report of the Service Director, Legal and Governance detailing the actions of the Executive and monitoring progress of the recommendations of the Panel.

DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:		UPDATE ON PROGRESS – SOUTHERN HEALTH NHS FOUNDATION TRUST		
DATE OF DECISION:		26 OCTOBER 2017		
REPORT OF:		INTERIM CHIEF EXECUTIVE – SOUTHERN HEALTH NHS FOUNDATION TRUST		
CONTACT DETAILS				
AUTHOR:	**Name:**	**Tom Westbury**	**Tel:**	**07920 751302**
	E-mail:	**Tom.westbury@southernhealth.nhs.uk**		

STATEMENT OF CONFIDENTIALITY		
None		
BRIEF SUMMARY		
This report provides the Panel with an update on progress at Southern Health NHS Foundation Trust. The Panel are requested to consider the appendices and discuss the key issues with the invited representatives from Southern Health NHS Foundation Trust.		
RECOMMENDATIONS:		
	(i)	That the Panel consider the attached briefing paper and action plans and discuss the issues with the invited representatives from Southern Health NHS Foundation Trust.
REASONS FOR REPORT RECOMMENDATIONS		
1.	To enable the Panel to effectively scrutinise the issues impacting on health services in Southampton.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
2.	None.	
DETAIL (Including consultation carried out)		
3.	Following consideration of the Mazars report at the 1 February 2016 meeting, the Panel requested that Southern Health NHS Foundation Trust provides the HOSP with regular updates on progress implementing the improvement plan and feedback from regulators.	
4.	Attached as Appendix 1 is a briefing paper from Southern Health NHS Foundation Trust that provides the Panel with an overview of progress made by the Trust.	
5.	The Panel are requested to consider the briefing paper and associated plans, and discuss the key issues with the invited representatives.	
RESOURCE IMPLICATIONS		
Capital/Revenue		
6.	N/A	
Property/Other		
7.	N/A	

LEGAL IMPLICATIONS		
Statutory power to undertake proposals in the report:		
8.	N/A	
Other Legal Implications:		
9.	None	
POLICY FRAMEWORK IMPLICATIONS		
10.	N/A	
KEY DECISION	N/A	
WARDS/COMMUNITIES AFFECTED:	All	
SUPPORTING DOCUMENTATION		
Appendices		
1.	Briefing Paper - Southern Health NHS Foundation Trust: Update on progress	
2.	Building Confidence - Southern Health Annual Report	
3.	Clinical Services Strategy - Overview	
Documents In Members' Rooms		
1.	Improvement Plan for CQC Inspection Recommendations – March 2017	
2.	Family Involvement Action Plan	
Equality Impact Assessment		
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out.		No
Privacy Impact Assessment		
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.		No
Other Background Documents **Equality Impact Assessment and Other Background documents available for inspection at:**		
Title of Background Paper(s)		Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None	

Southern Health
NHS Foundation Trust

Southampton City Council
Health Overview and Scrutiny Panel
October 2017

Southern Health NHS Foundation Trust: Update on progress

Overview

Southern Health NHS Foundation Trust provides mental health, learning disability, and community services in Hampshire. In Southampton City, the Trust provides learning disability health services and adult and older people's mental health services. It operates Antelope House psychiatric unit and wards at the Western Community Hospital, as well as community mental health services in the city.

The trust has faced significant challenge and criticism over the last two years following the findings of the independent Mazars review in December 2015. This found the Trust's processes for reporting and investigating deaths of people with learning disabilities and mental health needs could have been better, and that families weren't always involved as much as they could have been. The Care Quality Commission (CQC) subsequently carried out an inspection of the Trust in January 2016, which resulted in a warning notice issued in April 2016.

These developments precipitated a comprehensive and ongoing series of actions and improvements by the Trust to respond to these concerns, which include:

- Overhauling the process for reporting and investigating serious incidents
- Improving the way we involve service users, carers and families (including the appointment of a dedicated family liaison officer)
- Developing and implementing a comprehensive quality improvement strategy
- A detailed action plan to respond to concerns raised by the CQC, including improvements to our buildings to reduce risks and improve the environment
- Strengthening of the board and leadership team, including the appointment of new, substantive chair and chief executive
- Working closely with a number of families to listen to their concerns and help us further improve
- Developing a strategy for the future of mental health and learning disability clinical services

As a result of these actions the CQC lifted their warning notice in September 2016. Following a further series of inspections in March 2017, a report published by the CQC on 28 July 2017 recognised that, whilst some concerns remained, significant improvements had been made and that the Trust had 'turned a corner'. While we are not complacent and appreciate the challenge ahead, we are increasingly confident we are taking the right approach to deliver the changes that people in our care deserve.

Recent progress

Leadership changes

On 25 May 2017 Lynne Hunt was appointed as Chair of Southern Health and is now in post.

Lynne has a track record of almost 40 years public service, working in the NHS within mental health services. She began her career as a nurse in Dorset, before moving to London and has held a number of clinical and Board level roles. Most recently she has been Non-Executive Director and Vice Chair of Dorset Healthcare NHS Foundation Trust.

The process to appoint the new Chair was extensive and involved service users, staff and local partner organisations. A key focus for Lynne in her new role is to drive forward developments within the Trust that will shape the future of services, as part of the Clinical Services Strategy, and more widely as part of the Hampshire and Isle of Wight Sustainability and Transformation Partnership (STP).

We have also appointed Dr Nick Broughton as our new, substantive Chief Executive, who will take up his post in early November. A consultant forensic psychiatrist by background, Dr Broughton was previously Chief Executive of Somerset Partnership NHS Foundation Trust.

The Trust has also confirmed the appointment of three new Non-Executive Directors who are now in post; David Kelham, David Monk and Jeni Bremner. A fourth Non-Executive Director, David Hicks has also been appointed and will take up his post in the coming weeks. We have also appointed a substantive Director of Workforce, Paul Draycott who will be joining the Trust from North Staffordshire Combined Healthcare NHS Trust. This set of appointments provides the organisation with a permanent Chair, a permanent Chief Executive and four newly appointed Non-Executive Directors.

New 'Crisis Lounge' pilot in Southampton

A new crisis-care service based at Antelope House began on 16 October 2017. Called the 'Crisis Lounge' – it is a safe and supportive space for people experiencing a sudden crisis with their mental health. It will be a place to go to seek help, advice and care from a team of health professionals and peer workers (people with a lived experience of mental health problems). The Crisis Lounge is based on similar successful schemes that have enabled more timely and appropriate care for people in crisis, and it represents a more suitable environment than acute hospital emergency departments for people with this type of need.

More beds for young people with severe mental health problems

Working with NHS England, and responding to a national shortage of these types of services, the Trust has successfully opened six additional beds for young people who require secure mental health care. It is hoped that this extra capacity will enable more vulnerable young people to receive this highly specialised care closer to home.

Progress on CQC actions and Quality Improvement
(Full CQC Action Plan – Members' Room Document)

- The action plan following the CQC inspection in January 2016 is now 98% completed and the September 2016 actions are 95% completed. The trust continues to provide evidence of completion and assurance against selected actions to the Quality Oversight Committee (chaired by NHS Improvement, our regulator) on a monthly basis.

- In March 2017 CQC carried out a focussed inspection of adult mental health community services, older people's mental health inpatient and community services,

inpatient, urgent care, end of life and community services in the Integrated Service Division.

- CQC published an overall Provider Quality Report and individual reports per service on 28 July 2017. CQC concluded the trust had 'turned a corner' and that the interim Chief Executive and Chair had a clear vision and understanding of what was required to bring about improvements in a timely manner. There was recognition that while significant improvements had been made, there were still concerns in certain areas.

- An action plan to address the outstanding concerns has been developed in collaboration with clinical and corporate leads and will be monitored at the weekly Quality Improvement and Planning Delivery Group with validation of actions being completed by executive directors.

- Between March and June 2017 CQC carried out a review of Elmleigh and Antelope House in relation to whistle-blowing concerns and their seclusion processes. This was outside of the March inspection process and was reported on separately. The draft report was received in September 2017 and is currently being reviewed for factual accuracy. There were no compliance actions or 'must do' actions raised within the draft report and only five 'should do' actions. A draft action plan has been developed to address these points which will be finalised and added to the trust CQC improvement plan once the final report is published.

- There have been no other inspections by CQC since the above.

Quality Improvement Strategy

- The Quality Improvement priorities have been agreed for 2017/18, with input from some of our patients and service users, and these are aligned with the five key CQC domains (safe, effective, caring, responsive, well-led).
- The Divisional Quality Performance Reporting framework is continuing, to ensure clear ward to Board visibility of quality performance. A Trust-wide Quality & Safety Pack, which reports against the key CQC domains, shows Trust quality and safety measures in detail down to directorate level across the Trust. This is supported by a quality meeting structure and agenda framework and a senior nurse weekly 'Back to the floor' programme.
- Every clinical team has its own quality improvement plan as part of the wider strategy, these were seen and noted by the CQC during the March 2017 inspection.
- The Central Quality Governance Team now has individual staff aligned to each of the divisions, to strengthen the links and accountability lines between the central team and divisional quality structures.
- The Quality Improvement Strategy was re-launched in August 2017 and we asked for a support worker from each team to be identified as a Quality Ambassador to support the implementation of the strategy at local level. Recruitment Quality Ambassadors commenced in September and the first training workshop took place on 5 October with a further two planned for October/November 2017.

- The Quality Ambassadors will share learning with their teams and will carry out at least one team quality improvement each quarter supported by the quality governance team.

- A dedicated online resource is being set up to support the Quality Ambassadors and as a central place to share learning. This will be further developed as more staff become ambassadors and will include a discussion forum and library of resources.

- The success of this initiative will be measured via a quarterly event where all Quality Ambassadors will share their quality improvement achievements and learning.

Patient and Family Engagement

- An Experience, Involvement and Partnership Strategy has been developed (as part of the wider Quality Improvement Strategy) and will soon be launched, to provide a greater focus and drive further improvements in how we engage patients, families and carers across the Trust.
- A Family Liaison Officer has been recruited and uses a referral process to support families throughout the serious incident investigation process. Members of the public have been recruited to attend the Mortality Working Group, and some of the Trust Mortality meetings, and further 'patient partners' are being sought.
- The Trust has commissioned an independent review of family involvement in investigations conducted following a death at Southern Health. The review highlighted the lack of communication with families as a key issue, and identified the need for a culture change across the organisation towards recognising the importance of family involvement in the care of loved ones. The Trust developed an action plan to address the recommendations made in the report (Members' Room Document).
- The Trust has reviewed the training materials, role descriptions and policies for serious incident handling and investigation. Some families have also been involved in this work.
- A network of families has been contacted and consulted about their experiences, and this feedback has been used as part of the action plan (mentioned above).
- A series of survey questions have been agreed with the CQC to ask of families after the incident investigation process has been concluded. The first of these surveys has been completed, which has showed improvements as well as other areas for consideration.
- A forum for families has been established, made up of those who want to support the Trust in making continued improvements in involvement and engagement. To date the group has reviewed Trust policies around incident investigation and duty of candour, and co-designed an information leaflet for patients and their families and carers which explains the investigation process. They have also co-designed the materials for a workshop on confidentiality and information sharing, intended to examine current processes and develop them where possible.
- Julie Dawes, Interim CEO, has met with families who feel very strongly about the Trust in order to listen to their individual concerns and understand their stories and backgrounds.

- The Trust is also supporting the national #hellomynameis campaign with its own campaign to embed the practice of introducing themselves to patients, carers and colleagues amongst all staff across the Trust.

Throughout the process of improving how we engage patients and their families and carers we have developed a network of people to contact for feedback, and are committed to continue growing this network over time.

Mazars report: actions and progress

Serious Incident Requiring Investigation (SIRI) process

- A new oversight process for serious incidents requiring investigation was established soon after the publication of the Mazars report. This new process has greater oversight from the Trust's Executives, including formal sign off of each report, which has led to improvements in the quality of the investigation reports.
- A central investigation team now takes the lead on investigating serious incidents. The team have been fully trained using external experts.
- A new policy for investigating patient deaths has been implemented and this is now reported to commissioners weekly.

As a result, SIRI completion rates within the 60 day timeframe have improved, with 100% success for the last 12 months. It should be noted, however, that bereaved families are not always able to participate in investigations. It is important that families are able to input into investigations when they are ready to do so, even if it's outside the 60-days timeframe.

Deaths are now subject to a review within 48 hours with a target of 95%, which has been met or exceeded three times in the last six months. Continuous monitoring of these statistics is carried out, so that any risks or issues are mitigated and addressed. An audit is performed every month to evidence the rationale for the decision to report as a serious incident or not. CCGs now receive initial reports at 72 hours post incident; these address the immediate actions to address risks.

Assessing effectiveness

- In order to ensure the effectiveness of the new measures put in place, an interim external assessment into the quality of investigation reports has been carried out by Niche Grant Thornton. This identified improvements in the narrative and context given in investigations but also highlights some areas where improvements could still be made.

- Niche presented a positive draft assurance report on the Serious Incident and Mortality Action Plan to Quality and Safety Committee on 19 September 2017.

- Grant Thornton are currently completing their assurance checks and the final report will be presented to Board on 31 October 2017 after which it will be published.

Prosecutions by the CQC and the Health and Safety Executive

Following the publication of the Mazars review in December 2015 the CQC and Health and Safety Executive began to look at past incidents to determine if there had been any breaches of Health and Safety law.

In October 2017, the CQC successfully prosecuted the Trust under health and safety legislation in relation to an incident which took place at Melbury Lodge, Winchester, in 2015. The Trust pleaded guilty to the charges and received a fine of £125,000 plus costs. Since the incident in 2015, significant improvements to the building have been carried out to mitigate the risk of a similar incident occurring, as part of the CQC action plans discussed above.

The Health and Safety Executive is also prosecuting the Trust in relation to the death of Connor Sparrowhawk at a specialist inpatient unit in Oxford in 2013. The Trust has pleaded guilty in this case and will be sentenced at a future date.

Next steps for Southern Health services
See appendix 2 for more detail on our priorities ahead

Southern Health NHS Foundation Trust published its Clinical Services Strategy in May 2017; a plan for its mental health and learning disability services as well as an assessment of developments in the provision of community physical health services. A four month review was undertaken to develop this strategy, to understand how our services should be configured to best meet the needs of local communities in the future.

To help us do this work, we partnered with experts from Deloitte LLP and Northumberland Tyne and Wear NHS Foundation Trust (NTW). NTW is an organisation providing similar kinds of care to us and rated 'outstanding' by the Care Quality Commission. We also listened to the views of a variety of people, including health workers and experts, families and the people who use our services, as they are experts in the experience they have had.

The resulting strategy document (an overview of which is included as Appendix 3) contains seven priorities which are now the focus of our work. These include fundamentally improving access to care through a single point of contact, better 24/7 crisis support, greater inclusion of service users in the design and delivery of services, and ensuring people receive a more consistent level of service across Hampshire. They identify developments for those services as well as the organisation, and the overall direction provides for a dynamic and positive future. The strategy is now being implemented, including, for example, through the development of a new single point of access into mental health services in East Hampshire.

In particular, the Board has identified the benefits of much greater inclusion of service users and carers in the organisation as well as in the delivery of services, a systematic quality improvement methodology, the greater integration with primary care, and much greater involvement of clinical staff in the management and organisation of the Trust's services.

The Trust is also working closely with commissioners and the emerging STP local delivery systems to understand the future of community physical health services currently provided by Southern Health.

NHS
Southern Health
NHS Foundation Trust

Building confidence

6,000 STAFF

Improving care today, planning for the future

Includes a summary of our annual report 2016/17

SERVING A POPULATION OF 1.3million

Welcome

This booklet aims to give you a brief overview of who we are and what we've been doing over the last 12 months to provide the best possible care for patients, service users, carers and families.

It's also a look forward to the year ahead and how we'll continue to build on this progress for the benefit of the communities we serve.

Our organisation has faced many challenges and we have been the subject of sustained criticism. We have taken this extremely seriously and know we need to make significant improvements to the quality of our care and the way we involve patients and their families. Achieving this has been the focus of all our efforts during the last year, and remains of paramount importance. We are encouraged that our regulators have recognised that we have turned a corner and are taking the right approach to improve.

As you will have seen in the national news, the NHS is facing some real difficulties and these are affecting local services like ours, too. This includes limited resources, increasing demand for care, and challenges in recruiting and keeping our nurses, doctors and other staff. We also know that too many people are receiving mental health care far from home which is simply unacceptable.

But despite these obstacles, there is much cause for hope and optimism.

PATIENTS RECEIVED CARE IN OUR HOSPITAL BEDS FOR A TOTAL OF

247,000 days in 2016/17

At its heart the NHS is about people, and we remain indebted to our fantastic staff who work tirelessly to provide the best possible care.

We are confident we have addressed many of the concerns raised about our care. We have considerably more to do, but have a clear approach that sets out how we're going to make the necessary progress.

As well as making the urgent improvements to our services today, we now have the right foundations in place to make more fundamental changes that patients, carers, and their families deserve in the longer term. We call this our Clinical Services Strategy.

At its heart the NHS is about people, and we remain indebted to our fantastic staff who work tirelessly to provide the best possible care. Supporting and involving our workforce is pivotal to improving care. So we now have comprehensive plans to recruit more people, nurture our existing staff, and develop new job roles to meet the changing needs of our patients.

Our teams have played a big part in finding new ways to work alongside colleagues and communities to deliver better care out of hospital, and better mental health care. This success is now being taken forward across Hampshire and is a testament to their hard work and commitment.

The expertise and input of people using our services and their support networks has been invaluable. We must continue to work even more inclusively in the months ahead and now have a strategy which will guide us to do just that.

We thank everyone who has worked with us and welcome the scrutiny, feedback, support and expertise of countless staff, patients, families and partners.

The year ahead will be about how we build your confidence in the services we provide. We will do this by demonstrating the quality and safety of our care, and by striving to work more openly and collaboratively with all those whose lives we touch. If you want to join us in this mission, we would love to hear from you – ways to get in touch can be found on page 23.

With best wishes,
Lynne and Julie

Lynne Hunt (CHAIR)

Julie Dawes (CEO)

About us

We are an NHS Foundation Trust providing community physical, mental and learning disability health services across Hampshire. This includes some community hospitals and specialist inpatient units. In 2016/17 we also provided learning disability services in Oxfordshire, which we transferred to Oxford Health NHS Foundation Trust in July 2017. **Our aim is to improve the health, wellbeing, independence and confidence of the people we serve.**

Southern Health in numbers:

We provide care to around 240,000 people each year, and serve a population of 1.3million people. Over 6,000 people work for us, including doctors, nurses, therapists and support staff. As a Foundation Trust, we have over 9,000 public Members drawn from local communities, who elect a council of Governors which holds our Board to account. We are funded by NHS England, local NHS commissioners and local authorities, receiving around £300million each year. We deliver over 4,600 outpatient appointments each week, and patients received care in our hospital beds for a total of 247,000 days in 2016/17. We provide nearly 1.5million contacts with patients in the community each year.

in numbers

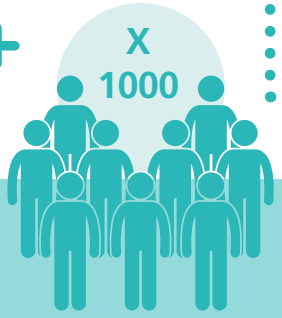
X **240,000** INDIVIDUAL PEOPLE CARED FOR EACH YEAR

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

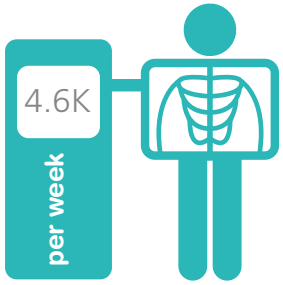
£300 million FUNDING

6,000 STAFF

9,000 + PUBLIC MEMBERS



4,600 OUTPATIENT APPOINTMENTS EACH WEEK



SERVING A POPULATION OF

1.3million

PATIENTS RECEIVED CARE IN OUR HOSPITAL BEDS FOR A TOTAL OF **247,000 days in 2016/17**

1.5million CONTACTS WITH PEOPLE IN THE COMMUNITY EACH YEAR

What drives us:

Our values

Last year we worked with hundreds of our staff to better describe what drives us as individuals and as an organisation. This resulted in three simple yet meaningful values that will guide everything we do from the frontline to the Board. They are already being used in staff appraisals and all new recruits are assessed against these values:

Patients and People First

- Providing compassionate, safe care
- Listening to each other
- Doing the right thing
- Appreciating each other
- Delivering quality

Partnership

- Communicating clearly
- Supporting each other
- Working as a team
- Building relationships
- Making things happen

Respect

- Acting with honesty and integrity
- Respecting each other
- Taking responsibility
- Getting the best from our resources
- Doing what we say we will do

Progress we've made and priorities ahead

We know that we have many areas that we need to make better for our patients. The quality of care, the way we involve people in it, and the way we investigate and learn when things go wrong have all been highlighted as in need of improvement. This section describes some of the big developments we've made in 2016/17, and how we are building on this in 2017/18.

Quality

Improving the quality and safety of our care

2016/17

Over the last year we made significant progress to improve the quality and safety of our care and our buildings, and the way we report, investigate and learn. We have also been working to better involve staff, patients, families and cares in decisions and in developing services. Our regulator the Care Quality Commission (CQC) has recognised that we have turned a corner in recent months which gives us confidence we are heading in the right direction.

Some important examples of this progress include:

- Working with a group of families to understand their experiences of being involved in investigations where a loved one has died, which led to a series of recommendations which we are now carrying out.
- Ensuring all reports into serious incidents are completed within 60 days, and that 95% of investigations are reviewed within 48 hours.
- Appointment of a Family Liaison Officer to provide impartial support when someone comes to harm whilst under our care.
- We launched our quality improvement strategy and priorities.
- We launched our patient engagement strategy describing how we will work more inclusively to develop services now and in the future
- More than nine out of ten (93%) of patients who completed the 'friends and family test' would recommend our services to a loved one.
- Ensuring more people at the end of their lives are able to die in the place of their choosing
- We improved the safety and quality of the physical environment at a number of our hospital sites, to reduce the risks to patients with severe mental health problems.

More than 9 out of 10 people would recommend our care to friends and family

> Although improvements have been made we must keep up the momentum.

2017/18

Although improvements have been made we must keep up the momentum. We still have much to do to become the organisation our patients, communities and our staff deserve.

What are we focused on now?

- Continuing to deliver our CQC, mortality and serious incident action plans – making sure they are giving the results our patients and services users want and need.
- Delivering our strategy to better involve service users, families and carers
- Supporting staff to improve quality in a consistent and measureable way across the whole organisation.
- Focused efforts to make the best use of mental health beds, so more people can get the care they need closer to home.
- Ensure every patient and service user, and their families and carers (where appropriate) are offered the opportunity to be involved creating a care plan, in a format they understand and own.
- Improving the consistency and quality of our community physical health services across Hampshire, so staff know exactly what their role is and how best to do it.
- Make sure we are doing more to improve the physical health of people using our mental health services
- Improving the timeliness and the quality of our response to complaints and concerns

If we can achieve the above, we aim to receive a rating of at least 'good' by the Care Quality Commission when they carry out their next comprehensive inspection later on in 2017/18.

x 240,000 PEOPLE CARED FOR EACH YEAR

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

SPOTLIGHT:

Meet Elaine, our Family Liaison Officer

Hello my name is Elaine Ridley and I'm the Family Liaison Officer. I started at the Trust in December 2016.

My role is pretty varied but the main part is to support families and loved ones through the difficult process of an investigation into a serious incident or complaint. I also work closely with Investigating Officers to ensure that families are treated appropriately.

Having worked in the Coroners service for 15 years I could see that there was a need for this type of role. I was aware of the criticisms of the Trust before I applied and was a little apprehensive but I like a challenge! So far it has been massively rewarding and I'm very much enjoying it.

I am involved in a lot of the groups the Trust has set up to help it improve the way it works with families. I've learned so much from these and it has been a real privilege to be involved. I'm really keen to use the feedback and ensure families have a voice.

Over the last few months I have been developing some training with the Trust Chaplain which I am really proud of. The training is for Investigating Officers, and will help them when sharing reports with families following an investigation into a death. The Trust has improved its reporting process but I think there are lots we can do to improve how we share reports with families.

SERVING A POPULATION OF **1.3million**

SPOTLIGHT:

Mental health support for mums in Andover

One in five women will experience some form of mental health difficulty during pregnancy or the first year following the birth of their baby. Our Health Visiting Team in Andover is working hard to find new ways of supporting these women that help make a real difference.

The team, in partnership with Andover Mind, has set up a group called "Knowing Me, Knowing You", for mothers with mild to moderate perinatal mental health problems. The group provides up to eight mothers and their babies with a two-hour group session, which runs for seven weeks with the aims of supporting mothers to talk about their feelings and develop new coping strategies.

The group has had positive results, with reduced levels of depression and anxiety, and mums feeling more confident at the end of the sessions.

One mum said, "Until the group I felt like I was the only one and was very isolated which made me scared to ask for help as I didn't really understand what was wrong. The group helped me do something about what was wrong and understand my feelings and reactions. For the first time I feel that I can tell someone how I feel safely, without anyone telling me I'm wrong, or I should be happy, or I'm a bad person."

We're now looking at how we can share the Knowing Me Knowing You concept with other NHS Trusts who are interested in learning from us.

> **For the first time I feel I can tell someone how I feel safely**

People

Supporting and developing our workforce

2016/17

We know that staff who feel included by their employer contribute to improved patient care, and staff involvement in the organisation is an area where we identified we could do better. We have introduced several staff engagement initiatives this year including a new forum for staff to feedback directly to the Executive team. We have increased the number of visits the Executive team and Board make to front line teams, and we have also launched a trust-wide Team Brief session to discuss key issues as well as providing an opportunity for two-way communication.

This year we:

- Achieved a small overall improvement in the results of the annual staff survey, which also helped us target key areas to focus on.
- Appointed Freedom To Speak Up Guardian to support staff to raise concerns
- Started a range of initiatives to increase staff health and wellbeing, included fast-track schemes to access physiotherapy and psychological support programmes
- Saw over 2,000 staff (about a third of our workforce) nominated for a Star Award, our reward and recognition scheme.

OVER
6,000
STAFF WORK FOR US

2017/18

Next year will see us take staff engagement to the next level with a series of big topics, the development of a staff engagement group and the introduction of new ways to empower staff to innovate and resolve issues locally. We will also bring to bear a new plan to tackle our recruitment and retention challenges.

Priorities for the year ahead include:

- Launching a Trust-wide staff engagement programme 'Your Voice', led by a steering group of staff from all levels and services. This is improving how involved staff feel in their Trust, and giving them more confidence to carry out local changes.
- Finding new ways to recruit the right workforce to meet the needs of our patients, including new roles such as nurse consultants and nurse associates.
- Better understanding the reasons people leave the Trust, so we retain and develop our skilled and experienced health workers
- Improving the number of staff who would recommend Southern Health as a place to work to their friends and family
- Building on our reward and recognition schemes, for example launching an Employee of the Month award.
- Launching a new clinical leadership programme to ensure our doctors, nurses and other clinicians play a lead role in the trust and their talent and skills are properly developed.

9,000 +
PUBLIC MEMBERS

X 1000

SPOTLIGHT:

Living life with a learning disability

James Elsworthy from Winchester has used our learning disability services to help identify and manage his needs. James is also working with us by taking part in service user groups, interview panels and he presented one of our staff awards at last year's ceremony.

"My support worker says I have complex needs. Having a learning disability affects me most when there's a lot going on. I tend to get quite upset. One minute I'm happy and the next minute I'm sad. It takes me a little while to process things.

"I have lived on my own since I was 18, but I have support workers twice a week. Before that I lived in a house for people with learning disabilities. They still have some houses for people with learning disabilities, but I think they should get their own places really – you've got to learn to live on your own.

I have a cleaning job at the police headquarters. I do that from 6.00am to 9.30am every day, Monday to Friday. I've worked there since 2004. I like my job but I don't like cleaning at home.

"I do football on a Monday and Tuesday at River Park Leisure Centre with the Saints Foundation. It's open to people with Learning Disabilities, as well as everyone else. We warm up first and play a match at the end. I can be really competitive. I'm also doing a play – it will be at the Theatre Royal.

"I really enjoy working to help Southern Health. Southern Health has had a lot of bad news lately, but the only way is up and we've got to promote the good things. I run a service user group. That is to do with how the NHS can help us – people with learning disabilities."

"Southern Health has had a lot of bad news lately, but the only way is up"

SPOTLIGHT:

The importance of care at home: Peter's story

Peter, 90, has a number of health conditions related to being frail and elderly. But he's adamant he wants to stay at home. His daughter Lis tells us how her family has been working closely with Southern Health's community team to support Peter at home.

"Dad is a true gentleman, so full of life and thrives on making people laugh. He has vascular dementia and is very frail. Over the years his memory has got worse and he doesn't remember a lot of things. We knew from previous experience that Dad doesn't do well in hospital and deteriorates both mentally and physically.

"Ally [from Southern Health] was fantastic; she completely understood our situation, knew that dad wanted to be at home and did everything she could to make this happen. She referred us to Abigail Barkham [Consultant Frailty Practitioner] who met both me and Dad and immediately started to put together a wellbeing plan based on dad's needs to help us care for him at home.

"Since the plan has been put in place, dad has been doing really well. In fact from October to April, we had to call an ambulance out to him more than 11 times. But since April we haven't had to call anyone out and I truly believe it's because he is happy and has all the help he needs.

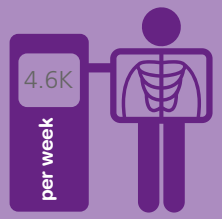
"I just can't thank the team enough. We feel so supported and the care we have received has been first class, we have felt involved right from the start and really feel they genuinely care about my father. Meeting Ally and Abby and her team, it's so evident that for them it's not a job, it's a passion."

Peter's care package

- An Occupational Therapist inspected the house and identified the equipment that Dad needed.
- A tissue viability and community nurse ensured that dad had the right mattress, and gave advice to help prevent him from getting pressure sores.
- A nurse gave advice about nutrition and medication an even prescribed dietary supplements to keep him healthy.
- We were advised by the team to create a memory book for dad about key aspects of his life - it really helps him especially when he is having a bad day.

4,600

OUTPATIENT APPOINTMENTS EACH WEEK



Transformation

Changing our services to better meet people's needs

2016/17

The NHS is transforming to meet the growing needs of the population, and Hampshire is no exception. Towards the end of 2016/17 all the health and care organisations in Hampshire and the Isle of Wight published a joint plan called a Sustainability and Transformation Plan (STP). Services provided by Southern Health are included in the STP and we are committed to making sure we play our part. Since 2015 Southern Health staff have been leading a pilot called Better Local Care, to improve the way people are supported out-of-hospital. This has led to a number of benefits for patients and communities, and built stronger relationships between our staff and GPs, volunteers and other partners across the county. In October 2016 we carried out a major four-month review of our mental health and learning disability services which resulted in a new Clinical Services Strategy. Hundreds of staff, alongside service users, families and carers helped to shape this important work which will be one of the driving forces behind improving our care in 2017/18.

Here are some examples of how we have helped to transform care for local people:

- The Same Day Access Service in Gosport has helped over 60,000 people get the right care from the right professional, on the same day, preventing the need to wait many days for a GP appointment.
- We launched a new web-based service to connect patients across Hampshire with their GP practice. Called eConsult, the service has proved very popular with around 1,500 people using the service each week. With 60% of patients able to get the help they need without visiting their practice, it has also freed up 3,500 GP appointments, which can be spent supporting people with more complex health needs.
- Our health visitors teamed up with Barnardo's volunteers to deliver enhanced services for new parents in Hampshire.
- Our highly-regarded mother and baby mental health community services were awarded additional funding to expand into other parts of Hampshire, including Portsmouth, North East Hampshire and the Isle of Wight, where there were previously no specialist services.
- We've joined forces with Solent NHS Foundation Trust and the Isle of Wight Trust to form a Mental Health Alliance – to make sure we are planning together in the best interests of people who use these services: pooling our ideas and resources and aiming for more consistent and effective mental health care across the region.
- It became apparent that a number of our services would be able to develop further as part of other organisations, and we supported them to successfully transfer. This includes our community physical health services in North East Hampshire, our learning disability services in Buckinghamshire and Oxfordshire, and our social care services. We wish all staff and people using these services the very best for the future.

Find out more: **www.betterlocalcare.org.uk**
www.southernhealth.nhs.uk/futureservices

2017/18

We will continue to deliver the plans set out in the STP, the Mental Health Alliance, and our Clinical Services Strategy, including:

- Carrying out the priorities identified in the Clinical Services Strategy to make our mental health and learning disability services easier to access, more consistent, and better able to support people in a crisis. This will involve significant changes to current models of care and will continue beyond 2017/18.
- As part of the STP, a number of areas of Hampshire have been identified, around which all local organisations should try to deliver more joined up care. We will work with commissioners and partners to describe exactly which services belong in these 'Local Care Systems' and begin the process to move them into these new organisations.
- Building on the Better Local Care pilot, we will continue to work with GPs, clinicians, social care colleagues and volunteers who support the same people, to work as joined-up extended primary care teams.
- Expanding our inpatient services for children and adolescents with mental health and learning disability health problems, and our secure mental health services, aiming to become a centre of excellence for these types of care over the next two years.

SPOTLIGHT:

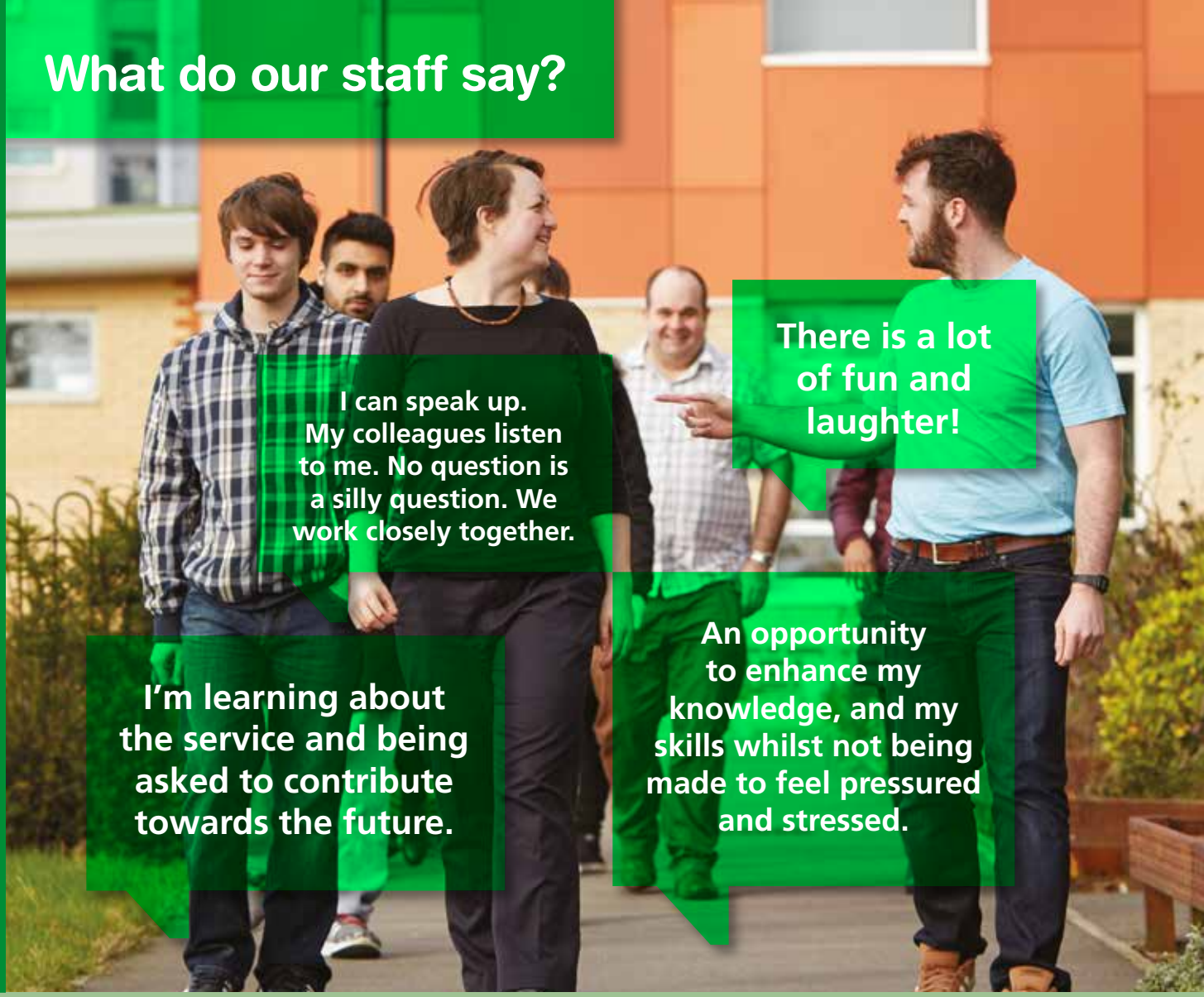
Fantastic feedback for our Older People's Mental Health Team in Havant

"We support any older person living in Hampshire (normally aged 65+) who is experiencing mental health problems due to an organic mental illness such as Alzheimer's disease and a functional mental illness, which predominantly has a psychological cause such as depression, schizophrenia, mood disorders or anxiety. We are an integrated service and work closely with other services for example, social services, occupational health, physiotherapists, GPs and speech and language."

What do people say about this service?

My father died in February but he was supported wonderfully by your nurses. You even visited when I was at crisis point and looking back you really listened to my Dad about his physical symptoms as well as his mood. You were right to listen, as it was the physical symptoms that he told you about which led to his death a few weeks later. I would like to thank you and your team for the professional, kind and caring support.

What do our staff say?



JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

£300 million FUNDING

Money

Making the best use of resources and balancing our books

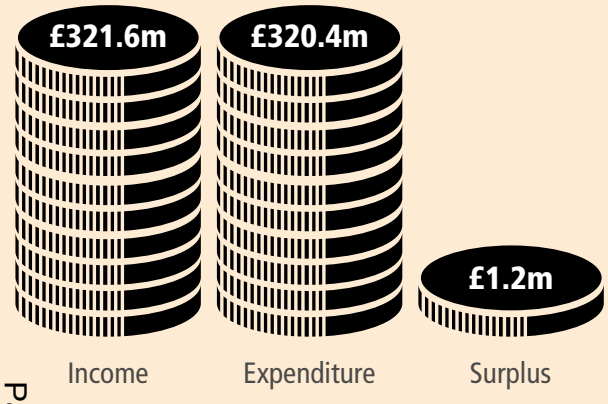
This has been a difficult year for NHS finances, with around half of all Trusts spending more money than they received, to a total deficit of around £800million nationally. In order to balance our books, locally, we made savings of about £10million. We also benefited from extra funding which had been set aside for NHS Trusts which could demonstrate they were in control of their costs. This meant we finished the year with a surplus of £1.2million, and our auditors confirmed that we had provided sound financial management.

Some of the big challenges facing our finances include:

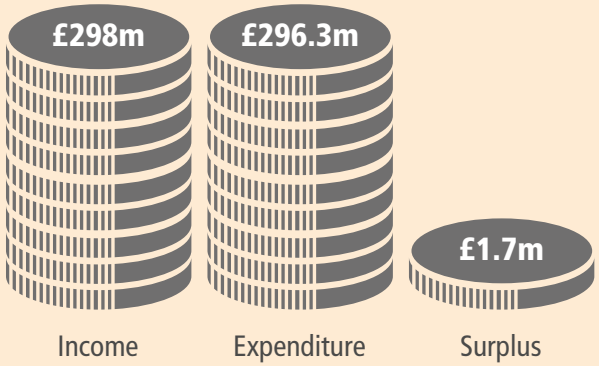
- The amount we spend on agency staff, including locum doctors and nurses, due to difficulties recruiting and retaining permanent staff.
- The cost of placing mental health patients in beds provided by other organisations, because we are unable to discharge patients from our own beds to the community swiftly once their treatment has finished.
- Delivering more care than we are paid for in some areas, or filling the 'gaps' in care that no other organisation is set up to provide, because contracts are not clear.

Tackling all of these problems will not only make sense financially – it will also lead to better care for people using our services. So it is vital we get this right.

2016/17



2017/18 (planned)



As a Foundation Trust we are required to make a surplus each year and in 2017/18 we plan for this to be £1.7million. Achieving this relies on us making £12.8 million savings which is even more than last year. These savings are planned to be delivered from internal efficiencies and will also require transformational change across the region, for example by developing the new models of care which we've described earlier in this booklet. It is only by doing this that services we provide will be sustainable in the future, enabling us to provide the best possible care.

The numbers:

	2016/17	2017/18 (planned)
Income	£321.6m	£298m
Expenditure	£320.4m	£296.3m
Surplus	£1.2m	£1.7m

Measuring our progress

As part of the NHS we have a number of important measures that help to show we are delivering good care. We are pleased to report that in 2016/17 we met all the targets set by the national regulator, NHS Improvement. We also have targets set by our commissioners (who fund our services) and we set our own internal targets, too. We met some of these and are working hard to achieve them all in the year ahead.

Targets set by the NHS national regulator:

Mental health and learning disabilities:	Target	Our Performance	Did we achieve it?	National average (if available)
Patients discharged from psychiatric hospital have a follow up contact within 7 days	95%	97.3%	✓	96.6%
Proportion of people admitted to psychiatric hospital who had prior access to crisis support in the community	95%	99.7%	✓	98.5%
Proportion of patients whose transfer of care to another service was delayed	7.5%	3.7%	✓	
Proportion of patients in secondary mental health care who've had at least one formal review in the last 12 months	95%	97%	✓	
Proportion of patients who have had the right identifying information about them recorded	97%	99.7%	✓	
Proportion of patients who have had important information about their outcomes recorded	50%	81.4%	✓	
Proportion of people experiencing a first episode of psychosis who have been treated within two weeks of referral	50%	85.4%	✓	74.4%
Proportion of people referred to our Improving Access to Psychological Therapies service treated within six weeks	75%	87.2%	✓	
Proportion of people referred to our Improving Access to Psychological Therapies service treated within 18 weeks	95%	99.9%	✓	

What people have been saying about their care:

My husband was admitted to Hawthorns 2 almost 7 weeks ago into the armed forces section. I was very sceptical and scared for him. However my fears were unfounded from the first moment to the last, the staff were caring, compassionate and tailored his care to his needs. Their care and expertise has literally saved my husband's life and put our little family back together and I can't thank you enough.

– Hawthorns 2, Parklands Hospital

Physical Health:	Target	Our Performance	Did we achieve it?	National average (if available)
Proportion of people waiting less than 18 weeks from referral to treatment	92%	93.9%	✓	90.3%
Proportion of patients using our minor injuries units treated/ transferred or discharged within four hours	95%	99.3%	✓	87.6%
Proportion of patients who received a diagnostic test within six weeks	99%	100%	✓	98.9%
Proportion of patient records completed in line with the Community Information Data Set	50%	98%	✓	

Health Visitor visits have been a pleasure. She is friendly, non- judgemental and made me feel that she had all the time in the world for me. As this is my second child, I did not think I would really need the service but I have been very glad of the support.

– Fareham Central, Health Visiting team

I have had 5* treatment of a broken ankle from staff today. Nothing was too much trouble. Everything was explained carefully and professionally. Wonderful. Thank you to all.

– Lymington Hospital

Just dropping my commendation for the continuous, excellent, professional support that my client, family and myself have received from the team. I found K very approachable, flexible, timely, knowledgeable, having good communications skills and always willing to impart her knowledge to other people in an empowering manner.

– Learning Disabilities North and Mid Hants Community Team

Targets set by our commissioners and those we set ourselves:

Mental Health:	Target	Our Performance	Did we achieve it?	National average (if available)
Proportion of people receiving an assessment within agreed timeframes	90%	94.3%	✓	
Proportion of patients who have had a risk assessment recorded	95%	92.0%	✗	

Physical Health:	Target	Our Performance	Did we achieve it?	National average (if available)
People spending more time in hospital than they need	7.5%	13.4%	✗	
Proportion of people receiving an assessment within agreed timeframes	90%	75.2%	✗	
Proportion of patients seen within two hours of referral to our rapid response service	80%	97.3%	✓	
End of Life: Proportion of patients dying in preferred location	80%	88.4%	✓	
Health Visiting: Proportion of pregnant mothers who received an antenatal contact at 28 weeks or above	84.8%	82.5%	✗	
Health Visiting: Proportion of mothers who received a new birth visit within 30 days	99.6%	99.4%	✗	

Get in touch or join us

At a time of such change and challenge we need your involvement like never before. We also know it's an area we need to improve. Your views and ideas, no matter how big or small, positive or critical, are very welcome.

If you want to get involved or find out about opportunities to help shape your local services, contact our communications team by phone or email.

023 8087 4666

communications@southernhealth.nhs.uk

1.5million CONTACTS WITH PEOPLE IN THE COMMUNITY EACH YEAR

Become a Member

If you want to play an even more active role, becoming a member means you can have a much greater say in your local healthcare.

We're always striving to improve. As a member, you can help us do this. We want to hear your experience of our services. We want to know how you think we should invest our money, and where we should develop services further.

We want to know when things go well, and when they don't, so we can address issues and problems quickly. In order for our services to meet the needs of local people and communities, we need to know what you expect and want.

What our members do

You can be involved as little or as much as you'd like, and in a variety of different ways. You may just want to receive updates about what the Trust is doing, through our members magazine and website. Or you may want to come along to local meetings and focus groups, or take part in surveys and questionnaires.

Being a member won't affect the care and treatment you receive. You also don't have to agree with everything our Trust does, or share our views.

What are the benefits?

As a member you'll be able to:

- Present your ideas, feedback or concerns to the Trust
- Elect fellow members to become Governors (or stand for Governor yourself)
- Meet and interact with the Council of Governors
- Attend exclusive 'medicine for members' events to hear fascinating talks from our amazing clinicians.
- Go to constituency meetings to discuss health care in your local area
- Attend the Annual Members Meeting
- Register for Health Service Discounts, where you can find a huge range of offers and benefits

To learn more contact us on:

023 8087 4253

FTmembership@southernhealth.nhs.uk

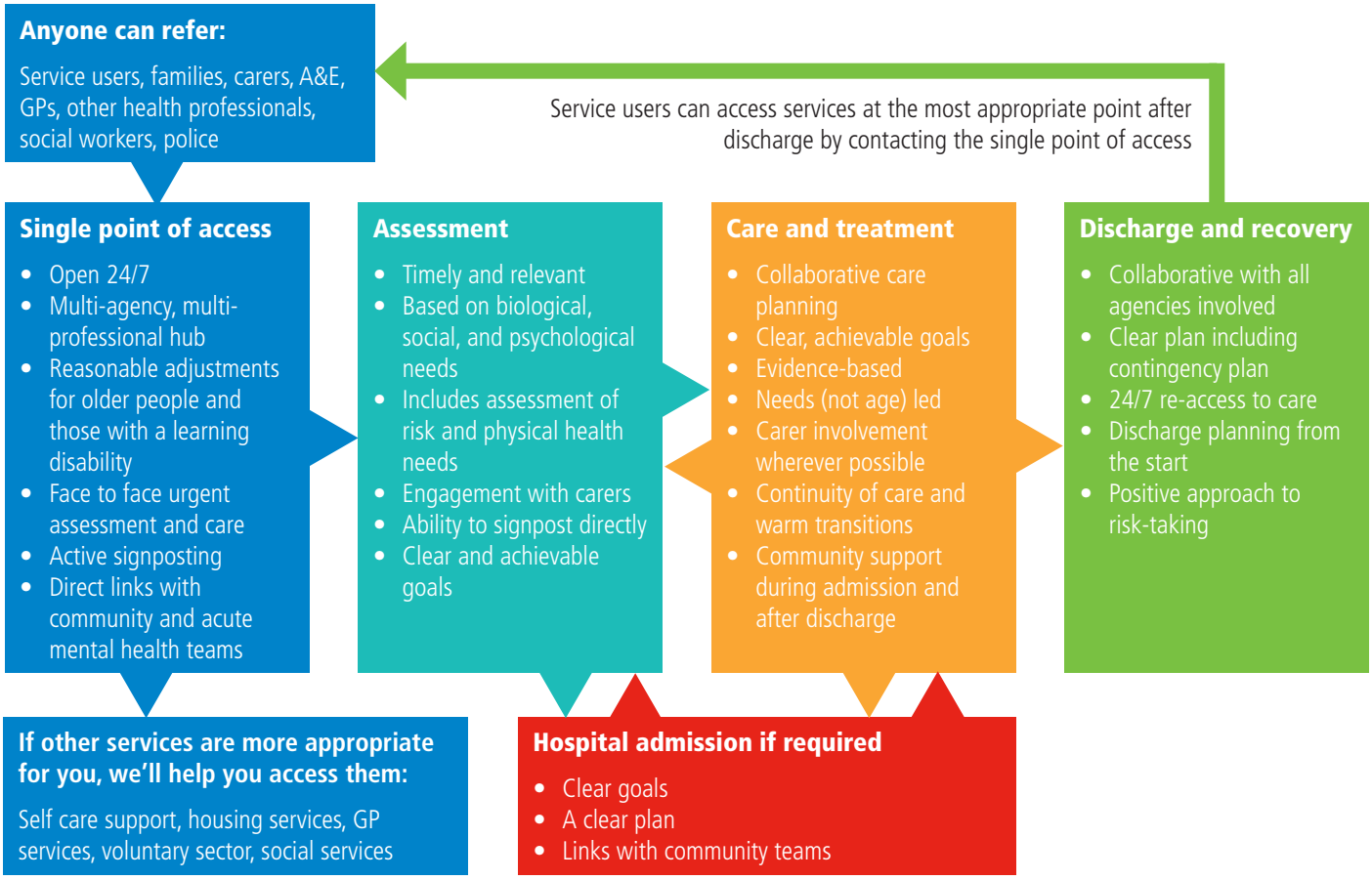
CS45892 – NHS Creative – August 2017

Clinical Services Strategy

Mental health and learning disabilities

Southern Health
NHS Foundation Trust

Service pathway



Service design principles

- To provide high quality, safe, person-centred and holistic services which improve the health, wellbeing and independence of the people we serve
- To deliver needs-led services, which are timely, proactive and easy to access, 24/7
- Having the right people doing the right job, taking ownership and pride in good communication
- A recovery-focused approach, with a positive attitude to strengths, resilience and risk taking, and which is adaptable to change
- Continuity across boundaries and transitions, removing the barriers

Learn more:
www.southernhealth.nhs.uk/futureservices

Service priorities

- We will actively involve, engage and include service users, families and carers in service delivery and design
- We will improve access to services via a single point of access for all requests accompanied by a culture of supporting requests for help and providing needs-led pathways
- We will transform the urgent care pathway to deliver responsive, reliable, high quality care 24/7 including developing alternatives to admission
- We will improve outcomes for those who use our services the delivery of needs-led, evidence based pathways reduce variation whilst linking into local delivery systems of care
- We will deliver consistent, purposeful, needs-led inpatient care across the trust when it is needed
- We will develop our tertiary (specialist mental health) services to provide care across a complete pathway with pathways that are consistent across the trust
- We will increase access to italk and work with the system to explore primary care based mental health services to keep people well

This page is intentionally left blank

DECISION-MAKER:		**HEALTH OVERVIEW AND SCRUTINY PANEL**		
SUBJECT:		**HEALTH AND WELLBEING STRATEGY UPDATE**		
DATE OF DECISION:		**26 OCTOBER 2017**		
REPORT OF:		**CABINET MEMBER FOR HEALTH AND COMMUNITY SAFETY**		
CONTACT DETAILS				
AUTHOR:	**Name:**	**Felicity Ridgway, Service Lead- Policy, Partnerships and Strategy Planning**	**Tel:**	**023 8283 3310**
	E-mail:	**Felicity.Ridgway@Southampton.gov.uk**		
Director	**Name:**	**Jason Horsley, Director of Public Health**	**Tel:**	**023 8083 2028**
	E-mail:	**Jason.Horsley@Southampton.gov.uk**		

STATEMENT OF CONFIDENTIALITY

Not applicable

BRIEF SUMMARY

The Southampton Health and Wellbeing Strategy 2017-2025 was developed by the Health and Wellbeing Board, and adopted by Full Council in March 2017, in agreement with Southampton Clinical Commissioning Group Governing Body.

Health and wellbeing is important to everyone in Southampton, whether they live, work or learn in the city. The Joint Health and Wellbeing Strategy for Southampton sets out the strategic vision for improving health and reducing health inequalities in the city. The strategy aligns with the City Strategy 2015-2025 with its vision to make Southampton a 'city of opportunity where everyone thrives', and directly supports the priority 'healthier and safer communities'. It also aligns with the Council Strategy 2016-2020, in particular with the outcome 'people in Southampton live safe, healthy, independent lives', and with the CCG Two Year Operational Plan (2017-19) and the Local Delivery Plan.

The strategy includes the outcomes to achieve over the next eight years and is based on evidence from the Joint Strategic Needs Assessment, stakeholder engagement and public consultation. This paper provides an update on the progress of the strategy after the first 6 months.

RECOMMENDATIONS:

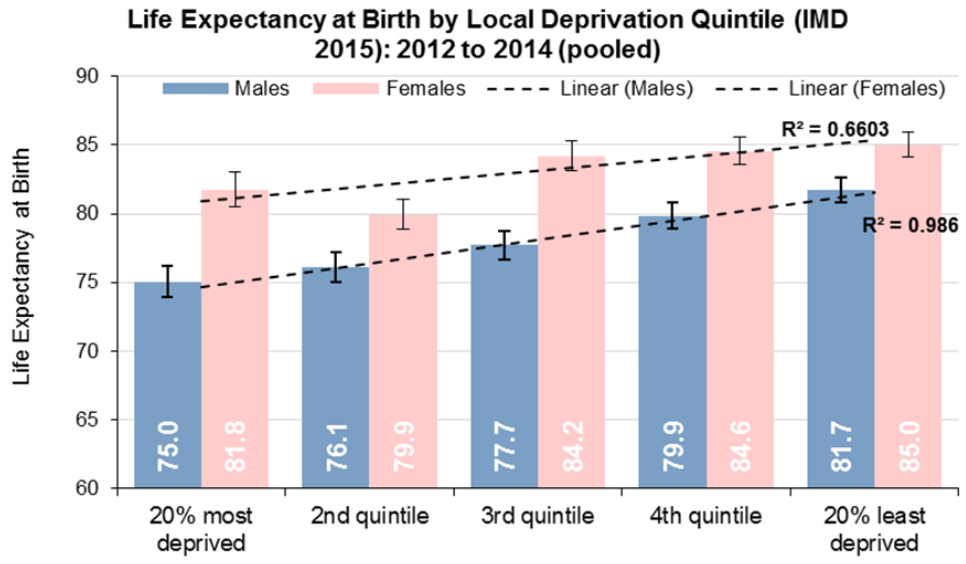
	(i)	That the Panel notes the progress against the Health and Wellbeing Strategy to date.

REASONS FOR REPORT RECOMMENDATIONS

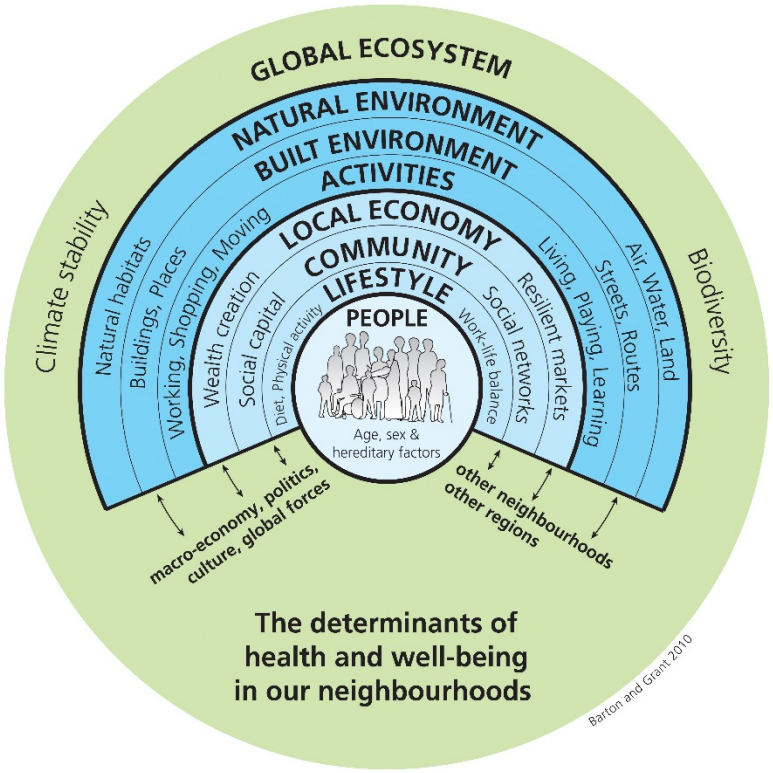
1.	Local Authorities and Clinical Commissioning Groups (CCGs) have equal and joint statutory duties to deliver a Health and Wellbeing Strategy that sets out how they plan to work together with local partners to meet health and care needs identified in the Joint Strategic Needs Assessment (JSNA).

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
	None
DETAIL (Including consultation carried out)	
	Background
1.	Our vision is that Southampton has a culture and environment that promotes and supports health and wellbeing for all. Our ambition is to significantly improve health and wellbeing outcomes and reduce citywide health inequalities in Southampton by 2025. The strategy identifies a number of high level activities which will contribute to achieving this ambition, and Appendix 1 provides an update on each of these actions after the first 6 months of the strategy.
2.	We know that improvements in health outcomes can take years to achieve at a population level, and that no one action will contribute to improving health across the city. The strategy therefore includes a number of measures from the Public Health Outcomes Framework, which will be monitored over the 8 years of the strategy. Appendix 2 provides a scorecard outlining the current position, regional, national and statistical comparators, and recent trends for each measure.
	People in Southampton live active, safe and independent lives and manage their own health and wellbeing
3.	We want to prevent avoidable deaths, ensure that people are supported to stay well for longer, are able to live active, safe and independent lives and manage their own health and wellbeing. In 2014, nearly a quarter of all deaths (23%) in England and Wales were from causes considered potentially avoidable through timely and effective healthcare or public health interventions. In adults the leading causes of avoidable death are cancer and heart disease. In Southampton 27.9% of all deaths are related to cancer (all cancers) and 27.5% to circulatory diseases (ONS 2014).
4.	Many early deaths and ill health could be prevented or delayed if people led healthier lifestyles. 40% of the UK's disability-adjusted life years lost are caused by tobacco, high blood pressure, overweight and obesity and low physical activity. Unhealthy lifestyles cost the NHS across the UK billions of pounds every year: • Smoking £5.2B • Obesity £4.2B • Alcohol £3.5B • Physical inactivity £1.1B To bring health outcomes in these areas in line with the national average, Southampton would need to see:

	
5.	A new behaviour change service was launched in April 2017, 'Southampton Healthy Living'. It is a partnership between the NHS and voluntary services, with Social Care in Action as the lead provider. In the first 6 months of the service the provider has focused on setting up the service, with emphasis on developing capacity and skills in the workforce to ensure delivery. Performance will now be monitored on a regular basis to assess the impact on behaviour change. Strategically, a new Healthy Weight Plan and Physical Activity Plan are being developed with the Health and Wellbeing Board to enable citywide approaches to behaviour change.
6.	This year, the Health and Wellbeing Partnership have worked with the Safe City Partnership to develop and publish new Alcohol and Drugs Strategies. These strategies are now being implemented and monitored, and will report back to both partnerships on their progress.
7.	Mental and physical wellbeing are closely linked; people with poor physical health are at higher risk of experiencing mental health problems and people with poor mental health are more likely to have poor physical health. It is therefore crucial that mental health is given equal priority to physical health in order to improve health and reduce inequalities in the population. Work has been undertaken to ensure that mental health needs are considered in all physical health care pathways. This includes primary care promoting IAPT services (Increasing Access to Psychological Therapies) for those with Long Term Conditions. This is a key aspect in 'Mental Health Matters', and the action plan for this has recently been refreshed.
8.	Mental health promotion activities over the last 6 months include the continued promotion of services that promote wellbeing such as The Steps 2 Wellbeing Service and Employee Assistance Programme. The Southampton anti-stigma partnership has also worked together on campaigns such as the Saints vs Stigma football festival, Suicide Prevention Day and World Mental Health Day, to encourage people to be supportive of others with mental health problems and to seek help if they have a problem. Training continues to be rolled out to front-line staff to enable them to better identify those with mental health needs, including patients that initially present with physical health needs.
9.	A CAMHS (Children and Adolescent Mental Health Services) transformation plan has been developed. This includes the development of the early intervention and prevention team which will increase access to meet the national target of 35% of children and young people with a diagnosable mental health condition receiving treatment.
10.	In addition to supporting behavioural shift to help more people manage their own health and wellbeing, the strategy focuses on helping more people to stay independent for longer. Although people are living longer both nationally and in Southampton, it is often with long term conditions and an extended period of

	poor health/disability.
11.	With a new Service Development Officer in post we are redoubling our efforts to ensure that we are increasing the volume and quality of referrals to the City Telecare service, with a view to having a greater number of successful installations. We are also strengthening our evidence base to make sure that this increased take up is translating into real savings, or is avoiding or delaying the need for higher cost solutions. The service will support more individuals to live more independently and increase the longevity of their independence while supporting our drive towards cost effective adult social care services.
	Inequalities in health outcomes and access to health and care services are reduced.
12.	The conditions in which people are born, grow, live, work and age have profound influence on health and inequalities in health in childhood, working age and older age. The lower a person's social and economic status, the poorer their health is likely to be.
13.	 *Sources: ONS Primary Care Mortality Database, ONS Mid-Year Population Estimates & IMD (2015)* In the most deprived areas of the city life expectancy for women is 3.2 years less than for women in the least deprived areas, and 6.7 years less for men.
14.	After adjusting for age, those living in the most deprived areas of the city are: • 2.7 x more likely to have COPD • 2.1 x more likely to have lung cancer • 1.6 x more likely to have diabetes • 1.6 x more likely to suffer depression • 1.5 x more likely to have heart disease • 1.4 x more likely to have asthma • 3.3 x more likely to have multiple LTCs
15.	Health inequalities arise from a complex interaction of many factors, such as housing, income, education, social isolation and disability, all of which are strongly affected by economic and social status. Action on health inequalities requires action across all the social determinants of health, including

	education, occupation, income, home and community. The greatest reductions in health inequalities can be achieved through providing support proportionate to level of need.
16.	Southampton's Better Care Plan contributes towards addressing health inequalities by taking a whole life course approach (not just focussing on older people or those with long term conditions, but including all age groups) and bring together a range of partners, not just health and social care but also public health, employment and skills, housing, police, education and the broader community and voluntary sector to focus on the wider determinants of health. The plan includes a number of actions to address health inequalities including: • The model of cluster working bringing together partners from across the system • Work to create a new model of community development • Development of the integrated prevention and early help service • The commissioning of a new Information, Advice and Guidance Service • The new Southampton Healthy Living Service.
17.	The integrated 0-19 prevention and early help service will provide support proportionate to level of need within the early years of life. The service has a graded offer with three levels, namely: universal, universal partnership and universal partnership plus. Those families with the highest level of need will receive universal partnership plus support. The service will start in April 2018.
18.	The new Information, Advice and Guidance Service has recently been procured as an integrated model and will go live in the new format no later than the 1st of April 2018. Community Navigation procurement process is also underway to promote access across the city and build on the success of the two pilot areas. It is also expected that this new service will go live April 2018.
19.	The new Southampton Healthy Living behaviour change service has a specific remit to ensure they reach people who might benefit most, including men who might not usually seek out health promotion services.
20.	The Solent Jobs Programme is working with local residents who are long term unemployed due to a health condition, with the aim of supporting them back to employment. To date nearly 300 people have started on the programme in the Southampton area and of these 26% have moved into either temporary or permanent employment.
	Southampton is a healthy place to live and work with strong, active communities
21.	Evidence shows that our greatest health challenges, for example, increasing non-communicable diseases, health inequities and inequalities and spiralling health care costs, are highly complex and often linked through the social determinants of health. By addressing the wider issues around the health and wellbeing of our neighbourhoods and making the city a place that supports improved health and wellbeing, we can start to influence positive health outcomes for our residents.

	
22.	The health and wellbeing strategy sets out actions to address the wider determinants of health including healthy workplaces, housing quality and environmental policies. The strategy also focuses on building resilient communities that both improve the wellbeing of individuals, and reduce pressure on health services.
23.	The new Healthy Weight and Physical Activity Plans being developed will seek to work with transport and planning partners to include the principles of a healthy weight environment in the Local Plan. Both plans support the delivery of the Clean Air Strategy (includes a comprehensive action plan to address air quality) and Cycling Strategy.
24.	Fuel poverty is being addressed both through the council's programme of retrofitting its own housing stock with energy efficiency measures to reduce fuel poverty, and the Southampton Healthy Homes Programme which has successfully supported 2,500 households in the city this year, and enabled householders to claim back approximately £500,000 in unclaimed benefits.
25.	We are continuing to work with partners across the city to explore and support the rollout of the Workplace Health Chartership Scheme. The SCC employment support team deliver the workplace wellbeing charter accreditation programme for the city. Work is being undertaken to review current provision and support SCC to develop its own workplace wellbeing strategy.
26.	We are currently working with partners to design the community development infrastructural support required to promote growth and sustainability in the city. This new structure aims to: • Establish a fair, inclusive, efficient funding allocation mechanism for engaging community and voluntary sector capacity to develop and

	deliver services, resources and assets that meet local aspirations, community needs and build individual, neighbourhood and community resilience and wellbeing. • Increase the vibrancy and vitality of the community and voluntary sector as a whole by nurturing and galvanising collaboration between local people, organisations and others in promoting and increasing community activism, volunteering and effectiveness in fundraising from businesses, grant awarding authorities, personal philanthropy, crowd sourcing and other sources. • Increase capacity for self-help at a neighbourhood level through encouraging links between people locally, reducing levels of isolation and growing a culture in which people help each other. The key elements of the design are now clear and the options for implementation or procurement are being prepared to promote decision regarding the next steps in this area.
	People in Southampton have improved heath experiences as a result of high quality, integrated services
27.	The vision Southampton Better Care vision is to become a city "where everyone thrives; built on the strengths of our communities and our services are joined up around individuals". The overall aims for integrated care in Southampton are: • Putting people at the centre of their care, meeting needs in a holistic way • Providing the right care, in the right place at the right time, and enabling individuals and families to be independent and resilient wherever possible • Making optimum use of the health and care resources available in the community • Intervening earlier and building resilience in order to secure better outcomes by providing more coordinated, proactive services Focusing on prevention and early intervention to support people to retain and regain their independence.
28.	The Better Care 2017-19 submission has been made, and is awaiting approval. Achievements from the 2016/17 plan have included: • Introduction of working age adult facing services to the integrated cluster model, specifically adult mental health and substance abuse services. • Development of the integrated prevention and early help service model for children and their families (going live 2018). • The continued success of the integrated Rehab and Reablement Service, with improvement in outcomes for 88% of clients and achieving reablement goals for 77%. • Development of a clear vision and strategy for telehealthcare in Southampton with 98% of Adult Social Care staff trained and increasing number of referrals.
29.	Achieving an integrated system focusing on these areas is key to achieving

	and delivering the other priorities in the Health and Wellbeing Strategy. Since the publication of the strategy, significant steps forward have been taken in the establishment of a Joint Commissioning Board between Southampton City Council and Southampton City Clinical Commissioning Group. The purpose of the board is to jointly commission health and social care for the city, encouraging collaborative planning, and the achievement of shared strategic objectives.
30.	In addition to this, the Health and Wellbeing Board are actively promoting different ways of working across the city in order to address the wider determinants of health which include increasing focus on Prevention and Early Intervention across the council and CCG, rolling out a programme of projects including reviews and recommissioning of Housing Related Support, Advice, Information and Guidance, Behaviour Change (all now implemented) and Community Development where work is ongoing. We are also focusing on embedding health in all major council strategies and policies, and making every contact count so that citizens coming into contact with health and social care services are enabled and activated to lead healthier lifestyles.
RESOURCE IMPLICATIONS	
Capital/Revenue	
31.	None
Property/Other	
32.	None
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
33.	N/A
Other Legal Implications:	
34.	None
RISK MANAGEMENT IMPLICATIONS	
35.	None
POLICY FRAMEWORK IMPLICATIONS	
36.	None

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	All
SUPPORTING DOCUMENTATION	
Appendices	
1.	Health and Wellbeing Strategy Update
2	Health and Wellbeing - Scorecard

Documents In Members' Rooms

1.	None	
Equality Impact Assessment		
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.		No
Privacy Impact Assessment		
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.		No
Other Background Documents **Other Background documents available for inspection at:**		
Title of Background Paper(s)	**Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)**	
1.	**None**	

This page is intentionally left blank

Health and Wellbeing Strategy 2017-2025
Progress Update October 2017

Priority		Action	Update
People in Southampton live active, safe and independent lives and manage their own health and wellbeing	1.1	Encourage and promote healthier lifestyle choices and behaviour, with a focus on smoking, alcohol / substance misuse, physical activity, and a healthy weight.	• Behaviour change service now in place, working with provider to implement requirements. Provision is intended to reach a wide range of people through increased collaboration with the voluntary sector. • Remodelling of substance misuse service completed. • Pilot scheme launched at UHS to identify and signpost people with alcohol issues as part of CCG Qipp programme. • New drugs and alcohol strategies implemented and the new national tobacco control plan will be developed into a new local plan next year.
	1.2	Encourage and promote healthy relationships and wellbeing of individuals of all ages, carers and families, particularly for those at risk of harm and the most vulnerable groups through increasing early help and support.	• Increased focus on Prevention and Early Intervention programme rolled out, and Housing related support, Advice, information and Guidance, Behaviour Change implemented. Community Development project progressing. • Grants review completed, small grants investment increased, with bids encouraged focusing on early intervention and prevention ambitions. • Continued sexual health drop-ins, STAR project provision and work with PSHE leads to ensure and support comprehensive SRE.
	1.3	Support people to be more independent in their own home and through access to their local community making best use of digital tools including Telecare.	• Care Technology programme in place aimed at increasing uptake and promoting independence. • Work plan in place focused on in-house services and training of council staff. • New service model being designed ready for implementation in 2018/19. This will increase the availability of care technology. • Project worker recruited to enable more focus on this area.
	1.4	Ensure that information and advice is coordinated and accessible	• Advice services recently procured as an integrated model and will go live no later than the 1st of April 2018. • Procurement exercise was built around simplification of access and improving coordination of the offering through an integrated model.
	1.5	Prioritise and promote mental health and wellbeing as being equally important as physical health.	• Work is underway to ensure that mental health needs are considered in all physical health care pathways, including primary care promoting IAPT services (Increasing Access to Psychological Therapies) for those with Long Term Conditions. • Mental Health Matters action plan refreshed. • Audit underway to identify training needs in relation to mental health.
	1.6	Increase access to appropriate mental health services as early as possible and when they are needed.	• CAMHS – the development of the early intervention and prevention team will increase access to meet the national target of 35% of children and young people with a diagnosable mental health condition receiving treatment. • Procurement for counselling service for young people to commence shortly. • City wide navigation services will include dedicated mental health support. • Beginning co-production of a peer support service to embed peer support training, support and jobs both paid and voluntary across the mental health system (all ages).
	1.7	Make every contact count by ensuring all agencies are able to identify individual needs and respond /refer to services as appropriate.	• Included in behaviour change service: brief intervention knowledge and skills training is available for staff and volunteers to support and embed the concept of MECC and support staff to have 'healthy conversations' • Included in standard clause in a number of recent tenders as part of focus on social Value Act clause.
	1.8	Promote access to immunisation and population screening programmes.	• Public Health attend a Screening and Immunisation Partnership across Wessex seeking assurance from NHS England on Screening and immunisation uptake.
Inequalities in health outcomes are reduced.	2.1	Reduce the health inequality gap between the most deprived and least deprived neighbourhoods in the city through a community based approach that is proportionate to level of need.	• The procurement for an increased Community Navigation service for the City is underway with a new provider to commence in April 2018. • The new behaviour change service was commissioned from April 2017. It is a partnership between NHS and voluntary services, with Southampton SCA as the lead provider.
	2.1	Take action to improve men's health to reduce the difference between male and female life expectancy through community based initiative to deliver behaviour change.	• The behaviour change service has a specific remit to ensure they reach people who might benefit most, including men who might not usually seek out health promotion services.
	2.3	Reduce inequalities in early child development by ensuring good provision of maternity services, childcare, parenting and early years support.	• Commissioners have been working with local maternity services to develop the "Needing Extra Support Team" (NEST) community midwifery model that the service has evolved from the caseloading model. This increases the time available for community midwives to work with women facing a challenging or complex pregnancy due to socio-economic, health conditions, mental health, domestic abuse or other forms of challenge and supports the handover of women and infants to Health Visiting and Children's Centre staff who will form part of the integrated 0-19 Prevention and Early Help service. • Work is ongoing to support pregnant women to stop smoking.
	2.4	Work with schools to improve healthy life style choice and mental wellbeing and reduce adolescent risk taking	• Re-established CAMHS schools forums. • Investment into early intervention and prevention teams to support YP that do not meet the criteria for Tier 3 CAMHS. • Collaborated with Hampshire County Council to commission students at Solent University to produce a short film for local young people about illegal tobacco. • Agreement has been reached with Solent NHS Trust over proposals to pilot a new healthy schools programme, and pilot arrangements to test this approach alongside the new integrated 0-19 Prevention and Early Help service. • Commissioners are also working with Personal, Social, Health and Economic (PSHE) education teaching leads in Southampton schools to develop a city-wide programme of study to support a consistent approach to the teaching of PSHE and Sex and Relationships Education (SRE) based on a curriculum informed by evidence of the challenges and issues faced in Southampton Schools. • Students at Solent University were commissioned to produce a short film for local young people about illegal tobacco.
	2.5	Target access to advice and navigation to services for those who are most at risk and in need to improve their health outcomes.	• Advice services have been recently procured as an integrated model and will go live in the new format no later than the 1st of April 2018. • Community Navigation procurement process is also underway to promote access across the city and build on the success of the two pilot areas. It is equally expected that this new service will go live April 2018.
	2.6	Ensure that health inequalities are taken	• Addressing health inequalities is a key element of the Better Care Plan 2017-19 and this

		into account in policy development, commissioning and service delivery.	outlines a range of initiatives and services changes that are being implemented. • Impact on inequalities is reflected in key strategic documents such as the Local Delivery Plan and CCG operational plan. Equality impact assessments are undertaken for new policy, planning or commissioning decisions and this includes a section on impact on health inequalities.
	2.7	Provide support to help people access and sustain quality jobs, targeting those who are long term unemployed or with families.	• The Solent Jobs Programme works with local residents who are long term unemployed due to a health condition, with the aim of supporting them back to employment. To date nearly 300 people have started on the programme in the Southampton area and of these 26% have moved either in to temporary or permanent employment.
Southampton is a healthy place to live and work with strong, active communities	3.1	Support development of community networks, making best use of digital technology, community assets and open spaces.	• Completed engagement on community development model and developing options for future procurement of service. • Option appraisal of Southampton Information Directory (SID) undertaken to support community networks undertaken and resource identified to review and update the adults element.
	3.2	Improve housing standards and reduce illness and avoidable deaths related to fuel poverty.	• The council's programme of retrofitting its own housing stock with energy efficiency measures to reduce fuel poverty is continuing. Following the ECO project's completion, Millbrook, Redbridge and Canberra Towers will be next in line. • Work to secure grants in partnership with The Environment Centre to fund private sector housing improvements are also ongoing.
	3.3	Develop an understanding of, and response to, social isolation and loneliness in the city.	• A detailed implementation plan to reduce loneliness has been agreed and is being taken forward by the relevant service leads in the council.
	3.4	Work with city planners to ensure health is reflected in policy making and delivery.	• The Physical Activity Plan is currently being developed by public health, planning, transport, strategy and other partners. So far this includes consideration to including the principles of a healthy weight environment in the Local Plan. • The Healthy Weight Plan for children and young people (in development) includes work with city planners.
	3.5	Deliver a cleaner environment through a clean air zone with vehicle access restrictions to the city.	• A feasibility study is being undertaken to determine how CAZ penalty charging scheme could be delivered in Southampton. An Outline Business Case is due to be completed at the end of Q2 2017/18 which will identify a preferred option. A full business case is due by the end of 2017/18. A programme of stakeholder engagement is planned from Q3 2017/18.
	3.6	Work with employers to improve workplace wellbeing through healthier work places.	• Our programme of supporting employers is progressing. There is a national issue with the property rights to the precise charter we – and other authorities – have been using. We are reviewing our options accordingly.
People in Southampton have improved health experiences as a result of high quality, integrated services	4.1	Improve health outcomes for residents, at a lower cost, through integration and joint working across all health and Council services.	• Better Care Plan for 2017-19 agreed and sets out a number of priorities for this year and next for further integrating care and support within a person centred model.
	4.2	Prioritise investment in and embed a prevention and early intervention approach to health and wellbeing across the city.	• Increased focus on Prevention and Early Intervention programme rolled out and Housing related support, Advice, information and Guidance, Behaviour Change implemented. Community development work area progressing. • Grants review completed and small grants investment increased, bids encouraged focusing on early intervention and prevention ambitions.
	4.3	Deliver a common approach to planning care tailored to the needs of the individual or family.	• This is part of the case management work within Better Care cluster development and 0-19 integrated work
	4.4	Deliver the right care, at the right time, in the right place by working as locally as possible and shifting the balance of care out of hospital to community providers.	• A key priority within the Better Care Plan mentioned above. • A range of schemes are in place to further shift the balance of care out of hospital and other "bed based" settings into the community and people's homes. Also includes significant investment from the improved Better Care Fund targeted at supporting people to remain independent for as long as possible, preventing hospital and care home admission and speeding up hospital discharge. • Key schemes include development of Extra Care House, promoting the use of Care Technology and discharge to assess.
	4.5	Maximising opportunities for prevention and early intervention through making every contact with services count.	• Included in behaviour change tender. • Included in standard clause in a number of recent tenders as part of focus on social Value Act clause.

Health and Wellbeing Scorecard

October 2017

Comparison with England:	Significantly Worse	Worse (but not sig)	Similar	Better (but not sig)	Significantly Better
England Ranking Quintile:	20% Worst	2nd	3rd	4th	20% Best

Priority area	Measure	Unit	Latest Period	Southampton sparkline	Southampton value	England Value	Comparison with England	ONS Comparator Ranking (12 LAs) (1 = worst)	England LA Ranking (1 = worst)*
Overarching	Life expectancy at birth (Male)	Years	2013-15		78.3	79.5	Significantly lower	9	46
	Life expectancy at birth (Female)	Years	2013-15		82.9	83.1	Lower	12	71
	Life expectancy at 65 years (Male)	Years	2013-15		17.9	18.7	Significantly lower	9	39
	Life expectancy at 65 years (Female)	Years	2013-15		21.0	21.1	Lower	12	73
	Healthy Life Expectancy at birth (Male)	Years	2013-15		60.9	63.4	Significantly lower	9	49
	Healthy Life Expectancy at birth (Female)	Years	2013-15		63.2	64.1	Lower	10	77
	Under 75 years mortality rate from cardiovascular disease (Male)	per 100,000	2013-15		124.9	104.7	Significantly higher	10	42
	Under 75 years mortality rate from cardiovascular disease (Female)	per 100,000	2013-15		49.8	46.2	Higher	10	68 of 149
	Under 75 years mortality rate from respiratory disease (Male)	per 100,000	2013-15		63.2	38.5	Significantly higher	5	10 of 149
	Under 75 years mortality rate from respiratory disease (Female)	per 100,000	2013-15		40.9	28.0	Significantly higher	4	20 of 147
	Mortality rate from causes considered preventable (Male)	per 100,000	2013-15		297.3	232.5	Significantly higher	8	23
	Mortality rate from causes considered preventable (Female)	per 100,000	2013-15		168.0	139.6	Significantly higher	6	32

Priority area	Measure	Unit	Latest Period	Southampton sparkline	Southampton value	England Value	Comparison with England	ONS Comparator Ranking (12 LAs) (1 = worst)	England LA Ranking (1 = worst)*
Children & Young People/Early years	Smoking status at time of delivery	%	2015/16		14.3	10.6	Significantly higher	3 of 5	94 of 128
	Breastfeeding prevalence at 6-8 weeks after birth	%	2015/16	Not available	Not available	Not available	Not available	Not available	Not available
	Child excess weight in 4-5 year olds	%	2015/16		22.2	22.1	Higher	11	84
	Child excess weight in 10-11 year olds	%	2015/16		36.7	34.2	Significantly higher	8	55
	Population vaccination coverage – MMR for one dose (2 years old)	%	2015/16		94.9	91.9	Significantly higher	9	109 of 149
	Looked after children rate	per 10,000	2015/16		120.0	60.3	Significantly higher	1	2
	School readiness: Good level of development at the end of reception	%	2015/16		69.8	69.3	Higher	12	71
	School readiness: Year 1 pupils achieving the expected level in the phonics screening check	%	2015/16		81.6	80.5	Higher	12	94
	Children in low income families (under 16s)	%	2014		23.4	20.1	Significantly higher	10	58
	Hospital admissions from unintentional & deliberate injuries (0-14 yrs)	per 10,000	2015/16		111.2	104.2	Higher	8	28
	Under 18 years conception rate	per 1,000	2015		29.2	20.8	Significantly higher	6	20

Priority area	Measure	Unit	Latest Period	Southampton sparkline	Southampton value	England Value	Comparison with England	ONS Comparator Ranking (12 LAs) (1 = worst)	England LA Ranking (1 = worst)*
Adults	Smoking prevalence in adults	%	2016		17.8	15.5	Significantly higher	6	42
	Suicide rate	per 100,000	2013-15		14.4	10.1	Significantly higher	1	6 of 147
	Depression recorded prevalence	%	2015/16		8.3	8.3	Similar	5	71 of 152
	Injuries due to falls in people aged 65+ (Persons)	per 100,000	2015/16		2958.4	2169.4	Significantly higher	3	11
	Injuries due to falls in people aged 65+ years (Male)	per 100,000	2015/16		2527.1	1733.4	Significantly higher	3	7
	Injuries due to falls in people aged 65+ years (Female)	per 100,000	2015/16		3211.1	2471.3	Significantly higher	3	13
	HIV late diagnosis	%	2013-15		45.5	40.1	Higher	6	68 of 147
	Under 75 years mortality rate for liver disease considered preventable	per 100,000	2013-15		18.4	15.9	Higher	10	56 of 148
	TB incidence (3 year average)	per 100,000	2013-15		12.5	12.0	Higher	8	52

Priority area	Measure	Unit	Latest Period	Southampton sparkline	Southampton value	England Value	Comparison with England	ONS Comparator Ranking (12 LAs) (1 = worst)	England LA Ranking (1 = worst)*
Healthy settings	Fraction of mortality attributable to particulate air pollution	%	2015		5.2	4.7	Higher	3	40
	Percentage of people aged 16-64 years in employment	%	2015/16		75.8	73.9	Significantly lower	12	95
	Excess winter deaths index (Persons)	Ratio	Aug 2012-Jul 2015		15.8	19.6	Lower	11	132
	Excess winter deaths index (Male)	Ratio	Aug 2012-Jul 2015		13.6	16.6	Lower	10	120
	Excess winter deaths index (Female)	Ratio	Aug 2012-Jul 2015		18.1	22.4	Lower	10	120

** Ranking is out of 150 Upper Tier Local Authorities unless otherwise stated*

This page is intentionally left blank

DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:		ADULT SOCIAL CARE PERFORMANCE		
DATE OF DECISION:		26 OCTOBER 2017		
REPORT OF:		SERVICE DIRECTOR, ADULTS, HOUSING AND COMMUNITIES		
CONTACT DETAILS				
AUTHOR/ SERVICE DIRECTOR:	**Name:**	**Paul Juan**	**Tel:**	**023 8083 2530**
	E-mail:	**paul.juan@southampton.gov.uk**		

STATEMENT OF CONFIDENTIALITY		
None		
BRIEF SUMMARY		
This report outlines current performance in Adult Social Care and proposals to introduce a new operating model to better align service delivery with local health and social care clusters.		
RECOMMENDATIONS:		
	(i)	That the Panel notes performance as at September 2017 for Adult Social Care.
	(ii)	That the Panel notes the proposed operating model to better align service delivery with local health and social care clusters.
	(iii)	That the Panel considers and agrees whether there are any recommendations that it wishes to make in respect of matters arising from this report.
REASONS FOR REPORT RECOMMENDATIONS		
1.	To provide the Health Overview and Scrutiny Panel with an update on current performance in Adult Social Care and proposals to introduce a new operating model.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
2.	Not applicable.	
DETAIL (Including consultation carried out)		
3.	The monthly performance dataset for Adult Social Care is attached at Appendix 1.	
4.	The percentage of people using social care receiving their personal budget as a direct payment is a measure contained in the council strategy. A fundamental process redesign is underway and additional resources have been invested in a new approach to increase the number of people receiving direct payments.	
5.	A measure of customer satisfaction is being developed. In the meantime, Adult Social Care Outcomes Framework (ASCOF) measures are being used,	

as set out in figure 1 below. A full report on ASCOF performance will be available when the data have been finalised by NHS Digital.

Measure	2016/17 (draft)	2015/16	England average
Overall satisfaction of people who use services with their care and support	65.9%	66.1%	64.4%
Proportion of people who use services who say that those services have made them feel safe and secure	88.9%	88.0%	85.4%

Figure 1: Customer satisfaction measures

6. The proposed operating model will help deliver a "strengths-based" approach to social work practice. Instead of looking at residents as a collection of needs and problems, the council will view everyone as unique individuals who have strengths, assets, gifts and talents. The council's aim is to support people to live the best life they can, rather than fitting them into an inflexible range of traditional and expensive services. Appendix 2 explains this in more detail, with an operating model that proposes carrying out assessments, where appropriate, in community cluster hubs. Consultation with staff, trade unions and other stakeholders on a proposed restructure of the council's adult social care teams to deliver this new way of working is currently underway and closes on 22 November 2017.

RESOURCE IMPLICATIONS

Capital/Revenue

7. The Housing and Adult Care Portfolio is currently forecast to overspend its revenue budget at year end. Corrective action plans are in place and are subject to weekly monitoring. An update on the financial position will be considered by Cabinet on 14 November 2017.

Property/Other

8. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

9. Not applicable

Other Legal Implications:

10. Not applicable

POLICY FRAMEWORK IMPLICATIONS

11. These performance indicators are aligned to the following outcome, contained in the Southampton City Council Strategy 2016-2020:

• People in Southampton live safe, healthy and independent lives

KEY DECISION	No	
WARDS/COMMUNITIES AFFECTED:	None directly as a result of this report	
SUPPORTING DOCUMENTATION		
Appendices		
1.	Adult Social Care Monthly Dataset – September 2017	
2.	Proposed new operating model for Adult Social Care	
Documents In Members' Rooms		
1.	None	
Equality Impact Assessment		
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out.		No
Privacy Impact Assessment		
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.		No
Other Background Documents **Equality Impact Assessment and Other Background documents available for inspection at:**		
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)	
1.	None	

This page is intentionally left blank

Adults - Social Care

Sep-17 **Monthly dataset**

Qualitative measures:			Key to direction of travel:		
Positive	Similar	Negative	Increase 10% or more ⇧	Similar ⇨	Decrease 10% or less ⇩

APPENDIX 1

No.	Indicator	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Analytics: % change from previous month	Analytics: % change same month prev. yr	Analytics: DoT*	Analytics: *12 month avg.*	Analytics: *12-mnth max value*	Target: *2017-18*	Target: *2018-19*
CNTC-1	Percentage of enquiries resolved at first contact	69.1%	69.4%	71.1%	67.8%	66.9%	68.4%	69.7%	70.4%	74.0%	78.8%	78.7%	79.4%	77.3%	⇨ -3%	⇧ 12%	▲	72.4%	79.4%	80.0%	
REFL-1	Number of referrals of all types received	1,205	1,226	1,019	841	956	1,014	1,019	769	1,140	1,274	946	967	897	⇨ -7%	⇩ -26%		1,021	1,274	-	
REFL-2	Number of repeat referrals	719	726	764	573	566	563	596	452	660	738	563	569	505	⇩ -11%	⇩ -30%	▼	615	764	-	
REFL-2 (%)	Percentage of repeat referrals	59.1%	58.1%	63.6%	60.5%	56.9%	55.6%	58.5%	58.8%	57.9%	58.2%	59.5%	58.8%	56.4%	⇨ -4%	⇨ -5%	▼	58.6%	63.6%	-	
REFL-3	Number of Adult safeguarding alerts received	178	132	109	114	88	116	102	74	112	100	116	147	133	⇩ -10%	⇩ -25%		117	178	-	
ASST-1	Number of people with a completed assessment or review	617	553	465	454	492	478	589	478	496	460	420	455	438	⇨ -4%	⇩ -29%	▲	492	617	-	
ASST-2	Percentage of people assessed or reviewed during the past year	72.7%	72.9%	76.6%	78.0%	78.7%	78.8%	79.8%	79.6%	79.9%	80.9%	81.8%	80.5%	78.3%	⇨ -3%	⇨ 8%	▲	78.3%	81.8%	85.0%	90.0%
CARE-0	Number of social care clients	2,892	2,886	2,885	2,804	2,803	2,786	2,779	2,767	2,753	2,715	2,728	2,689	2,645	⇨ -2%	⇨ -9%		2,779	2,892	-	2,400
CARE-2	Number of **new** social care clients	75	92	80	66	103	76	81	78	83	82	59	66	44	⇩ -33%	⇩ -41%		76	103	-	
CARE-1	Percentage of people with eligible needs supported to live independently	75.2%	75.5%	73.3%	73.2%	73.6%	73.7%	74.3%	75.0%	75.2%	74.9%	74.9%	74.9%	75.2%	⇨ 0%	⇨ 0%	▲	74.5%	75.5%	77.5%	80.0%
CARE-3	Numbers of residential placements	518	520	505	496	493	499	479	474	473	483	489	484	480	⇨ -1%	⇨ -7%	▼	492	520	-	
CARE-4	Numbers of nursing placements	345	343	337	349	338	325	337	333	327	329	320	315	307	⇨ -3%	⇩ -11%	▼	331	349	-	
CARE-5	Numbers of home care	1,601	1,611	1,627	1,598	1,589	1,559	1,547	1,551	1,522	1,514	1,504	1,490	1,459	⇨ -2%	⇨ -9%	▼	1,552	1,627	-	
CARE-6	Number of Connected Care users	121	139	209	255	415	463	506	552	571	601	625	658	740	⇧ 12%	⇧ 512%	▲	450	740	-	
CARE-8	Number of Shared Lives service users	48	48	48	47	47	45	47	46	47	45	45	46	47	⇨ 2%	⇨ -2%	▲	47	48	-	
CARE-10	Number of Direct Payment users	388	387	379	382	369	365	367	366	359	357	349	352	351	⇨ 0%	⇩ -10%	▲	367	388	-	
CARE-11	Percentage of Direct payment users of all eligible service users	18.8%	18.2%	18.0%	18.1%	17.7%	17.9%	18.1%	18.0%	18.1%	17.9%	17.7%	18.1%	18.2%	⇨ 1%	⇨ -3%	▲	18.1%	18.8%	27.1%	32.5%
CARE-12	Number of carers who have a Direct Payment	112	117	120	121	126	159	197	223	241	264	291	301	315	⇨ 5%	⇧ 181%	▲	199	315	-	
CARE-12%	Percentage of carers who have a Direct Payment	51.6%	54.9%	59.2%	61.9%	68.5%	72.2%	76.2%	77.5%	79.4%	81.3%	83.2%	77.9%	79.0%	⇨ 1%	⇧ 53%	▲	71.0%	83.2%	80.0%	85.0%
CARE-13	Average cost of care package	£409.34	£411.63	£407.75	£419.96	£419.49	£416.20	£418.40	£421.61	£425.47	£419.43	£420.43	£423.02	£423.08	⇨ 0%	⇨ 3%	▼	£418.14	£425.47	-	
CARE-14	Average cost of care package of nursing placements	£667.49	£673.61	£676.09	£686.72	£698.07	£699.81	£692.86	£708.08	£711.63	£722.60	£719.49	£724.09	£718.02	⇨ -1%	⇨ 8%	▼	£699.89	£724.09	-	
CARE-13B	Average cost of non-residential services to clients with learning disabilities (all ages)	£580.77	£574.81	£552.44	£555.63	£562.75	£575.60	£569.74	£558.59	£570.76	£564.67	£560.71	£560.33	£564.97	⇨ 1%	⇨ -3%	▼	£565.52	£580.77	-	
CARE-13A	Average cost of non-residential services to clients excl. learning disabilities (all ages)	£191.28	£195.65	£197.55	£214.52	£203.84	£199.95	£197.82	£205.38	£204.05	£201.87	£199.33	£202.85	£203.06	⇨ 0%	⇨ 6%	▼	£201.32	£214.52	-	
CARE-15A	Average cost of residential services to clients excl. learning disabilities (all ages)	£538.55	£535.39	£545.49	£556.31	£560.33	£563.53	£565.82	£577.73	£590.91	£579.57	£583.55	£587.75	£593.02	⇨ 1%	⇧ 10%	▼	£567.53	£593.02	-	
CARE-15B	Average cost of residential services to clients with learning disabilities (all ages)	£1,230.39	£1,229.80	£1,236.31	£1,242.77	£1,251.35	£1,247.13	£1,245.58	£1,239.10	£1,244.52	£1,227.00	£1,239.52	£1,238.38	£1,255.50	⇨ 1%	⇨ 2%	▼	£1,240.57	£1,255.50	-	
CARE-17n	Number of clients using care technology	-	-	-	-	-	-	-	785	832	853	853	889	tbc	- n/a	- n/a	▲	842	889	1,272	1,306
CARE-17	Percentage of clients using care technology	-	-	-	-	-	-	-	28.4%	30.2%	31.4%	31.3%	33.1%	tbc	- n/a	- n/a	▲	30.9%	33.1%	-	
DTOC-1	Number of DToC per month bed days - Total								43	35	41	35	42	tbc	- n/a	- n/a	▼	39	43	-	

No.	Indicator	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	% change from previous month	% change same month prev. yr	DoT*	*12 month avg.*	*12-mnth max value*	*2017-18*	*2018-19*
DTOC-2	Total number of Delayed Transfers of Care (DToC) per month (days)	1,732	1,609	1,410	1,593	1,719	1,361	1,214	1,292	1,074	1,244	1,079	1,299	tbc	- n/a	- n/a	▼	1,386	1,732	-	
DTOC-3	Number of DToC per month bed days - Social Care								21	14	20	17	19	tbc	- n/a	- n/a	▼	18	21	-	
DTOC-4	Social care - Delayed Transfers of Care (DToC) per month (days)	901	754	572	827	849	693	695	635	422	614	521	588	tbc	- n/a	- n/a	▼	673	901	-	
DTOC-1 rate	Rate per 100,000 of DToC per month bed days - Total	-	-	-	-	-	-	-	21.0	17.0	20.3	17.0	20.5	tbc	- n/a	- n/a	▲	19	21	11.2	
DTOC-3 rate	Rate per 100,000 of DToC per month bed days - Social Care	-	-	-	-	-	-	-	10.4	6.7	10.0	8.2	9.3	tbc	- n/a	- n/a	▲	9	10	4.1	
DOLS-1	Total number of DOLS applications received	66	47	66	48	82	63	63	62	98	76	84	81	72	⇩ -11%	⇨ 9%		70	98	-	
DOLS-2	Total number of DOLS authorisations	43	61	31	35	17	42	53	33	63	32	58	25	39	⇧ 56%	⇨ -9%		41	63	-	
CARE-9	Number of extra care housing placements taken up								3	9	4	1	7	4	⇩ -43%	- n/a	▲	5	9	-	
1C(1A)	Percentage of people using social care who receive self-directed support	87.1%	86.2%	85.7%	86.1%	84.9%	84.4%	83.7%	82.9%	83.1%	81.6%	81.2%	80.6%	79.7%	⇨ -1%	⇨ -8%	▲	83.6%	87.1%	-	
2A(2)	Admissions to residential and nursing care homes (rate per 100,000 population over 65+)	61.3	67.4	91.9	76.6	98.0	58.2	58.2	55.1	55.1	52.1	33.7	30.6	46.0	⇧ 50%	⇩ -25%	▼	60	98	800	732
2A(2) (number)	Number of long term admissions to residential and nursing care homes	20	22	30	25	32	19	19	18	18	17	11	10	15	⇧ 50%	⇩ -25%	▼	20	32	270	250

* Preferred Direction of Travel

Appendix 2:
Proposed target operating model for Adult Social Care

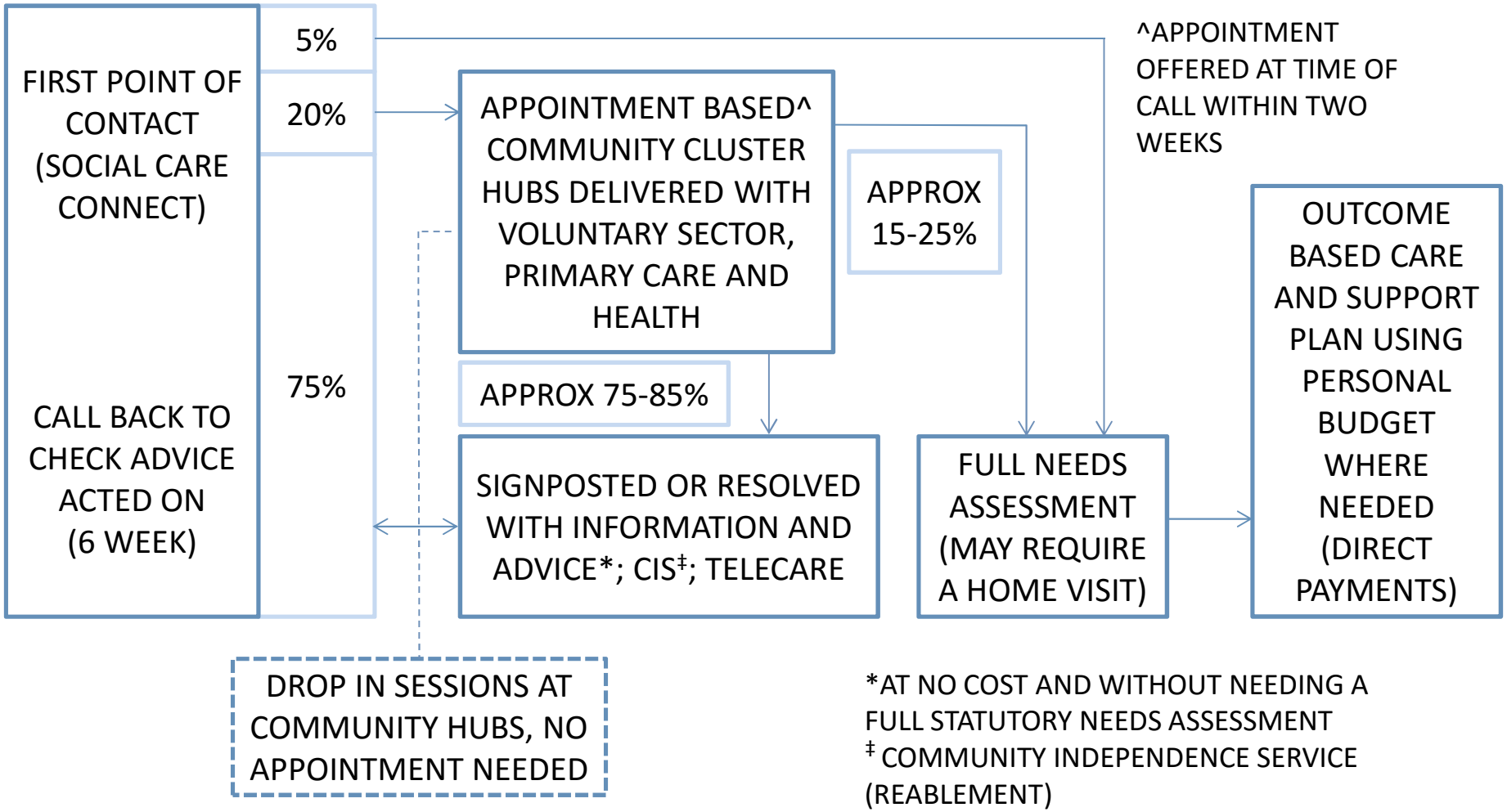
Fundamental shift in practice

MOVING FROM A SYSTEM CHARACTERISED BY …	… TO ONE WHERE THERE IS
Doing things to/for people and creating dependence	A focus on enabling people to do things for themselves, promoting independence
Seeing the individual in isolation	An emphasis on family and social networks
Highlighting what people cannot do	Attention given to what people can do
Undertaking assessments for services which offer standard solutions	An assessment conversation which provides more in-depth understanding of the person and offers tailored solutions
Arranging support managed by the council	A use of creative solutions family-first or through a range of voluntary and community sector services
A large amount of care for people with long term conditions being provided in institutional settings	A priority for providing support, when it is needed in the home, wider family network or local community

Values

- Confidence in the inherent ability of the individual
- Continuous focus on maximising independence throughout the customer journey
- Identifying what is important to the individual and what their goals are
- Supporting people to identify their own resources, those within their family and friends networks and local community assets to meet their needs in the first instance
- Providing help when people need it without the presumption of long term support
- Keeping statutory support as the final option in their toolkit, even if someone already has a support package
- Being risk aware but not risk averse
- Working collaboratively with colleagues and trusting in their abilities

Target Operating Model



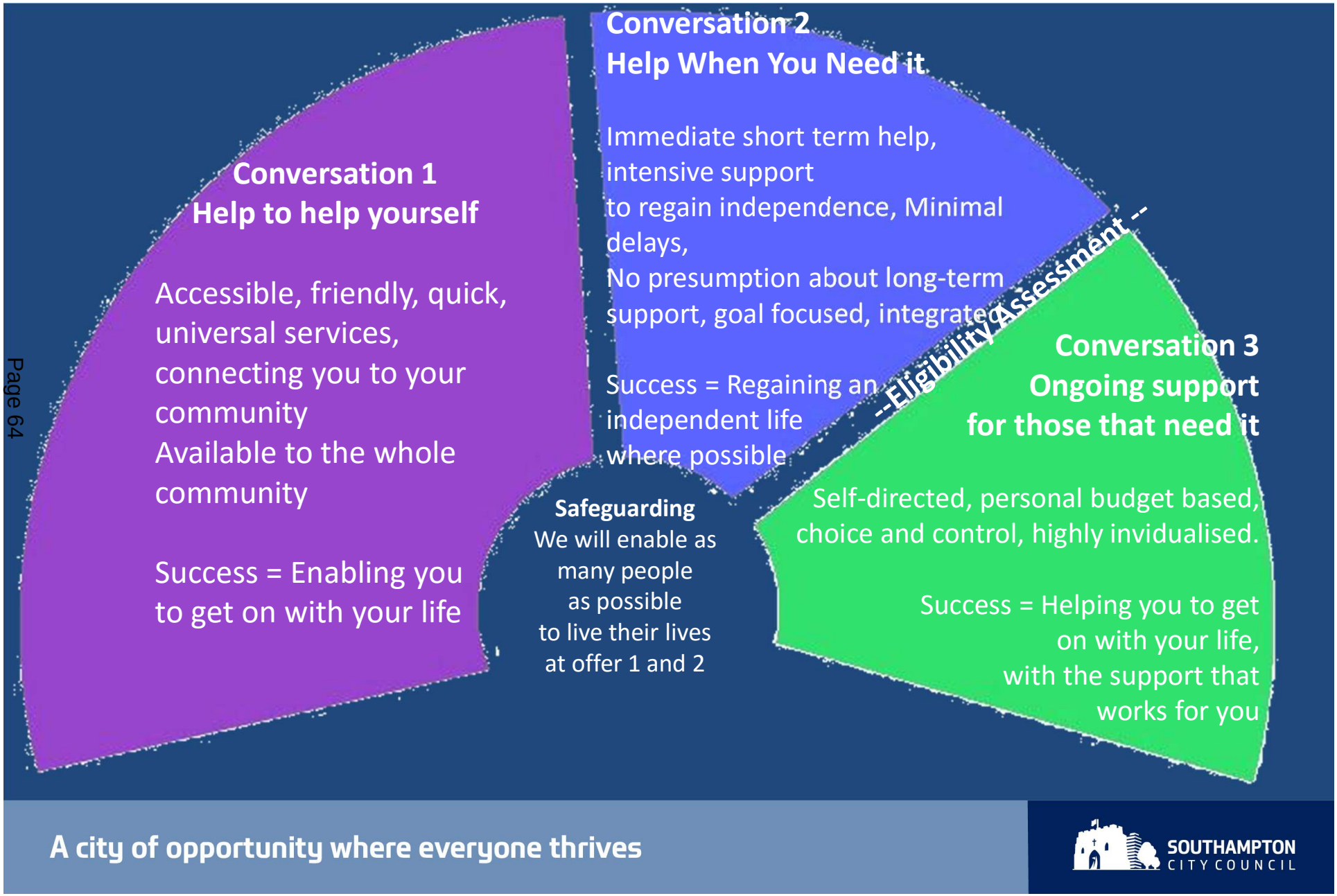
*AT NO COST AND WITHOUT NEEDING A FULL STATUTORY NEEDS ASSESSMENT

‡ COMMUNITY INDEPENDENCE SERVICE (REABLEMENT)

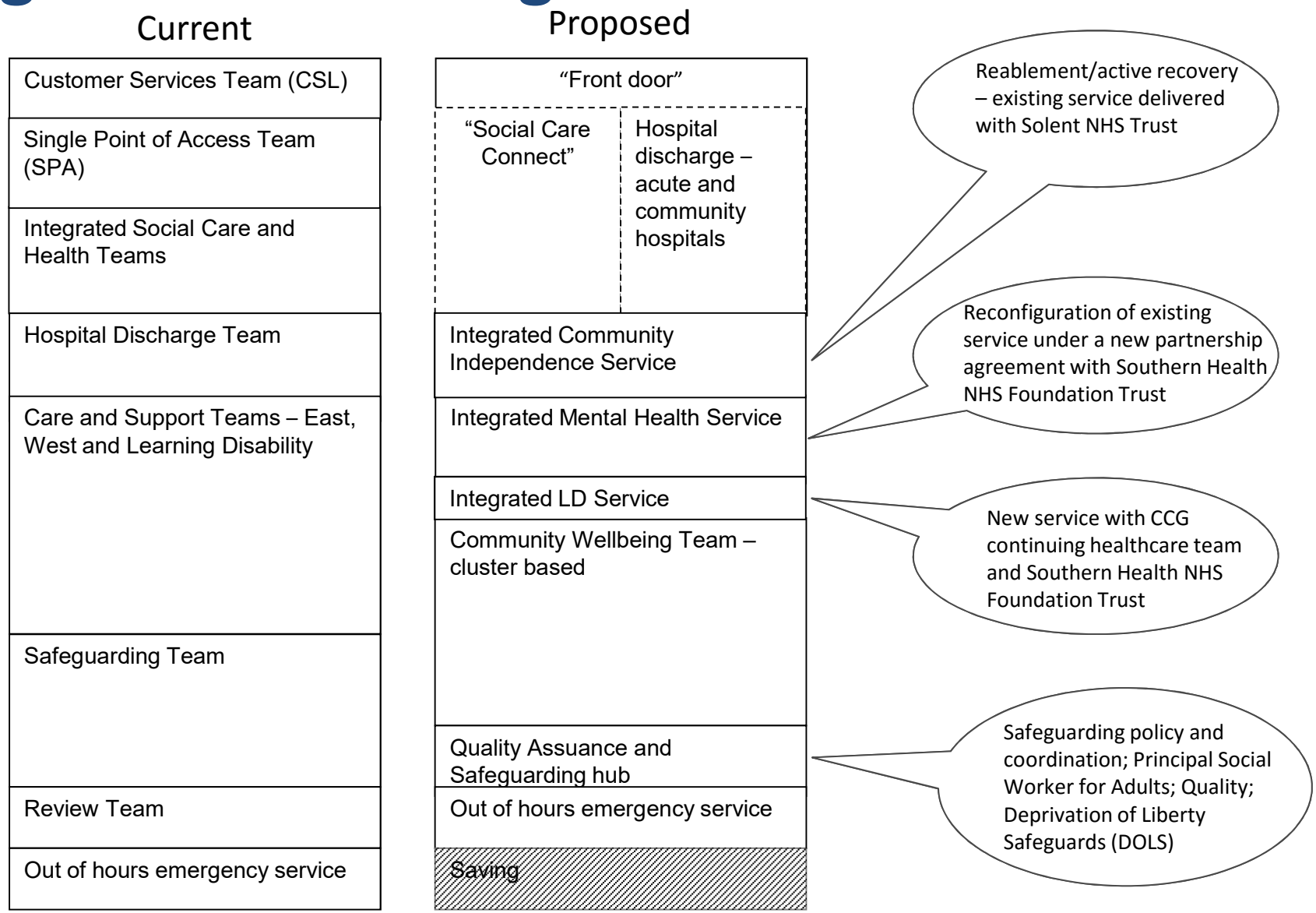
Customer experience

CURRENT	FUTURE
Information and advice (Southampton Information Directory) not kept up to date	Clear, relevant information, regularly updated
Not able to get through easily to someone who can provide advice and support	Easy to get in touch via multiple channels (phone, internet, webchat etc.), including drop-in to community cluster hubs (two 'front doors')
Initial contact not staffed by people with the relevant knowledge and experience to resolve issues	Adult social care, safeguarding and Occupational Therapist experts to join customer calls at the first point of contact
Long waiting lists at each stage – SPA, CIS, Care and Support Teams	If necessary, appointment within two weeks at community hub, confirmed at time of first call
Not knowing where you are in the process or how long you will have to wait	Next step arranged at time of call, clarity over where you are in process and timescale (courier-style tracker)
Not knowing what to expect from the assessment process	People will be primed to think about independence and to prepare for appointment or assessment
High expectations leading to dependency	Solution-focussed and independence-centred conversations

Three Conversation Model



Organisational design



This page is intentionally left blank

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL			
SUBJECT:	MONITORING SCRUTINY RECOMMENDATIONS TO THE EXECUTIVE			
DATE OF DECISION:	26 OCTOBER 2017			
REPORT OF:	SERVICE DIRECTOR – LEGAL AND GOVERNANCE			
CONTACT DETAILS				
AUTHOR:	**Name:**	**Mark Pirnie**	**Tel:**	**023 8083 3886**
	E-mail:	**Mark.pirnie@southampton.gov.uk**		
Director	**Name:**	**Richard Ivory**	**Tel:**	**023 8083 2794**
	E-mail:	**Richard.ivory@southampton.gov.uk**		

STATEMENT OF CONFIDENTIALITY		
None		
BRIEF SUMMARY		
This item enables the Health Overview and Scrutiny Panel to monitor and track progress on recommendations made at previous meetings.		
RECOMMENDATIONS:		
	(i)	That the Panel considers the responses to recommendations from previous meetings and provides feedback.
REASONS FOR REPORT RECOMMENDATIONS		
1.	To assist the Panel in assessing the impact and consequence of recommendations made at previous meetings.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
2.	None.	
DETAIL (Including consultation carried out)		
3.	Appendix 1 of the report sets out the recommendations made at previous meetings of the Health Overview and Scrutiny Panel (HOSP). It also contains summaries of any action taken in response to the recommendations.	
4.	The progress status for each recommendation is indicated and if the HOSP confirms acceptance of the items marked as completed they will be removed from the list. In cases where action on the recommendation is outstanding or the Panel does not accept the matter has been adequately completed, it will be kept on the list and reported back to the next meeting. It will remain on the list until such time as the Panel accepts the recommendation as completed. Rejected recommendations will only be removed from the list after being reported to the HOSP.	
RESOURCE IMPLICATIONS		
Capital/Revenue		
5.	None.	

Property/Other		
6.	None.	
LEGAL IMPLICATIONS		
Statutory power to undertake proposals in the report:		
7.	The duty for local authorities to undertake health scrutiny is set out in National Health Service Act 2006. The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.	
Other Legal Implications:		
8.	None	
RISK MANAGEMENT IMPLICATIONS		
9.	None.	
POLICY FRAMEWORK IMPLICATIONS		
10.	None	
KEY DECISION	No	
WARDS/COMMUNITIES AFFECTED:	None directly as a result of this report	
SUPPORTING DOCUMENTATION		
Appendices		
1.	Monitoring Scrutiny Recommendations – 26th October 2017	
2.	Map - Southampton Better Care Clusters by LSOA and GP Practices	
Documents In Members' Rooms		
1.	None	
Equality Impact Assessment		
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out.		No
Privacy Impact Assessment		
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.		No
Other Background Documents **Equality Impact Assessment and Other Background documents available for inspection at:**		
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)	
1.	None	

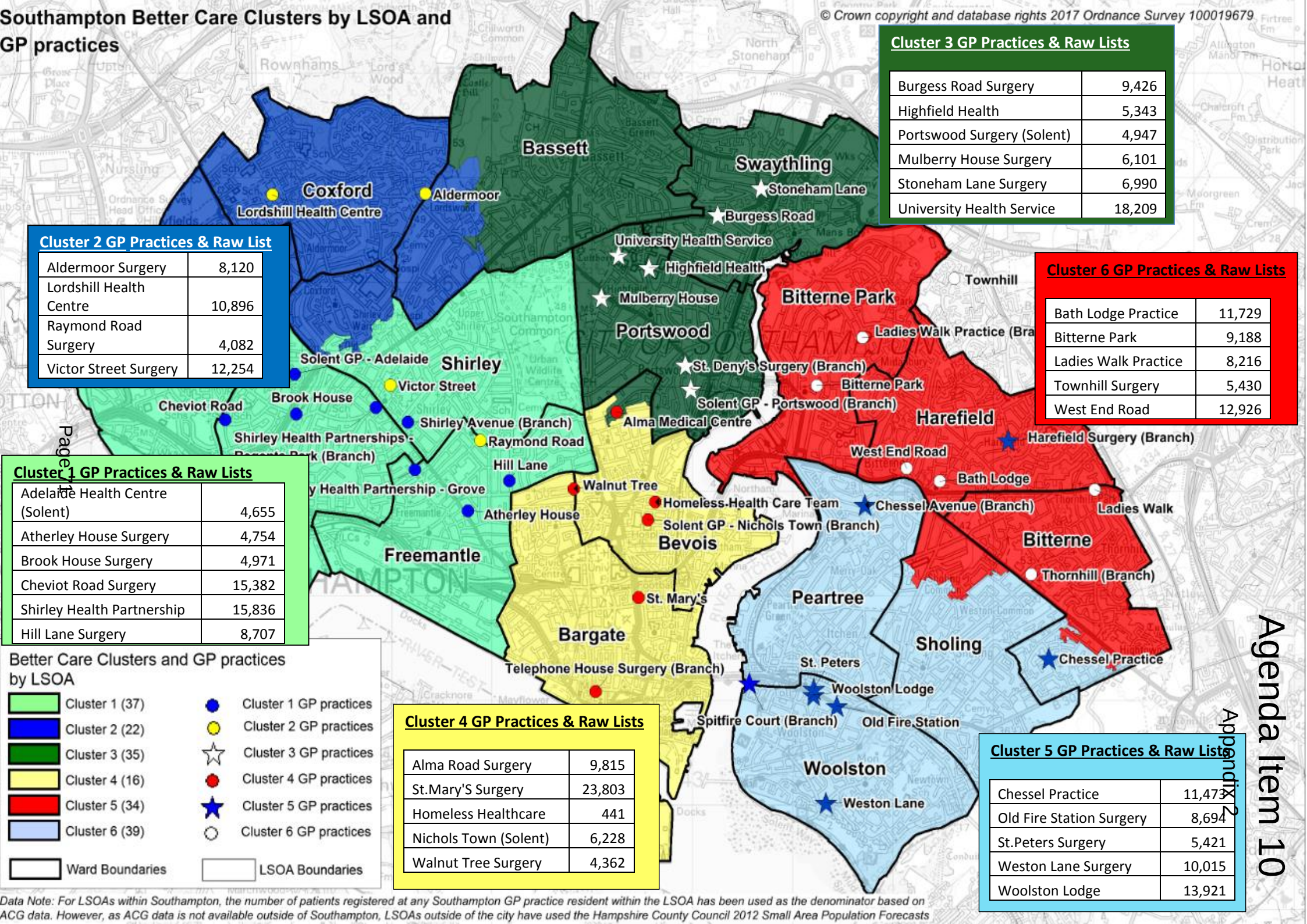
Health Overview and Scrutiny Panel: Monitoring Recommendations

Scrutiny Monitoring – 26th October 2017

Date	Title	Action proposed	Action Taken	Progress Status
24/08/17	Update on 'Transforming Primary Medical Care in Southampton 2017-2021'	1) That officers circulate to the Panel information relating to the location of GP Practices in Southampton and the number of patients registered with each GP Practice.	• Map of GP Practices and registered lists circulated to the Panel and attached as Appendix 2.	Completed

This page is intentionally left blank

Southampton Better Care Clusters by LSOA and GP practices



Cluster 3 GP Practices & Raw Lists

Burgess Road Surgery	9,426
Highfield Health	5,343
Portswood Surgery (Solent)	4,947
Mulberry House Surgery	6,101
Stoneham Lane Surgery	6,990
University Health Service	18,209

Cluster 2 GP Practices & Raw List

Aldermoor Surgery	8,120
Lordshill Health Centre	10,896
Raymond Road Surgery	4,082
Victor Street Surgery	12,254

Cluster 6 GP Practices & Raw Lists

Bath Lodge Practice	11,729
Bitterne Park	9,188
Ladies Walk Practice	8,216
Townhill Surgery	5,430
West End Road	12,926

Cluster 1 GP Practices & Raw Lists

Adelaide Health Centre (Solent)	4,655
Atherley House Surgery	4,754
Brook House Surgery	4,971
Cheviot Road Surgery	15,382
Shirley Health Partnership	15,836
Hill Lane Surgery	8,707

Better Care Clusters and GP practices by LSOA

- Cluster 1 (37)
- Cluster 2 (22)
- Cluster 3 (35)
- Cluster 4 (16)
- Cluster 5 (34)
- Cluster 6 (39)
- Ward Boundaries
- LSOA Boundaries

- Cluster 1 GP practices
- Cluster 2 GP practices
- Cluster 3 GP practices
- Cluster 4 GP practices
- Cluster 5 GP practices
- Cluster 6 GP practices

Cluster 4 GP Practices & Raw Lists

Alma Road Surgery	9,815
St.Mary'S Surgery	23,803
Homeless Healthcare	441
Nichols Town (Solent)	6,228
Walnut Tree Surgery	4,362

Cluster 5 GP Practices & Raw Lists

Chessel Practice	11,473
Old Fire Station Surgery	8,694
St.Peters Surgery	5,421
Weston Lane Surgery	10,015
Woolston Lodge	13,921

Data Note: For LSOAs within Southampton, the number of patients registered at any Southampton GP practice resident within the LSOA has been used as the denominator based on ACG data. However, as ACG data is not available outside of Southampton, LSOAs outside of the city have used the Hampshire County Council 2012 Small Area Population Forecasts

This page is intentionally left blank