Public Document Pack

Health Overview and Scrutiny Panel

Thursday, 23rd July, 2015
at 6.00 pm

PLEASE NOTE TIME OF MEETING

Conference Room 3 - Civic Centre

This meeting is open to the public

Members

Councillor Bogle (Chair)
Councillor Furnell
Councillor Houghton
Councillor Noon
Councillor Parnell
Councillor Tucker
Councillor White

Contacts

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PUBLIC INFORMATION

Role of Health Overview Scrutiny Panel (Terms of Reference)

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

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

Public Representations
At the discretion of the Chair, members of the public may address the meeting 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.

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

COUNCIL'S PRIORITIES:

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

CONDUCT OF MEETING

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

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

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

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

DISCLOSURE OF INTERESTS

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

DISCLOSABLE PECUNIARY INTERESTS

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

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

(ii) Sponsorship:

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

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

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

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

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

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

a) the total nominal value 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 2014/2015

2015	2016
23 July 2015	28 January 2016
1 October 2015	24 March 2016
26 November 2015	28 April 2016

AGENDA

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

1 APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)

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

2 APPOINTMENT OF A VICE CHAIR

To appoint a Vice Chair for the Municipal Year 2015/16.

3 DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS

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

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

4 DECLARATIONS OF SCRUTINY INTEREST

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

5 DECLARATION OF PARTY POLITICAL WHIP

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

6 STATEMENT FROM THE CHAIR

7 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING) (Pages 1 - 2)

To approve and sign as a correct record the minutes of the meeting held on 23rd April 2015 and to deal with any matters arising, attached.

8 SOUTHAMPTON CITY CCG CONSULTATION - GETTING THE BALANCE RIGHT IN COMMUNITY-BASED HEALTH SERVICES (Pages 3 - 40)

Report of the Director of System Delivery outlining the consultation process and progress to date on Southampton City CCG's proposal to close the walk-in service at Bitterne Health Centre, attached.

9 **LOCAL SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2014/15** (Pages 41 - 70)

Report of the Independent Chair of the Local Safeguarding Adults Board introducing the draft 2014/15 LSAB Annual Report, attached.

Wednesday, 15 July 2015 HEAD OF LEGAL AND DEMOCRATIC SERVICES

SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL

MINUTES OF THE MEETING HELD ON 23 APRIL 2015

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

Apologies: Councillor Mintoff

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

RESOLVED that the minutes of the meeting held on 26th March 2015 be approved and signed as a correct record.

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

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

47. **SOUTHAMPTON PROVIDER QUALITY ACCOUNTS 2014/15**

The Panel considered the report of the Head of Legal and Democratic Services introducing the 2014/15 draft annual Quality Accounts for NHS providers operating within the City.

The Panel received presentations from representatives of the Southern Health NHS Foundation Trust, University Hospital Southampton NHS Foundation Trust, Care UK and Solent NHS Trust regarding their draft Quality Accounts focussing in particular, on key achievements against plans for 2014/15 and priorities for 2015/16 and the impact on patients and residents of the City.

The Chair reiterated to the Panel that the Quality Accounts were in draft form, not yet available for publication but had been specifically requested for this specially convened meeting for the Panel to review and provide feedback and consider any further information they might wish to receive.

RESOLVED that the Panel recommended:

(i) that in recognition of clinical pathways becoming more integrated and the resultant need for a whole systems approach, all Quality Accounts when referencing the forthcoming challenges within the introductory section include narrative on the importance of working with partners across the system in Southampton to improve outcomes.

(ii) That the impact of the new Domiciliary Care contracts on delayed discharge be considered at the October 2015 meeting of the Panel; and

(iii) that the Solent NHS Trust final 2014/15 Quality Account be circulated to the Panel.

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DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL			
SUBJECT:	SOUTHAMPTON CITY CCG CONSULTATION - "GETTING THE BALANCE RIGHT IN COMMUNITY-BASED HEALTH SERVICES"			
DATE OF DECISION:	23 JULY 2015			
REPORT OF:	DIRECTOR OF SYSTEM DELIVERY - SOUTHAMPTON CCG			
CONTACT DETAILS				
AUTHOR:	**Name:**	**Dawn Buck**	**Tel:**	023 80296932
	E-mail:	Dawn.buck@southamptoncityccg.nhs.uk		
Director	**Name:**	**Peter Horne**	**Tel:**	
	E-mail:	Peter.horne@southamptoncityccg.nhs.uk		

STATEMENT OF CONFIDENTIALITY
None.

BRIEF SUMMARY

This report describes the consultation process and progress to date on Southampton City CCG's proposal to close the walk-in service at Bitterne Health Centre in order to maintain quality community-based health services in Southampton.

RECOMMENDATIONS:

That the Panel:

(i) Discuss the report and review the process to date.

(ii) Agree any feedback for the CCG to consider.

REASONS FOR REPORT RECOMMENDATIONS

1. The Health Overview and Scrutiny Panel has requested a discussion on the proposal.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. Not applicable

DETAIL (Including consultation carried out)

Getting the balance right in community-based health services

3. On 15th June 2015, Southampton City CCG launched a 12 week public consultation on the proposal to close the walk-in service at Bitterne Health Centre so that they can maintain quality community-based health services in Southampton. All documents and supporting information is available on the CCG website at www.southamptoncityccg.nhs.uk/consultations. A copy of the consultation document is attached to this report as Appendix 1.

The Case for Change summary

4. Our population has changed over the last 20 years and we are living longer. 86,000 local people (32% of Southampton's population) are currently living with long term conditions. These include conditions like diabetes, dementia, heart disease, epilepsy or breathing difficulties.

Community based services are one of the main forms of support for people with long term conditions, people with disabilities and end of life needs. We need to adapt to ensure we meet the current and future needs of our population and this requires additional investment.

5. There have been a number of changes in health services since the walk-in service opened. These include:

- NHS111
- GP practices offer more flexible access
- GP out of hours services
- Minor injuries unit at the Royal South Hants Hospital
- Pharmacies offer more access
- Ambulance crews treat more people on the spot.

6. The walk-in service at Bitterne costs around £1.2 million per year. The service is open Monday to Friday 6.30 to 9.30 pm and Saturday, Sunday and bank holidays 8.30 am to 9.30 pm. An average of 1,600 people per month use the service and the two most common conditions seen are cough and sore throat. The service is well liked within the local community but duplicates other available services.

The Consultation

7. Since the launch of the consultation on 15th June 2015, the CCG has had fifteen meetings or events. These have included stands on Bitterne Market, Bitterne Leisure Centre and Bitterne Library as well as a public meeting in Bitterne. We have also held focus groups with a variety of stakeholders.

We are constantly adding to our programme of consultation using a variety of different engagement methods to ensure that we give as many people as possible across the city the opportunity to participate.

8. Future plans include a stand at Mela festival, more public meetings, focus groups with Sure Start, Thornhill Health and Wellbeing Network, Consult and Challenge, TRIP (together reducing isolation – Woolston, Bitterne), Pensioners Forum, SVS Older person's forum.

We also have plans to engage with young people across the city, carers and those with sight and hearing impairment.

9. West Hampshire CCG is holding an engagement event in August 2015 specifically for users of the service who live outside of Southampton.

We have promoted the consultation widely in a number of ways including:

- Distribution of the consultation materials to all GP practices and pharmacies, voluntary organisations, service user groups,

membership database of the CCG, local organisations who provide NHS funded care (UHS; Solent; SCAS; Care UK) , local schools and churches.

- The consultation will also be promoted via Southampton City Connect and the People's Panel.
- A number of organisations are promoting the consultation via their websites and newsletters, including, Healthwatch, Carers in Southampton and SVS, EU Welcome, Awaaz, 101 Unity radio.

Feedback to date

10. Feedback so far has predominately been through written form. Whilst it is still very early in the consultation process, the main areas of concern that have been raised thus far are:

- No services available on the East of the city
- Transport
- Access to GP's
- People would not know where else to go.

11. Since the launch of the consultation we have been asked numerous questions which we have collated and produced a "Frequently Asked Questions" document which is constantly updated and available on our website and at events and meetings. A copy of the latest FAQs is attached to this report as Appendix 2. The most common questions are:

- Will the whole of Bitterne Health Centre close?
- Won't more people go to A&E?
- Will there be more GP appointments available?

Can't you save money elsewhere? Why was the walk-in service selected?

12. Members are asked to consider the information presented at the meeting and following discussions comment on the report.

RESOURCE IMPLICATIONS

Capital/Revenue

13. None.

Property/Other

14. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

15. The duty to undertake overview and scrutiny is set out in Section 21 of the Local Government Act 2000 and the Local Government and Public Involvement in Health Act 2007.

Other Legal Implications:

16. None.

POLICY FRAMEWORK IMPLICATIONS

17. None.

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	All

SUPPORTING DOCUMENTATION

Appendices

1.	Consultation document
2.	Frequently Asked Questions

Documents In Members' Rooms

1.	None

Equality Impact Assessment

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

Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at: www.southamptoncityccg.nhs.uk/consultations

	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	

Southampton City
Clinical Commissioning Group

Getting the balance right in community-based health services

A consultation on the proposal to close the walk-in service at Bitterne Health Centre so we can maintain quality community-based health services in Southampton

Have your say

Contents

About this document

This consultation document has been produced by NHS Southampton City Clinical Commissioning Group (CCG) in consultation with a number of key partners and stakeholders.

We would like to thank everyone who has contributed to this document including Healthwatch Southampton, Solent NHS Trust, GPs and service users.

In response to feedback we have produced this document in a concise format for ease of reading. More detailed information and reports are available to support this document on our website www.southamptoncityccg.nhs.uk/consultations

Glossary or unfamiliar words: Words used in this document which have special meaning or may be unfamiliar are defined in the glossary in Appendix B.

Foreword

NHS Southampton City CCG is responsible for making sure that local people get the health services they need. We are allocated a budget to achieve this and must use it to plan and buy services.

We have recently been looking at care provided in the community to ensure we have got the balance of services right. What has become clear is that we need to prioritise developing and maintaining health services for the increasing number of people with long term health problems, many of whom need complex care provided by nurses in the community or at home. We can only spend our money once so to address this challenge we need to look carefully at all of our services.

For these reasons, we are seeking your views on our proposal to close the walk-in service at Bitterne Health Centre to enable us to spend our limited resources where they will have the greatest health impact. Please take a look at the information in this document and send us your thoughts. We look forward to hearing your views.

Dr. Sue Robinson, Clinical Chair

John Richards, Chief Officer

The case for change

The biggest challenge currently facing the NHS in Southampton is how we support the growing number of our residents who are living with long term conditions such as diabetes, heart disease or dementia, for which they often need lifelong support to manage their daily lives.

One of the main services available to support people with such long term health issues is community based nursing. This service supports people within the community so they can live independently at home for as long as possible. The nurses care for people helping to reduce the need for them to go in and out of hospital, and helping them to make the very best of their lives even when recovery is not an expected outcome. Over the last ten years we have seen increasing demand for community based nursing with around a third of the city's population now having a long term condition, over half of whom have multiple conditions.

In June 2014 the Care Quality Commission, the independent regulator of health and adult social care in England, reviewed the community based nursing provision in Southampton and advised NHS Southampton City CCG that the service was in need of improvement. Following a period of intense scrutiny in conjunction with Solent NHS Trust, the arm of the NHS that runs community based nursing in the city, it was decided that the service needed additional funding in order to be able to meet the increased demands placed upon it.

It is crucial that the CCG adapts services to ensure we meet the current and future needs of our population giving priority to services which have the biggest health gain. The CCG therefore needs to source funds to ensure high quality community based nursing is provided now and in the future, and to do so we must reallocate funds from less cost effective services.

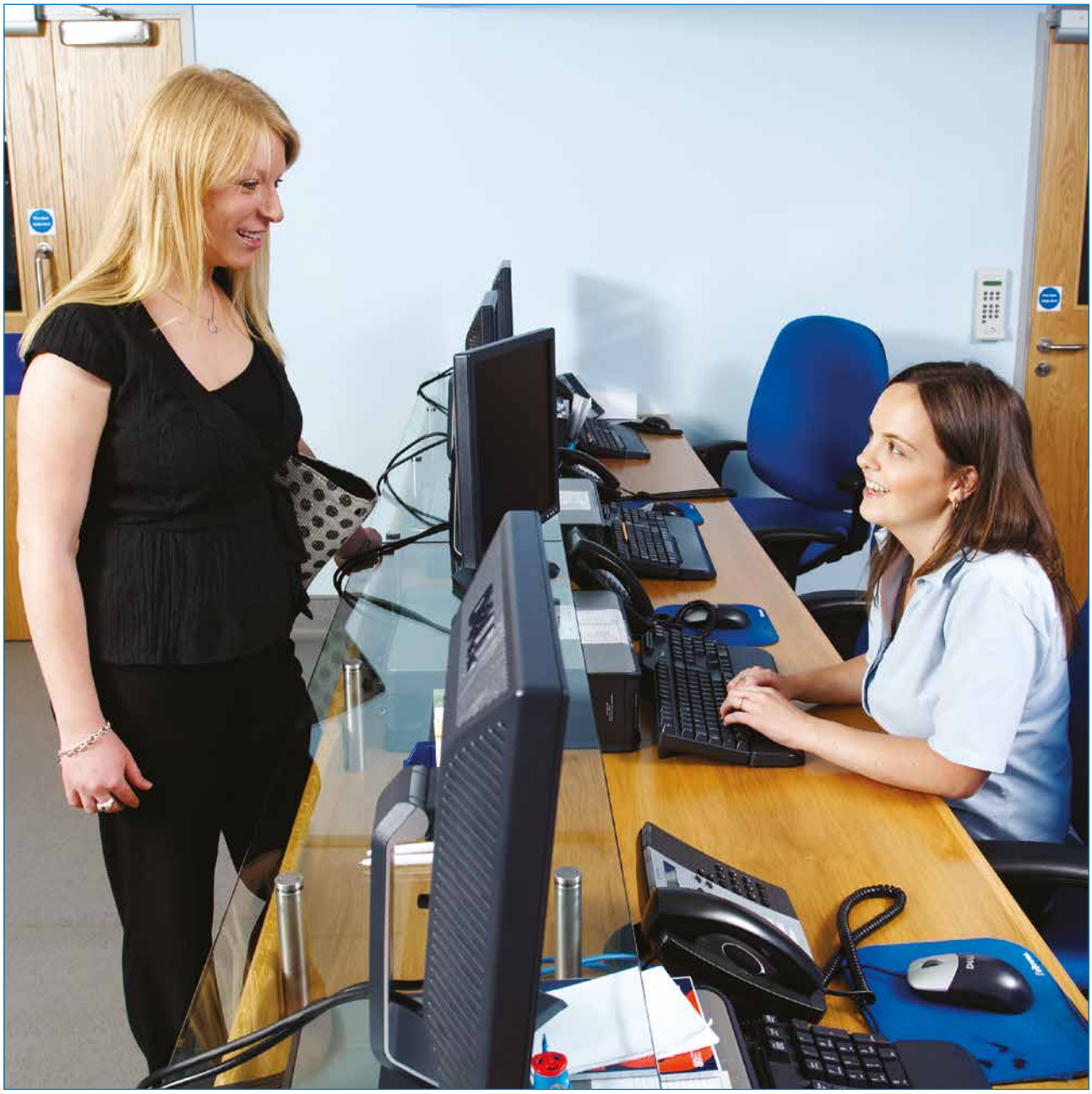
In order to understand the options available the CCG reviewed the health services currently provided throughout the city. Over the last two years we have invested substantial resources in providing services to support people with urgent and emergency health issues. We have commissioned new and alternative services for everyone in Southampton who needs something "right now" whether that be for cough and cold remedies right through to emergencies such as heart attacks. We have:

- reshaped urgent care services by implementing NHS 111 as the number to call when an urgent (but not emergency) situation arises
- re-commissioned GP out of hours services to include a primary care centre as well as home visits
- commissioned a minor injuries unit at the Royal South Hants Hospital with x-ray facilities for adults and children over the age of two
- worked with pharmacies to offer more access for drop-in advice and support
- supported ambulance crews to treat more people where they find them
- supported our GP practices to offer more flexible access with all practices in east Southampton now offer evening and weekend appointments and this is likely to extend even further with the new Prime Minister's Challenge Fund
- provided better information services so people can quickly understand signs and symptoms and know when and where to seek help.

Evidence suggests that increasing numbers of people are now using these services, and as a result, the Emergency Department at Southampton General Hospital has seen a reduction in attendances.

Upon reviewing provision for urgent and emergency services however, it has become clear that the nurse-led walk-in service in Bitterne, run by Solent NHS Trust, is not providing cost effective care and duplicates other services available for local residents. It is situated next to GP practices which are extending their opening times and offering nurse-led appointments and opposite a pharmacy with other pharmacies close by. Furthermore, the service operates at the same time as both the out of hours GP service and the NHS 111 telephone advice service which is available 24 hours a day, seven days a week.

In view of this situation we strongly believe that resources should be allocated more appropriately, to increase and improve care for people suffering from long term debilitating conditions.



Our proposal for future services

Our proposal is about making sure we get the balance right and spend our resources wisely.

Our proposal is to close the Bitterne walk-in service and to re-distribute the current funding to community nursing and community-based care. Bitterne Health Centre will remain unaffected by this proposal and will continue operating as normal. There will be no compulsory redundancies and Solent NHS Trust will look to redeploy staff within Solent services under normal HR procedures.

This proposal is about changing the way we spend money.

Significantly more can be achieved by increasing resources in community services. The consequence of carrying on as we are will mean high priority services such as community-based care will be at risk as we won't have the funds to sustain them to an appropriate level. This could result in more limited services for people with complex needs.

We are therefore consulting on two options:

Option 1 – our preferred option

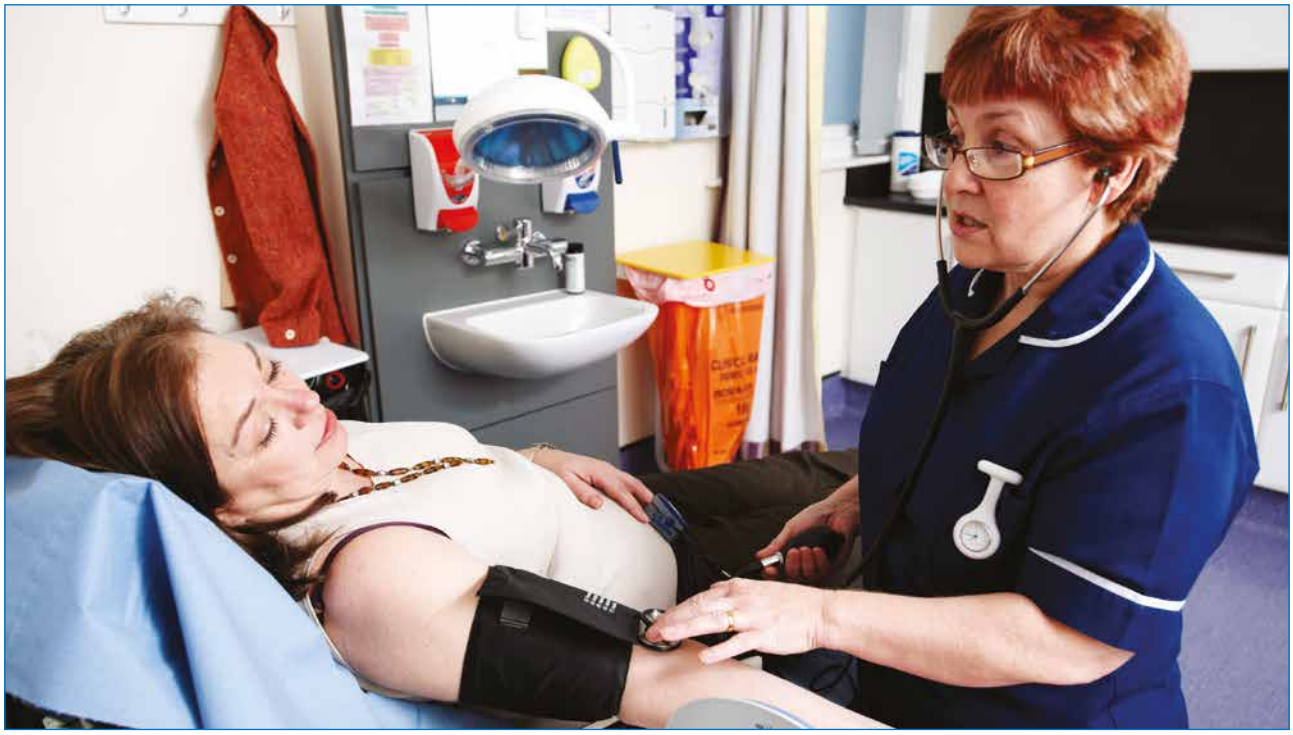
To close the walk-in service at Bitterne and re-distribute the current funding to community nursing and community based care.

Option 2

To keep the Bitterne walk-in service open at the risk of high priority services such as community based care.

We are also seeking views on any impacts we need to be aware of along with any alternative suggestions.

You can give us your views on our proposal by using the feedback form in Appendix A.



The current walk-in service

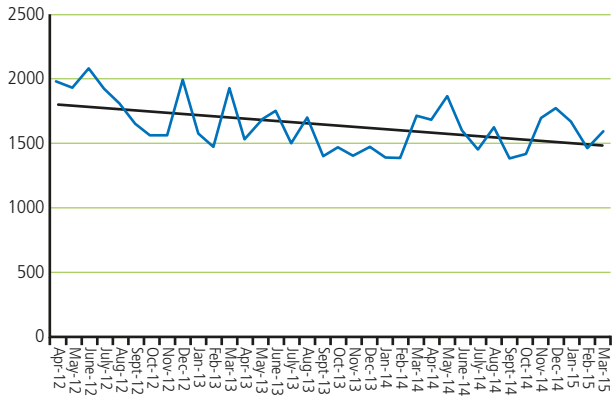
The walk-in service, based in Bitterne Health Centre, was set up over a decade ago in 2003 with two aims - to take pressure off urgent care services (particularly the city's Emergency Department) and to improve access to primary care. The service offers healthcare advice, information and certain types of treatment from specially trained nurses all year round with no appointment necessary.

The service is open from 6.30pm to 9.30pm on weekday evenings and from 8.30am to 9.30pm on weekends and bank holidays.

Who uses the walk-in service and when?

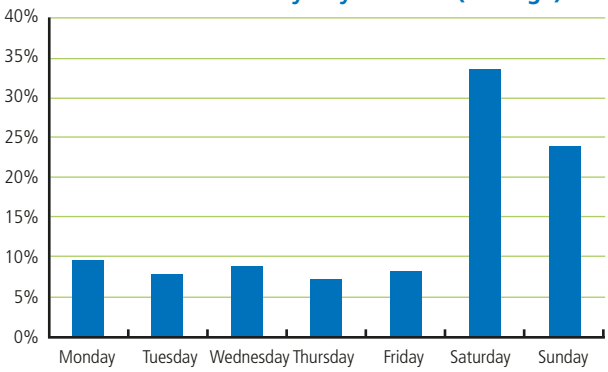
Today, the walk-in service operates mainly as a treatment option for minor conditions. On average, around 1600 people currently use the service each month. People attending fall mainly into the 0-4 or 15-44 age brackets.

BWIS attendances April 2012 to March 2015



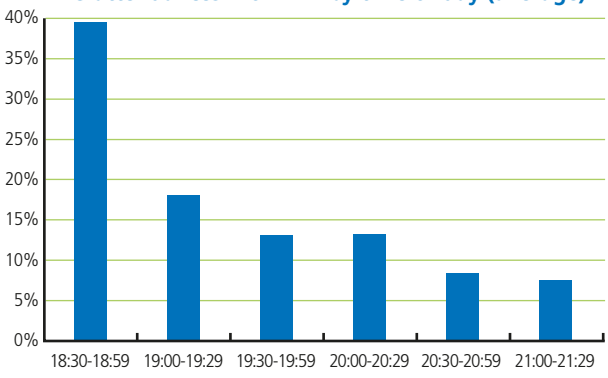
The times throughout the week when people attend the walk in service are shown opposite with most attendances occurring when the service first opens (before 12pm at weekends or 6.30-7.30pm on weekdays).

BWIS* attendances by day of week (average)

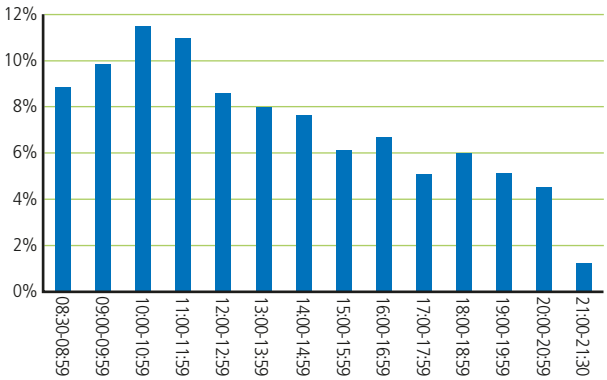


*BWIS – Bitterne walk-in service

BWIS attendances Mon - Fri by time of day (average)



BWIS attendances weekends (average)



Where are the patients from?

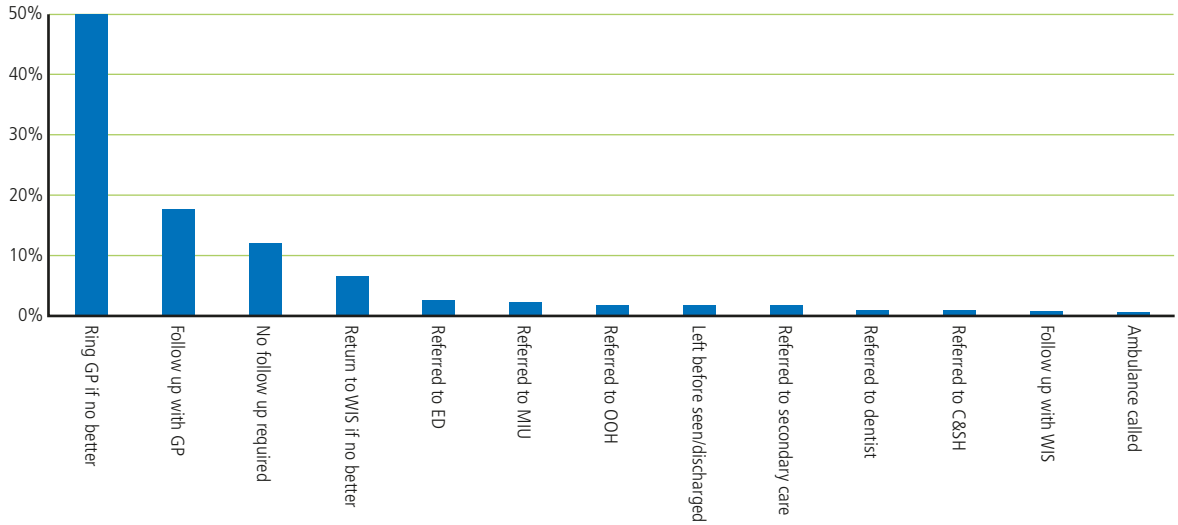
64% of attendances are patients registered with a Southampton GP (34% are registered with Hampshire GPs, 2% have no registered GP). Of those with a Southampton GP, 83% are registered with a doctor in the east of the city, where the Bitterne walk-in service is located.

What are people treated for?

Virtually all people who go to the walk-in service go for what we call primary health care i.e. non-urgent health concerns that do not require specialist or urgent treatment. The majority of people attend with minor conditions which could be dealt with by a pharmacist, NHS 111 or self-care (treatment at home).

- The most common conditions seen at the service are cough and sore throat
- Almost a quarter of patients (24%) require no treatment at all
- 8% require basic medication (e.g. paracetamol pain relief)
- 68% of people visiting the walk-in service are advised to consult their GP either directly after their visit or later if they don't feel better.

Main outcomes of BWIS attendances



*ED – the Emergency Department, also known as A&E
*MIU – the Minor Injuries Unit (located at the Royal South Hants Hospital)
*OOH – Out of hours GP service
*C&SH – Contraception and sexual health services

What our review of the walk-in service told us

In Spring 2014, we carried out a review to see who was using the walk-in service and why[1]. This showed the top two presenting conditions as cough and sore throat and highlighted the impact of the significant changes in the range of other services now available.

The review also demonstrated the walk-in service no longer provides value for money. The current cost of the walk-in service is £1.289m with each attendance costing approximately £67 per patient. This is significantly more than a GP appointment or the alternative urgent care services and is about the same cost as attending the Emergency Department (see table below):

Service	Approx cost
Emergency Department (ED)	£77
Walk-in service (WIS)	£67
Minor Injuries Unit (MIU)	£57
Out of hours (OOH) appointment	£44
GP appointment	£32
Pharmacy	£18
NHS 111	£8

At the same time, feedback also shows that many people are not using either the walk-in service or a GP surgery, but actually both and for the same condition. We are therefore duplicating more cost-effective services and this extra cost is hampering our ability to further improve community-nursing, now and in the future.

Below are some examples of how the money currently spent on the walk-in service could be redeployed through community based services:

Service	Approx cost	Equivalent of 1 walk-in service (WIS) attendance
Dementia assessment	£291	4 WIS attendances = 1 assessment
Diabetes check up	£134	2 WIS attendances = 1 consultant led check up
Asthma nurse appointment	£67	1 WIS attendance = 1 asthma nurse appointment
District nurse home visit	£45	2 WIS attendances = 3 district nurse home visits
Health visitor appointment	£45	2 WIS attendances = 3 health visitor appointments
Blood test	£0.61	1 WIS attendance = 110 blood tests

[1]Much of the data shown on pages 4-6 came from the CCG's *Bitterne Walk-in Service Review*, 2014

What you told us

During the last few months we have undertaken a number of engagement activities, asking people to give their views on local health services, what is important to them and how and where to prioritise services.

Survey results

Our health service survey asked local people what health services were important to them and what their experiences and knowledge of local services were.

Overall 610 people completed the survey. Some of the key findings were:

Which health services are most important to you?

Seeing my GP quickly when needed	68.8%
Good services at the hospital	54.1%
Support to stay independent	52.5%
Walk-in service	37.4%

Do you support the view that it is better for people and their families for care to be provided in the home where possible?

98% of respondents supported this view.

Market stalls at Bitterne Leisure Centre and Central Library

Which of the following services are most important to you?

Seeing my GP quickly when needed	97
Good hospital services	66
Shorter waiting times at A&E	63
Improved care for people with LTCs*	52
Walk-in services	50
Minor Injuries Unit	40
Pharmacies	19
Support to be cared for in own home	13

*LTC – Long term condition

An engagement summary report and table of activity can be found in the supporting consultation information on our website.

The key themes to emerge

A number of themes have emerged from our engagement activity and the key ones in relation to the walk-in service were:

Difficulty getting a GP appointment - people have told us that they use the walk-in service because they don't want to wait for an appointment with their GP. Southampton Primary Care Limited, a federation of 29 GP practices in the city, has been allocated £3m of Prime Minister's Challenge Fund money to establish a pilot to extend and improve access to GP practice care in the city. This project is in the very early planning stages but aims to further improve access to GP services and thus better meet the needs of all patients.

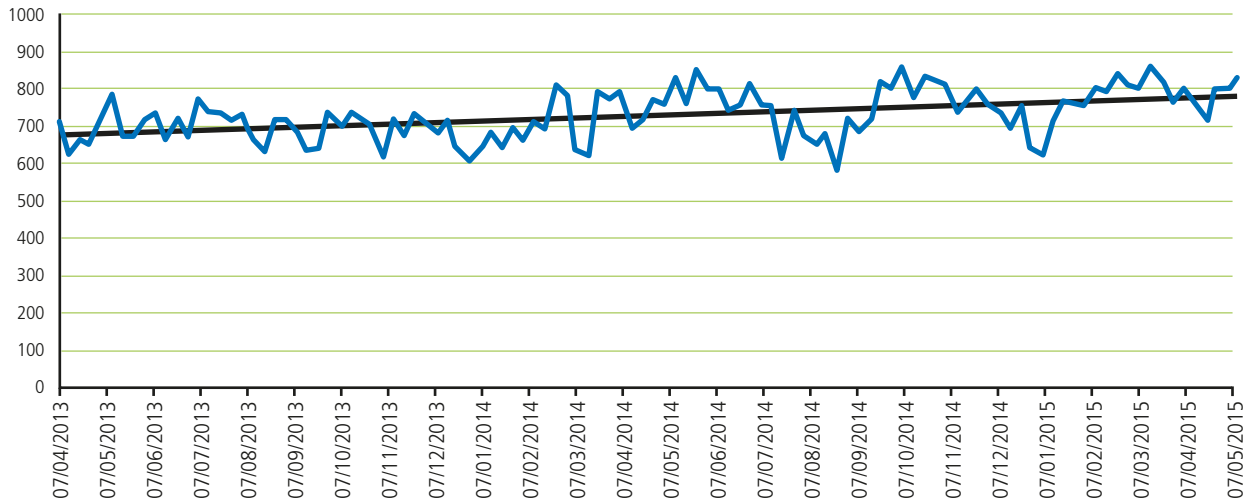
All GP practices in the east of the city offer extended hours – all have Saturday morning appointments and 8 out of 10 offer extended Monday evening surgery.

Don't know where else to go - a number of people said they don't know where else to go if they need medical help. We are taking steps to address this and to ensure awareness of the alternatives, for example we launched our **Think First** campaign in December 2014. The campaign highlighted the full range of urgent and self-care options available across the city and included a door-drop of booklets to every home in Southampton as well as city-wide health roadshows. It is our intention to continue with education and awareness campaigns.

Our work has proved to be successful and we have seen an increase in the use of the Minor Injuries Unit and NHS 111 service throughout Southampton, Hampshire and Portsmouth.

111 calls answered August 2013 to April 2015

Minor Injuries Unit attendances April 2013 to April 2015



What our clinicians told us

Our Clinical Executive Group, which includes city GPs who are on our Governing Body, has been discussing the walk-in service regularly during the past year. They have discussed all aspects of the service including current usage, interventions offered and given their clinical opinion on the merits of the service (balanced against the key health priorities for the city).

Discussions about the service have also taken place at the General Assembly, a meeting attended by a representative of every GP practice across the city. Here, city doctors have been free to air their views about the service.

We have also contacted Southampton GPs asking for their views on the walk-in service.

One of the most notable themes coming out of this engagement was the number of family doctors who felt that the walk-in service had no discernible impact on their workload. When we asked GPs if they felt that the service reduced demand for appointments at their practice, 82% said no.

What staff told us

During our review we met with the staff employed at the walk-in service to obtain their feedback on our proposals.

Staff commented that the service was well liked and in their opinion often used by people due to a perceived lack of GP appointments. This view supports the work that we have been doing with GP practices to extend access to primary care services across the city with appointments now bookable online for all Southampton GP practices.

Staff also commented that more work needed to be done to promote the alternatives available to the walk-in service. As mentioned earlier, the Think First campaign has been addressing this concern throughout the last six months. Promotional material has been distributed to emphasise the key roles pharmacists, the Minor Injuries Unit and NHS 111 can play in supporting urgent health concerns, with this programme of work planned to continue for the foreseeable future.

What would people do if the walk-in service closed?

If the walk-in service closed people would have access to:

Treatment at home with advice from their local pharmacist

Many people who attend the walk-in service don't need to be treated by a nurse or doctor, they could have treated themselves or gone to a pharmacy. Self-care is often the best choice to treat minor illnesses and injuries. A large range of common illnesses and injuries such as coughs and colds, sore-throats, cuts and grazes and stomach upsets, can be treated at home simply with over-the-counter medicines and plenty of rest.

We all know that pharmacists dispense medicines but many people don't know that pharmacists train for five years and are experts in dealing with minor conditions. Local pharmacies offer a wide range of health services that you may not be aware of including a private consulting room, emergency contraception and advice and treatment for a wide range of minor ailments. There are currently four pharmacies in Southampton that are open 100 hours a week, two in the city centre, one at the Adelaide Centre in Millbrook, and one in Bitterne (Bitterne Pharmacy, West End Road, open 7am to 10.30pm Monday to Saturday and 10am to 5pm on Sunday). Each has a qualified pharmacist on hand to advise on minor illness, medication queries and other medical problems.

In addition to this standard service offered by all pharmacies, many now offer the 'Pharmacy First Minor Ailments Service' for cough, cold, sore throat, earache, diarrhoea and children with a fever. Patients eligible for free prescriptions can access this service and receive a consultation and any medication required, avoiding waiting for a GP appointment.

Four pharmacies offer a minor ailments service in the east of the city with more intending to offer this service in the future:

- Lloyds, Portsmouth Rd, Woolston
- Day Lewis (by Chessel practice) Sholing
- Sangha, Thornhill Park Rd, Thornhill
- Bitterne Pharmacy, West End Rd, Bitterne.

A GP practice close to where they live

There are 33 GP practices throughout the city with ten in the eastern side. All practices on the east side of the city offer extended opening times with every practice opening on Saturday morning (the walk-in service's busiest time).

Calling NHS 111

NHS 111 is free and available 24 hours a day, seven days a week. Local residents can call 111 when they need urgent medical help or advice, when it isn't a 999 emergency. Callers will have their symptoms assessed, be given advice and directed straightaway to the local service that can help them best, whatever the time of day or night. Calls are free from a mobile or landline.

Frequently asked questions

Throughout our work on reviewing the service a number of queries have been raised. Here we include the most frequently asked questions about the proposed changes.

Q Is this not just about cutting back on services and saving money?

No. Our proposal is about changing the way we spend money. We have finite resources and can only spend our money once so need to ensure that all services avoid duplication and address local health needs.

The resources allocated to the walk-in service would be used to improve services for people with long-term conditions – a health issue affecting a significant proportion of our city.

Q I have heard the NHS is getting a further £8bn - can't you use your share of this to keep the walk-in service open?

Southampton City CCG is deemed to be over 'its target funding' which means we will receive a far smaller share of any additional funding and may not receive any extra money at all.

Q If people are already finding it hard to get to see their GP, won't closing the walk-in service make this even harder as they will be even busier?

We know that many people using the walk-in service are still using their GP surgery. Much work has already taken place to improve access to GPs and we are looking at ways of further improving this. Extended opening of GP practices at weekends, early mornings and early evenings are helping improve access.

Q What will happen to staff who work in the walk-in service?

The walk-in service is run by Solent NHS Trust who also provide community nursing and community-based care in Southampton. There will be no compulsory redundancies and the Trust will look to redeploy staff within Solent services under normal HR procedures.

Q What happens to people who aren't registered with a GP?

It is very important that we get as many people to register with a GP as possible, this would encourage them to use their GP as their first point of contact which is essential if we are to help patients better manage their health and wellbeing. However, if someone hasn't registered, they can call NHS 111 service who will respond to anyone who needs medical help fast. Patients with a minor injury can attend the Minor Injuries Unit at the Royal South Hants Hospital and for minor ailments patients can contact their local pharmacy.

Q People living on the east side of the city have complained of difficulty in accessing public transport services to get to the Minor Injuries Unit and General Hospital . What should they do if the walk-in service closes?

We recognise the concerns over transport. However, many of the alternative service options do not need any transport at all, for example NHS 111 is a telephone service that can be reached from anywhere in the city, there is an extended hours pharmacy in Bitterne town centre and all GP practices in the area offer extended hours services. (Details of practice opening times can be found in the supporting information on our website).

Q Will any of the other services in Bitterne Health Centre be affected?

No, all other services in the health centre will remain open as usual.

Having your say

We want to know what you think and we are keen to hear from as many people as possible. We are making this document available in different formats and languages and will continue to engage with community and voluntary groups to try and involve people whose views are not always heard.

We are also aware that some of the users of the walk-in service live outside the city and we advise these people to contact their local CCG (West Hampshire or Fareham and Gosport) in order to share their views. Details of their contact details can be found in the supporting documents available on our website.

There a number of other ways you can find out more and tell us what you think:

Public meetings and events

You can come and speak to us at public engagement events on:

- **Thursday 9 July 2015, 6.30pm – 8.00pm**
  Christ the King
  St Coleman's Catholic Church Hall,
  Bitterne Road East,
  Bitterne,
  Southampton,
  SO18 5EG

- **Tuesday 28 July 2015, 6.30pm – 8.00pm**
  Central Hall, St Mary's,
  Southampton,
  SO14 1NF

We also plan to have two further public drop-in events where you can come along, ask questions, share your opinions and find out more. In addition, we will have a local health stand at various events across the city during the period of consultation e.g. the annual Mela Festival. Our website will be updated regularly with dates, times and venues.

If you would like an individual meeting, or run a community group and would like us to attend and talk about our plans, please contact us on 02380 296038 or communications@southamptoncityccg.nhs.uk.

Feedback form

Please use the feedback form at the end of this document (Appendix A) to tell us about your views and give your comments. Alternatively you can complete the survey online, write, email or telephone:

Address:
NHS Southampton City CCG
NHS Commissioning HQ
Oakley Road
Millbrook
Southampton
SO16 4GX

Email:
communications@southamptoncityccg.nhs.uk

Telephone:
02380 296038

Online

During the consultation more information will be made available on our website www.southamptoncityccg.nhs.uk/consultations.

Deadline for feedback

The public consultation is running for 12 weeks from 15 June 2015 and the deadline for feedback is 4 September 2015.

What happens next?

It is important that this consultation process is transparent and that the NHS is accountable for the decisions it makes.

What happens to the responses?

During the consultation all the feedback and responses, along with notes of the public meetings, will be collated and analysed.

At the end of the consultation, a report will be produced by Southampton City CCG identifying the themes and issues raised. The report will be presented to the Governing Body of the CCG to inform their decision on how to proceed.

The decision making process

The final decision will be made by Southampton City CCG Governing Body once they have had time to consider the consultation feedback and responses.

The role of the Health Overview and Scrutiny Panel

The way we have developed our proposals and the way we have reached a decision about them is being overseen by Southampton Health Overview and Scrutiny Panel (HOSP) made up of local councillors. We will present our findings to them after the consultation has closed.

The role of Healthwatch

Healthwatch Southampton is a local statutory body with responsibility for ensuring the voice of service users and the public is heard. They cover the same area as the local authority and are responsible for finding out what people think, making recommendations to the people who plan and run services and referring issues to HOSP where they feel it is necessary. In this particular situation they will actively work to promote the consultation in order ensure as many people's views are heard as possible and upon conclusion will verify whether the process was fair.

Feedback form

Our preferred option is option 1- to close the walk-in service at Bitterne and re-distribute the current funding to community nursing and community-based care. With which option do you agree/disagree?

Option 1 - To close the walk-in service at Bitterne and re-distribute the current funding to community nursing and community-based care.

☐ Agree ☐ Disagree ☐ Don't know

Option 2 - To keep the Bitterne walk-in service open at the risk of high priority services such as community-based care.

☐ Agree ☐ Disagree ☐ Don't know

We are also seeking views on impacts we need to be aware of and alternative suggestions. If the decision was to move forward with option 1 what are your main concerns?

☐ I think that more people would go to the Emergency Department

☐ I feel it would create more demand for GPs

☐ I wouldn't know where else to go

☐ Other – please explain below:

Please tell us about any other options or ideas you would like us to think about:

About you

We want to make sure that everyone has had a chance to share their views. To make sure this consultation reaches a wide range of people, it would be helpful if you could provide us with a few confidential details about yourself to help us see who has responded.

Are you?

☐ A general member of the public

☐ NHS staff member

☐ Representing an organisation – please state: .....

.....

Please tell us your postcode (first four digits only): .....

Are you?

☐ Male ☐ Female

What is your age?

☐ Under 20 ☐ 20-29 ☐ 30-39

☐ 40-49 ☐ 50-59 ☐ 60-69

☐ 70-79 ☐ 80-89 ☐ 90+

What is your ethnic group?

White: ☐ British ☐ Irish ☐ Any other white background

Mixed: ☐ White and black Caribbean ☐ White and black African ☐ White and Asian

☐ Any other mixed background

Asian or Asian British: ☐ Asian Indian ☐ Asian Pakistani

☐ Asian Bangladeshi ☐ Any other Asian background

Black or Black British: ☐ Black African ☐ Black Caribbean ☐ Any other Black background

Other ethnic groups: ☐ Chinese ☐ Other ethnic group ☐ Rather not say

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- Thank you for taking the time to give us your feedback. Please return your form free of charge to:

  Freepost RRYC-AUHZ-EHKE, Southampton City CCG, NHS Commissioning HQ, Oakley Road, Southampton, SO16 4GX - **FAO Communications Team**

  The deadline for responses is 5pm on Friday 4 September 2015

Glossary

Here you can find an explanation of some of the terms used in this and related documents. If there are any terms we have used that are not listed here for which you would like a definition please contact us at communications@southamptoncityccg.nhs.uk.

Care Quality Commission (CQC) – the independent regulator of health and adult social care in England. They make sure health and social care services provide people with safe, effective, compassionate, high quality care and encourage them to improve.

Clinical Commissioning Group or CCG – the organisation made up of GPs which is responsible for identifying and securing most of the NHS health services for a particular area. CCGs are responsible for deciding what services their local residents need from the NHS and buy these services with public money from the most appropriate providers. Southampton City CCG consists of 33 GP practices and is responsible for commissioning services for the whole of Southampton.

Clinician – someone who provides healthcare and treatment to patients, such as a doctor, nurse, psychiatrist or psychologist.

Commissioning – identifying the health needs of local people and planning and purchasing health services which respond to these needs.

Community services / community-based care – health services delivered in the community in people's homes or care homes.

Emergency department (also known as A&E) – hospital-based service available 24 hours a day, seven days a week for medical and surgical emergencies that are likely to need admission to hospital. This includes severe pneumonia, heart attack, stroke, complicated fractures that need surgery, and other life-threatening illnesses.

GP – stands for General Practitioner, the doctor based in your local community.

Governing Body – the decision-making group representing the GP membership of Southampton City Clinical Commissioning Group. Our Governing Body is made up of a Clinical Chairperson, an accountable Chief Officer, an accountable Chief Finance Officer, two Lay Members, a Nurse Lead and a Secondary Care Lead.

Healthwatch – provides information to service users, carers and the public about local health and care services and how to find their way around the system. It represents the views and experiences of service users, carers and the public on health and wellbeing boards (see below).

Health and wellbeing board – brings together the local NHS, public health, adult social care and children services to plan how best to meet the needs of local people, and tackle health inequalities. They are hosted by the local authority and members include elected councillors and Healthwatch (see definition above).

Health Overview and Scrutiny Panel (HOSP) – a Southampton City Council committee made up of local councillors who are responsible for monitoring, and if necessary challenging, health plans. They decide whether consultation is needed, depending on the scale of proposed change, and they also agree some other aspects of consultation, such as the length of the consultation period.

Locality (eg east locality) – a geographically defined group of GP practices within the Southampton City CCG area. There are three localities in Southampton which are: east, west and central.

Long term conditions – an ongoing medical condition that cannot be cured, but can be managed by treatment such as medication and other therapies. Examples include diabetes, heart disease and dementia.

Minor injuries unit – a service offering treatment, advice and information for a range of minor injuries. Patients do not need to make an appointment and can just turn up during opening hours which are: Monday-Friday 7.30am-10pm, weekends and bank holidays 8am-10pm (last patient accepted at 9.30pm). For further information on the range of services offered please see www.royalsouthhantsmiu.nhs.uk

Outcomes – the result or visible effect of an event, intervention or process; any change in a person's state of health after a period of treatment, ideally improvement in symptoms or resolution of a problem.

Primary care – services which are the main or first point of contact for the patient, usually GPs and pharmacies.

Prime Minister's Challenge Fund – a national fund to help improve access to general practice and stimulate new ways of providing primary care services.

Secondary care – hospital or specialist care that a patient is referred to by their GP or other primary care provider.

Stakeholder – anyone with an interest in what we do. Stakeholders are individuals, groups or organisations that are affected by the activity of the business.

Urgent care – care delivered outside of a hospital emergency department for example in a minor injuries unit without a scheduled appointment.

24/7 – a service that is available 24 hours a day, seven days a week, all year round.

NHS
Southampton City
Clinical Commissioning Group

NHS Commissioning HQ
Oakley Road
Milbrook
Southampton
SO16 4GX

Email
communications@southamptoncityccg.nhs.uk

Telephone
023 8029 6904

If you would like this document in an alternative format or language please contact us using the details above.

Southampton City Clinical Commissioning Group

Frequently asked questions

Throughout our work on reviewing the walk-in service a number of queries have been raised. Here we include the most frequently asked questions about the proposed changes and we will continue to update these on our website.

Q. Is this not just about cutting back on services and saving money?

No. Our proposal is about changing the way we spend money. We have finite resources and can only spend our money once so need to ensure that all services avoid duplication and address local health needs.

The resources allocated to the walk-in service would be used to improve services for people with long-term conditions – a health issue affecting a significant proportion of our city.

Q. Will any of the other services in Bitterne Health Centre be affected?

No, all other services in the health centre will remain open as usual.

Q. What will happen to staff who work at the walk-in service?

The walk-in service is run by Solent NHS Trust who also provide community nursing and community-based care in Southampton. There will be no compulsory redundancies and the Trust will look to redeploy staff within Solent services under normal HR procedures.

Q. Has the decision already been made?

No, the final decision will be made by Southampton City CCG Governing Body once they have had time to consider the consultation feedback and responses.

During the consultation all the feedback and responses, along with notes of the public meetings, will be collated and analysed.

At the end of the consultation, a report will be produced by Southampton City CCG identifying the themes and issues raised. The report will be presented to the Governing Body of the CCG to inform their decision on how to proceed.

Q. What are community based nursing services that the additional funding would be used to support?

Some of the community nursing and community-based services that could benefit from this increased funding include, but are not limited to, the following:

- District nurses – nurses who visit people in their own homes or in residential care homes, providing care for patients and supporting family members. District nurses also have a teaching and support role, working with patients to enable them to care for themselves or with family members teaching them how to give care to their relatives.

- Community matrons - highly experienced senior nurses who work closely with patients in the community to provide, plan and organise their care. They mainly work with those with serious long term or complex range of conditions in their own home or community settings.

- Community rapid response teams – multi-disciplinary teams who work to reduce hospital admissions and assist with hospital discharge by assessing patients in their own homes or a care home, particularly where the persons need for care and support is urgent.

- Over 75 nurses – nurses who provide care and support at home and in GP practices to people over 75 to support making the best of their health and where needed support planning for current and future health and care needs.

Below are some examples of how the money currently spent on the walk-in service could be redeployed through community based services:

Service	Approx. cost	Equivalent of 1 walk-in service (WIS) attendance
Dementia assessment	£291	4 WIS attendances = 1 assessment
Diabetes check up	£134	2 WIS attendances = 1 consultant led check up
Asthma nurse appointment	£67	1 WIS attendance = 1 asthma nurse appointment
District nurse home visit	£45	2 WIS attendances = 3 district nurse home visits
Health visitor appointment	£45	2 WIS attendances = 3 health visitor appointments
Blood test	£0.61	1 WIS attendance = 110 blood tests

Q. I have heard the NHS is getting a further £8bn - can't you use your share of this to keep the walk-in service open?

Southampton City CCG is deemed to be over its' target funding' which means we will receive a far smaller share of any additional funding and may not receive any extra money at all.

Q. Can't you make cuts elsewhere in the NHS?

As part of our ongoing commissioning process we continually review health services in the city to ensure we are meeting patients' needs whilst making the best use of the available money we are allocated by the Government.

The walk-in service was identified, as part of our ongoing review of services, as not providing value for money and duplicating other services now available to local people. Any proposed reduction in services would be subject to public consultation just like we are doing here with the walk-in service. To make investments in one area can often require difficult decisions regarding the removal of another.

We need to spend tax payers money as wisely as we can, if the NHS nationally or locally received the level of funding to meet the rising pressures, then investments into additional community services would be easy, however with funding not rising with demand the CCG needs to ensure it spends its budget as effectively as we can. This is why we are consulting on the difficult decision of closing the walk-in service to release funds to deploy into our community services, the services that look after the most vulnerable in our city.

Q. Can the walk-in service be run more cheaply? Previously you quoted £1.4M now it is 1.2M, can you provide some clarity?

The current cost of the walk-in service is £1.289m with each attendance costing approximately £67 per patient.

As with all NHS services, we are constantly working to ensure the greatest value for money and over the last few years Solent NHS Trust, who runs the walk-in service, has been able to identify savings to reduce the overall cost of their services, for example through reducing the cost of their building costs. Even with these reductions in cost the service still does not provide good value for money when compared with the costs of visiting an alternative service (see page 10 of the consultation).

A full breakdown of the annual costs of running the walk-in service is also available on our website.

Q. If people are already finding it hard to get to see their GP, won't closing the walk-in service make this even harder as they will be even busier?

We know that many people using the walk-in service are still using their GP surgery. Much work has already taken place to improve access to GPs and we are looking at ways of further improving this. Extended opening of GP practices at weekends, early mornings and early evenings are helping improve access.

There are 32 GP practices in the city with 10 in the east, closest to the walk in centre. All practices on the east side of the city offer extended opening times with every practice opening on Saturday morning (the walk-in service's busiest time) and eight out of 10 offering extended Monday evening surgery – full opening time details are available in the supporting information on our website.

Southampton Primary Care Limited, a federation of 29 GP practices in the city, has also been allocated £3m of Prime Minister's Challenge Fund money to establish a pilot to extend and improve access to GP practice care in the city. This project is in the very early planning stages but aims to further improve access to GP services and thus better meet the needs of all patients.

Q. Won't the closure mean more people go to the Emergency Department?

Whilst the walk-in service was originally set up in 2003 to reduce pressure on the Emergency Department and GP practices, evidence suggests that the way the service is used has changed and it now duplicates other services available to local residents.

Today, the walk-in service operates mainly as a treatment option for minor conditions that do not require specialist or urgent treatment and which could have been dealt with by a local pharmacist, the NHS 111 telephone helpline or self-care (treatment at home).

During the lifetime of the walk-in service the range and type of urgent care options in Southampton has changed – services like the expanded Minor Injuries Unit and NHS 111 have been introduced along with extended hours at GP surgeries and pharmacies (including pharmacies that are open 100 hours per week).

Evidence also suggests that increasing numbers of people are now using these services and, as a result, the Emergency Department at Southampton General Hospital has seen a reduction in attendances.

Q. People living on the east side of the city have complained of difficulty in accessing public transport services to get to the Minor Injuries Unit and General Hospital . What should they do if the walk-in service closes?

We recognise the concerns over transport. However, many of the alternative service options d*o not* need any transport at all, for example NHS 111 is a free telephone service that can be reached from anywhere in the city, there is an extended hours pharmacy in Bitterne town centre and all GP practices in the area offer extended hours services (details of practice and pharmacy opening times can be found in the supporting information on our website).

There are also a number of bus routes into the city centre from the east of the city, one of which goes to the Royal South Hants Hospital (where the Minor Injuries Unit is located) and two which go to Southampton General Hospital. These run frequently, 7 days a week. Route 7 (operated by First in Hampshire) stops

directly outside the Royal South Hants Hospital and Southampton General Hospital is serviced by routes 3 and 12 (operated by First in Hampshire).

For information on buses in the city visit www.discoversouthampton.co.uk/visit/travelling-to-southampton/bus-services.

Q. What happens to people who aren't registered with a GP?

It is very important that we get as many people to register with a GP as possible, this would encourage them to use their GP as their first point of contact which is essential if we are to help patients better manage their health and wellbeing. However, if someone hasn't registered, they can call NHS 111 service who will respond to anyone who needs medical help fast. Patients with a minor injury can attend the Minor Injuries Unit at the Royal South Hants Hospital and for minor ailments patients can contact their local pharmacy.

Q. The city is being given £3 million from the Prime Minister's Challenge Fund, can't you use this?

In order to run the NHS the Government apportions funding to different parts of the health service so that they can manage and pay for the areas for which they are responsible. The Prime Minister's Challenge Fund is new national money which is separate from the money the CCG receives to commission health services for the population. The funding has been allocated to Southampton Primary Care Ltd, a group made up of 29 GP practices in the city to provide extended and enhanced GP services. Although the CCG supported the bid, Southampton Primary Care Ltd will be delivering the services.

The additional funding is excellent news for improving GP access in the city and we have been working with Southampton Primary Care Ltd as they implement these plans.

Q. What alternatives are you proposing, and how will we know where else to go?

There are a number of alternatives to visiting the walk-in service.

Many of the symptoms with which people attend the service can be treated at home with advice from your local pharmacist. Pharmacists have at least five years training, have private consultation rooms and you don't need to make an appointment.

People can also visit their GP practice. All the practices in the east of the city now offer extended opening hours (see supporting document for further information) with opening hours due to increase further due to the Prime Minister's Challenge Fund.

For all minor injuries such as sprains, strains, minor burns, cuts and grazes people can visit the Minor Injuries Unit at the Royal South Hants Hospital http://www.royalsouthhantsmiu.nhs.uk/ which also has x-ray facilities for people over two years of age.

If you need urgent medical help or advice and aren't sure where to go then you can call 111. NHS 111 is available 24 hours a day, 365 days a year and calls are free from landlines and mobile phones. A team of fully trained call handlers, supported by nurses and paramedics, will assess your symptoms, offer advice and direct you straightaway to the local service that can best help. They can arrange an out of hours GP or dentist appointment or even send an ambulance if necessary.

NHS111 is provided by our local ambulance service, South Central Ambulance Service, from their call centre based near Winchester.

For more information regarding the alternatives to the walk-in service including addresses, opening hours and services offered please see our supporting documents.

Q. Don't you just get sent back to your GP if you call 111?

Figures show that from August 2013 – March 2015 the NHS 111 team (covering Southampton, Hampshire, and Portsmouth) answered an average of 38,176 calls per month, with 54% of these callers recommended to contact or visit primary or community care. This includes visiting an out of hours GP or being advised to contact your own GP but also pharmacists, dentists and sexual health clinics etc.

Q. How long will I need to wait for someone to answer when I call 111? Are clinicians available for advice?

The NHS 111 service has targets for calls to be answered within 60 seconds (this should be 95%) – in May 2015 the local 111 service answered 97% of calls within 60 seconds.

NHS 111 call handlers include medically trained staff, such as qualified nurses and paramedics. They take calls when an assessment requires their skills and experience. Call handlers are highly trained in symptom recognition. If it is felt that a medical professional is needed, then a caller will either be transferred to them for a more in-depth assessment or will be called back within a timeframe according to clinical need.

Q. Won't there be an increased pressure on emergency vehicles?

As the walk-in service is primarily used for minor illnesses, and not emergencies, we do not foresee an impact on emergency vehicles being called out.

Ambulance services in Southampton are provided by South Central Ambulance Service who also have community/staff first responders that are trained to respond to calls in the local community.

For a medical emergency, if someone is seriously ill or injured and their life is at risk, always call 999 immediately. For example if someone has:

- lost consciousness
- fits that are not stopping and is in an acute confused state
- persistent, severe crushing chest pain
- breathing difficulties
- severe bleeding that can't be stopped

If you or someone else is having a heart attack or stroke, call 999 immediately. Every second counts with these conditions.

Q. Walk-in services are convenient for those who work full time and can't take time off during the day, what alternatives will be available in the city?

Over the last two years we have invested substantial resources in providing services to support people with urgent and emergency health issues. We have commissioned new and alternative services for everyone in Southampton who needs something "right now" whether that be for cough and cold remedies right through to emergencies such as heart attacks. We have:

- reshaped urgent care services by implementing NHS 111 as the number to call when an urgent (but not emergency) situation arises
- re-commissioned GP out of hours services to include a primary care centre as well as home visits
- commissioned a minor injuries unit at the Royal South Hants Hospital with x-ray facilities for adults and children over the age of two
- worked with pharmacies to offer more access for drop-in advice and support
- supported ambulance crews to treat more people where they find them
- supported our GP practices to offer more flexible access with all practices in east Southampton now offer evening and weekend appointments and this is likely to extend even further with the new Prime Minister's Challenge Fund
- provided better information services so people can quickly understand signs and symptoms and know when and where to seek help.

With common problems, such as coughs and colds, aches, pains and rashes, a pharmacist can suggest the best remedies or treatments to suit you, so there is no need to book a GP appointment.

There are currently four pharmacies in Southampton that are open 100 hours a week, two in the city centre, one at the Adelaide Centre in Millbrook, and one in Bitterne (Bitterne Pharmacy, West End Road, open 7am to 10.30pm Monday to Saturday and 10am to 5pm on Sunday).

Q. Will more out of hour GP appointments be made available?

All the practices in the east of the city now offer extended opening hours (see supporting document on our website for full details) with access to GPs due to increase with the introduction of the Prime Minister's Challenge Fund.

Urgent GP appointments out of hours can also be accessed by calling 111. If you have an urgent health issue between 6.30pm and 8.00am on a weekday or over a weekend or bank holiday, you can ring NHS 111 who can arrange an out of hours GP appointment if necessary.

Q. Do pharmacies have a patient confidentiality agreement?

Pharmacies are required to comply with a set of legal requirements, which includes assessment on confidentiality, data protection and information security. More information can be found online at http://psnc.org.uk/contract-it/essential-service-clinical-governance/

You can talk to your pharmacist in confidence, even about the most personal symptoms, and you don't need to make an appointment. Most pharmacists now have private consultation areas and it's possible to walk into any community pharmacy and ask to speak with the pharmacist. They may be able to spend some time with you straight away or offer you an appointment for a consultation. Discussions with your pharmacist can take place either in person or by phone.

Q. Can the Minor Injuries Unit be expanded to help with minor ailments?

The best place to go for advice and treatment for a minor ailment, such as a cough, cold or sore throat, is to a local pharmacy which may even be closer to home. Many pharmacies in the city are also open on evenings and weekends, with four in Southampton that are open 100 hours a week, two in the city centre, one at the Adelaide Centre in Millbrook, and one in Bitterne (Bitterne Pharmacy, West End Road, open 7am to 10.30pm Monday to Saturday and 10am to 5pm on Sunday). Each has a qualified pharmacist on hand to advise on minor illness, medication queries and other medical problems.

If you are unsure and need some extra support, you can call 111 for advice 24 hours a day, 365 days a year.

Q. Will you increase education to support people on the alternative services in the city and to treat minor ailments at home?

A number of people have told us that they don't know where else to go if they need medical help. We are taking steps to address this and to ensure awareness of the alternatives, launching our **Think First** campaign in December 2014. The campaign highlighted the full range of urgent and self-care options available across the city and included a door-drop of booklets to every home in Southampton as well as city-wide health roadshows. It is our intention to continue with education and awareness campaigns.

Our work has proved to be successful and we have seen an increase in the use of the Minor Injuries Unit and NHS 111 service throughout Southampton, Hampshire and Portsmouth.

Q. I use the walk-in service for emergency contraception. Where should I go if it closes?

Emergency contraception (the morning after pill) can be purchased from any pharmacy for £23 or obtained free of charge from the following pharmacies in Southampton (and free Chlamydia screening packs). Full details of the pharmacies are available in the supporting documents on our website - you are advised to contact the pharmacy first to ensure a trained pharmacist is available.

- Bassil Chemist, Bedford Place, City Centre
- Boots, Above Bar Street, City Centre
- Boots, West Quay Retail Park, City Centre
- Boots, High Street, Shirley
- Boots, The Broadway, Midanbury
- Boots, Burgess Road, Swaythling
- Day Lewis, Portswood Road, Portswood
- Highfield Pharmacy, University Road, Swaythling
- Lloyds Pharmacy, Dean Road, Bitterne
- Pharmacy Direct, Weston Lane, Weston
- Pharmacy Direct, Shirley Road, Shirley
- Regents Park Pharmacy, Regents Park Road, Shirley
- Sangha Pharmacy, Thornhill Park Road, Thornhill
- Spiralstone, Brintons Road, St Mary's
- Sunak Pharmacy, Burgess Road, Bassett
- Superdrug, Bitterne Road, Bitterne
- Superdrug, Victoria Road, Woolston
- Telephone House, High Street, City Centre

Q. I use the walk-in service for wound dressing. Where should I go if it closes?

Wound dressing management should be undertaken at the patient's registered GP practice. Each practice has a practice nurse who can do this during surgery hours. If it is essential that a dressing is changed over the weekend, Southampton GPs can book their patients into the wound dressing clinic at the Minor Injuries Unit at the Royal South Hants Hospital. In an out of hours emergency, patients may attend the Minor Injuries Unit for wound dressing.

Q. Where will I go for my blood tests?

Blood tests are not currently available at the walk-in service but can be arranged at your GP practice

Q. Will the closure increase pressure on the health visiting service, as the majority of contacts are under 5 years old?

Health visitors work with families of young children to help increase understanding of how to manage minor illnesses, and are in an ideal position to respond to common health concerns and discuss management of conditions. This includes helping parents to understand the services available in the city and those available in the evening and on the weekend.

Q. What options will be available for parents of young children who currently use the centre?

Many of the symptoms with which people attend the service can be treated at home with advice from your local pharmacy. Pharmacists can offer expert advice and treatment for illnesses such as coughs and colds, aches, pains and rashes.

Most pharmacies now have a private consultation room and you don't need to make an appointment. A pharmacist can also advise if you need to need to visit your GP.

For minor injuries such as sprains, strains, minor burns, cuts and grazes, the Minor Injuries Unit at the Royal South Hants Hospital is open from 7.30am – 10pm Monday – Friday and 8.00am – 10.00pm on weekends and bank holidays. There are also x-ray facilities for adults and children over two years of age - http://www.royalsouthhantsmiu.nhs.uk.

If you need urgent medical help or advice and aren't sure where to go, or need some reassurance then you can call 111.

Q. Is this consultation relevant to me if I live in the west or central areas of the city?

This is a city-wide consultation. Our proposal is to close the Bitterne walk-in service and to re-distribute the current funding to community nursing and community-based care across Southampton, so we want all city residents to have the opportunity to have their say.

Q. Who wrote this consultation?

The consultation document has been produced by NHS Southampton City Clinical Commissioning Group (CCG) in consultation with a number of key partners and stakeholders.

Contributors include Healthwatch Southampton, Solent NHS Trust, GPs and service users.

Q. How much has running this consultation cost?

The cost of running the consultation is less than £5,000. This has been spent on producing consultation materials, postage and venue hire for the public events etc. to make sure we can reach as many local people as possible and that we provide a number of ways for people to have their say.

Q. Who did you survey during your pre-engagement?

Our local health services survey started at our winter health roadshows in the city in January. The survey was answered by over 600 local residents and was promoted on our website, through our social media channels (Twitter and Facebook), shared at engagement events with the community and some responses came via the People's Panel which is a joint initiative between Southampton City Council and the CCG.

In addition to the survey we ran a number of focus groups and held meetings with local service users.

Q. Do you have any information on usage of the walk-in service before the opening hours were reduced in 2010?

Since the CCG formed in April 2013, the walk-in centre has operated from 6.30pm – 9.30pm on weekday evenings and from 8.30am – 9.30pm on weekends and bank holidays. The decision to reduce the hours was made by the preceding organisation, Southampton City Primary Care Trust, so unfortunately we do not hold this data.

CCGs were unable to hold or have any data prior to 1 April 2013, due to legal restrictions on data ownership.

Q. Do you charge patients from other CCG areas who use the walk-in service?

64% of attendances to the walk-in service are patients registered with a Southampton GP, 34% are registered with Hampshire GPs and 2% have no registered GP. NHS services are taxpayer funded and free at the point of use. We do not charge patients to use these services nor are we able to under the rules we operate within.

Q. Can you move the walk-in service to another building, perhaps the building at Moorgreen Hospital or a local library?

This consultation is not focused on the location of the service but the fact that the service itself does not represent good value for money and duplicates other existing services. These facts would be the same wherever the service was located.

Q. Can savings be made by fining patients for misuse of services, for example not attending a GP appointment?

There are a variety of reasons why people are unable to attend a pre-booked appointment but there are a number of ways that GP practices are working to make cancelling appointments easier, such as reminder text messages and the option to cancel online, so these can be freed for those needing to urgently see a doctor.

Although we have seen comments made by Jeremy Hunt, the Secretary of State for Health, around the possibilities of charging for patients for not attending appointments this would require a change in law to be implemented.

Q. Could local GPs help fund the walk-in service?

During our review of the walk-in service, we found that that many people are not using either the walk-in service *or* a GP surgery, but actually *both* and for the same condition. We are therefore duplicating more cost-effective services and this extra cost is hampering our ability to further improve community based nursing, now and in the future.

Following a survey of Southampton GPs, one of the most notable themes was the number of family doctors who felt that the walk-in service had no discernible impact on their workload. When we asked GPs if they felt that the service reduced demand for appointments at their practice, 82% said no.

Q. Are you liaising with West Hampshire CCG to ensure that their GP surgeries offer extended opening hours in the areas close to the walk-in service?

Throughout the consultation we have worked with local CCGs, who have patients who use the service, and they have plans in place to support their patients.

Contact details for our neighbouring CCGs are available as part of the supporting documents on our website.

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DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:		LOCAL SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2014/15		
DATE OF DECISION:		23 JULY 2015		
REPORT OF:		INDEPENDENT CHAIR OF THE LSAB		
CONTACT DETAILS				
AUTHOR:	**Name:**	**Fiona Bateman**	**Tel:**	
	E-mail:	Fiona.bateman@southampton.gov.uk		

STATEMENT OF CONFIDENTIALITY
None

BRIEF SUMMARY

This report introduces the 2014/15 Local Safeguarding Adults Board's ['LSAB'] annual report.

RECOMMENDATIONS:

That the Panel review the 2014/15 Annual report and note:

(i) The LSAB underwent a peer review in 2014-15 which concluded its structure and membership ensured it would comply with the new legal duties introduced by the Care Act 2014; the reviewers praised the good multi-agency ownership at a senior level, found partners were being held to account by LSAB and that partners 'c*ontribute equally and fully participated"* and were "*driven to improve and modernize services*."

(ii) Agree any feedback on the achievements in the last year and future priorities for the LSAB as set out in the Strategic plan [Appendix B].

(iii) Consider and agree if there are any matters arising within the annual report or strategic plan that the Panel would like to receive further information on as part of its future work programme.

REASONS FOR REPORT RECOMMENDATIONS

1. The Health Overview and Scrutiny Panel has requested the LSAB report on the activity of the Board each year.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. Not applicable

DETAIL (Including consultation carried out)

3. The LSAB are still awaiting final data from SCC regarding the safeguarding activity carried out by the Adult Social Care [ASC] teams and so the report is not yet finalised. However, SCC and all partners have reported key data during the course of 2014-15 which has informed the work of this board and

is used within this report.

4. There has been a significant increase in concerns raised (237% from 2013-14). Of those only 10% went on to full safeguarding enquiries. As is noted the repeat referral rate remains high (estimated at 23%) so the LSAB are working with SCC and the Safeguarding Adults Team [SAT] to explore this in more detail to ensure screening is appropriate and safeguarding interventions are effective at reducing or removing risk.

5. The low conversion rate together with a high repeat referral rate, and a reduction in the percentage of concerns raised coming from the public, demonstrate a very critical need for effective awareness raising campaigns. The strategic plan sets out what work the LSAB and sub groups, particularly the Community Engagement and Awareness sub group, will do in the coming year to address these issues.

6. The LSAB has received regular reports on the quality of health and registered social care provision within Southampton. The Board has also reviewed the contract monitoring arrangements undertaken by commissioners and, as part of this, safeguarding expectations imposed under any contracts so that the Board can be assured that safeguarding plays a pivotal role within contract monitoring and commissioners actively quality assure services in the area. The Panel are asked to note the improvements in commissioned services reported during 2014-15.

7. The Panel is asked to note the significant increase in activity to authorise deprivations of liberty (594%), required as a consequence of legal clarification following a Supreme Court ruling in March 2014 and the steps taken by partners to address this. It should be noted that this has had an impact nationally, leading to recommendations by the Law Commission that the law be amended. Panel should note that Southampton LSAB have offered to host a consultation event on the proposed legal changes and are closely monitoring partners to ensure adults are not unnecessarily or unlawfully deprived of their liberty.

RESOURCE IMPLICATIONS

Capital/Revenue

8. None.

Property/Other

9. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

10. The duty to undertake overview and scrutiny is set out in Section 21 of the Local Government Act 2000 and the Local Government and Public Involvement in Health Act 2007.

Other Legal Implications:

11. The Care Act 2014 requires Southampton City Council establish a LSAB and

provides for accountability of the Independent Chair to the Chief Executive of the Local Authority.

POLICY FRAMEWORK IMPLICATIONS

12. None.

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	All

SUPPORTING DOCUMENTATION

Appendices

1.	LSAB Draft Annual Report 2014/15
2.	LSAB Strategic Plan 2015/16

Documents In Members' Rooms

1.	None

Equality Impact Assessment

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

Other Background Documents

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

	Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.		
2.		

LSAB
Southampton
Local Safeguarding
Adults Board

Annual Report

2014-15

Message from the Chair

This report is produced by Southampton Local Safeguarding Adults Board (LSAB) in accordance with the Care Act 2014 which requires the LSAB to publish an annual report detailing what each member and the LSAB has done collectively during the year to achieve its main objective and implement its strategic plan. The report must also set out the findings of any Safeguarding Adults Reviews and subsequent action taken to implement the recommendations arising from those.

Within this part of the report I will therefore addresses progress made by the LSAB and its core partners from the period April 2014 to March 2015 against the priorities identified in the last annual report before going on to detail who we look to protect from abuse and neglect; what types of harm are more prevalent within Southampton and what the partnership has done in 2014-15 to address the needs identified during the year.

In recognition that 2014-15 would be a demanding year for the LSAB, given the significant changes to safeguarding practices and LSAB's statutory responsibilities introduced by the Care Act 2014, last year's annual report set out an ambitious work plan for 2014-15. The LSAB continued to meet six times a year in order to share learning in relation to pertinent practice issues, analyse the effectiveness of each agency's actions in preventing harm to adults at risk, identifying and addressing risks when these arise.

Outside of those meetings partners also agreed focus on:

- Further developing links with key strategic forums within Southampton including Healthwatch, Southampton Local Safeguarding Children Board (LSCB), Southampton Safe City Partnership (SCP), Southampton Connect and LSABs in neighbouring areas;
- Ensuring that the partnership was equipped to meet the new statutory responsibilities introduced by the Care Act 2014;
- Re-energising the sub groups with committed membership, clear work streams and reporting frameworks so that they had the skills and resources to scrutinise and inform the work of the main board;
- Prepare and consult on the implementation of the Southampton LSAB's Strategic Plan 2015-16.

During 2014 I attended, as the LSAB Independent Chair, each of the strategic forums, or met with their Chairs to establish regular reporting arrangements on the work of the Board.

In December 2014 the Local Authority established a joint Safeguarding Boards Team to support the work of both the LSAB and LSCB. The team, made up of a Board manager, Board Coordinators and Safeguarding Assistant ensure effective support to advance the work of the Board, reducing duplication or discrepancy between the LSCB and LSAB and identifying common areas of concern and/or gaps in safeguarding work across the city so that safeguarding does now embrace the 'think family' agenda and work is coordinated to address the needs of adults, children and young people at risk of exploitation, abuse or neglect.

In addition, the LSAB set up a Task and Finish group made up of senior representatives of the Local Authority, CCG, Police, our voluntary sector representative, as well as the Independent Chair, Democratic services and Board team to review the current governance arrangements and the

structure of the Board. The group drew up a new Constitution, membership handbook and framework for quality assurance and case review work for the LSAB which were adopted by the partners and formally recognised by Southampton City Council Executive in March 2015. These documents are available to view at... http://www.southampton.gov.uk/health-social-care/contact-social-care/safeguarding-adults-board.aspx..

In addition the Safeguarding Board team and partners have been actively involved alongside colleagues in Hampshire, the Isle of Wight and Portsmouth in the review of the Pan Hampshire multi-agency safeguarding Policy, Guidance and Toolkit available also on the above link, so as to ensure a consistent approach to safeguarding work for partners working across Hampshire. In addition, the review of membership at both Board and sub group level has encouraged wider participation from statutory and voluntary sector practitioners working in the frontline. Each sub group has reviewed their terms of reference and each member has signed up to undertake responsibilities in line with expectations set out within the handbook.

Commented [U1]: Insert link

In March 2015 the effectiveness of the LSAB was considered by an external peer review, led by The Association of Directors of Adult Social Services (ADASS) in the South East. Peer reviews are intended to support the partnership improve services and performance and looked at 4 key topics to test the effectiveness of the LSAB. The review then offered some guidance on what could make the Safeguarding Adult Board more effective in engaging with adults at risk, their carers/ support networks and communities, meeting the learning needs of the workforce and ensuring adults at risk are protected. The feedback from the reviewers was positive; they praised the good multi-agency ownership at a senior level, found partners were being held to account by LSAB and that partners *'contribute equally and fully participated"* and were *"driven to improve and modernize services."*

The LSAB recognise more needs to be done to demonstrate how the partnership is supporting and driving forward a preventative agenda and embedding the 'making safeguarding personal' principles into practice. Overall the review team were impressed by the amount of energy and commitment to ensuring that the LSAB have sufficient information to provide assurance that systems were working for adults at risk in Southampton. This report was used to help inform the 2015-16 Strategic plan. The full plan can be viewed online at http://www.southampton.gov.uk/health-social-care/contact-social-care/safeguarding-adults-board.aspx and was developed by the LSAB through consultation with partners including Healthwatch. The LSAB sub groups have subsequently agreed a work plan for each key area including action in the plan to reflect the priorities identified. Progress on the plan is monitored in every LSAB meeting.

I would like to take this opportunity to thank all those who have contributed to the work this year, thank members who have moved on to new opportunities outside the city and wish them well for the future. Moreover, I am grateful to the Safeguarding Boards Team whose energy, commitment and enthusiasm has enabled the Board to maintain the momentum necessary for this vital work.

The LSAB recognised that there will always be more to do to improve safeguarding practices within the city. In line with national guidance the LSAB continue to work towards embedding core safeguarding values across the community, namely that people should be able to live a life free from harm, forming a culture that doesn't tolerate abuse, but that encourages communities to work together to prevent abuse and that everyone know how to respond effectively to protect a child, young person or adult at risk when abuse happens.

Fiona Bateman
Independent Chair of Southampton LSAB

Who are adults at risk in Southampton and how well are we supporting them?

It is everyone's responsibility to keep ourselves safe and report abuse when we see it, but statutory duties to investigate safeguarding concerns arise in relation to adults in need of care and support who are experiencing, or at risk of experiencing, abuse or neglect and are unable to protect themselves as a result of their needs.

Notification of possible safeguarding concerns are received first to the Council's Single Point of Access ['SPA'] Team who are expected to address any simple enquiries, by offering advice and information or signposting the enquirer to alternative, more suitable support. The SPA team will usually refer any ongoing safeguarding concerns to the Safeguarding Adults Team ['SAT'] unless the adult at risk has a social care worker already allocated to their case or they are receiving treatment in University Hospital Southampton. In these instances the case is referred for a response to be coordinated by their allocated worker or, in the latter case, by Southampton City Council's ['SCC's'] Hospital Discharge Team to assess and support. In those cases the SAT is available to provide any necessary guidance and assistance to the teams.

The SAT within SCC's Adult Social Care department coordinate the response to most allegation of abuse, neglect or exploitation and it is to this team that most 'concerns' [previously known as 'alerts' or 'referrals'] received by the Council are submitted. The Board recognises that focusing on reported Safeguarding concerns investigated by these teams underrepresents the true extent of safeguarding activity carried out across the city. For example, it does not reflect the work carried out by partners, particularly those who campaign and support adults at risk, those who have regulatory or commissioning obligations to prevent abuse and neglect before any concerns arise or those who have responsibilities to provide care and do so in a way that responds to actual or perceived safeguarding risk so that harm is averted. That said, the data provides a useful measure of the level, source and types of harm suffered. In addition, their work is benchmarked locally against our area profile and nationally so that the Board are able to identify further ways to improve practises and safeguarding adults throughout Southampton.

Southampton City Council received 1363 concerns in 2014-15, a significant increase of 237% from 2013-14. Of those concerns raised, the SAT completed 123 enquiries during that period. It is noticeable that less than 10% of concerns resulted in concluded enquiries, but that the team later received further concerns [otherwise referred to as 'repeat alerts'] on 27% of cases during the same period. Whilst data in relation to repeat concerns is no longer collected nationally, the LSAB recognise that this is an important indicator of the effectiveness of any screening process or intervention by the SAT and therefore remain apprehensive that this rate continues to rise (it was 8.5% in 2013-14 and 4.2% in 2012-13). The LSAB have received assurance that the rise may in part be explained by more consistent practices, in that previously the rate of repeat concerns might have been unrecorded. Nevertheless the LSAB has asked for a review of the operational thresholds used by the SAT to screen notifications and has identified, as a priority for 2015-16 the establishment of clear referral pathways between services so that we can be assured that cases which don't meet the threshold for a safeguarding enquiry under s42 Care Act, but require a the provision of care, support, advice and information or some other service are signposted effectively. New operational guidance has been issued for April 2015 and the LSAB will work with the SAT and continue to monitor the data to bring about a reduction in the numbers of repeat concerns.

The board receives information on the source of any concern raised. This year the data demonstrates that staff across the sector, and particularly from health services, are increasingly more confident to raise safeguarding concerns to the SAT. However, it is noteworthy that only 5% of concerns were raised by service users, carers or family members. Issues in the way this is recorded continue, it is understood that the SPA team have been advised to record notifications raised by

members of the public as such but that often systems record these as being made by professionals because of the need to refer on to the secondary response teams, namely the SAT and Adult Social Care assessment and support planning teams. It is noted the issue was identified last year and this therefore doesn't explain why the figure is lower than the figure for 2013-14. The LSAB believes this demonstrates much more needs to be done urgently to raise awareness with members of the public about the risks of neglect or abuse and how to report this. A public campaign is a key priority for 2015 and the LSAB will continue to monitor the source of concerns as a measure the impact of these campaigns.

Southampton is a vibrant city with a diverse population. This brings huge benefits and richness in culture to the city which is rightly celebrated and embraced. The 2011 Census reports the proportion of Southampton's population aged over 65 is reducing (13% compared with 14.5% in 2001 and a 2011 England average of 16.3%). Yet the number of safeguarding enquiries raised in respect of this age group continues to rise and they are disproportionately represented within safeguarding enquiries undertaken in 2014-15, in that 63% of all enquiries related to adults aged 65 or above. Whilst this is similar to figures nationally, it demonstrates the need to target preventative campaigns effectively towards this client group.

The black and minority ethnic (BME) population of Southampton as 14.2% with 22.4% of the population reported as not White British. Recent estimates suggest the figure is more likely to be 18%. The highest proportion of the BME population is Asian British. The data however demonstrates that the proportion of enquiries completed during 2014-15 again underrepresents the diversity in our community with only 3% relating to Asian or Asian British adults. Almost 90% of concluded enquiries related to White and White British adults. Again this is in line with national comparator figures, but again significantly lower than what should be expected given our demographic profile. The Community Engagement and Awareness sub group is working through established links to faith and community groups so that we are able to ensure all our communities feel confident to report concerns when they arise.

It is relevant to safeguarding to recognize the economic and environmental factors that impact on risk of abuse and neglect. Southampton is ranked 81st out of all 326 LA's in England in the overall Index of Multiple Deprivation 2010 (where one is the most deprived). Southampton has the 41st highest level of child poverty in England out of 326 local authorities with 27.5% of children in the city living in poverty. It is also relevant that partners take into account how people's own sense of wellbeing can impact on safeguarding. 78.6% of residents in receipt of social care report that they have control over their daily life, 65.3% who use services say they feel safe and only 43% (cared for people) and 49.5% (carers) feel they have as much social contact as they would like.

Of the concluded safeguarding enquiries in 2014-15 30% had a physical disability or frailty, 1% a sensory impairment. This is a dramatic reduction from previous years, since 2010 this client group has accounted for approximately 50% of all enquiries and quite different from the national comparator (reported as 51%). Conversely there has been a marked rise in the percentage of referrals relating to those whose primary support need is a learning disability (47%), previously it had been noted that concerns in relation to this client group had dramatically fallen from 19.01.% in 2012-13 to 5.2% in 2013-14 (compared with the national comparator of 18%). As we will see below national campaigns and targeted interventions for those with learning disabilities may explain, in part, the spike in enquiries.

Mental health was recorded as the primary support need for 11% of enquiries (against national comparator of 24%). Again this figure is very different from last year's findings, where 37.7% of concluded enquiries related to this client group. Southern Health Foundation Trust ['SHFT'], who

provide integrated health and social care functions to those with enduring and/or severe mental health needs now report separately to the LSAB on the number of concerns and the type of abuse identified. This should ensure that the Board is well informed to coordinate appropriate responses to this vulnerable client group. It is also noteworthy that that over half of all cases where concerns were raised by SHFT the adult was involved in the decision to raise the concern.

It is likely that some of the significant differences can be explained by data collection issues and the LSAB will be working closely with Southampton City Council's partnerships to ensure the availability of reliable data. In addition the LSAB's Monitoring and Evaluation sub group will play an essential role in collating the multi-agency dataset for safeguarding activities undertaken by the partners, cross referencing information and identifying trends or spikes throughout the year. In addition the sub group has a detailed programme of qualitative audits to conduct so as to ensure that the LSAB partners are able to make well informed, evidence based strategic decisions.

What type of harm are adults most at risk of in Southampton?

Care and Support Statutory Guidance issued by the Department of Health in October 2014 and the Pan Hampshire Policy and Guidance sets out the types and patterns of abuse and neglect that may take place. It is, of course, imperative that frontline staff and communities remain alert to all types of harm that individuals, particularly those with additional vulnerabilities, might face. The LSAB collect statistics which reflect the primary risk identified in each case, recognising that whilst this is an imperfect measure, it does give the LSAB a picture of need within the local area which assists the partners to work together more effectively to address local need.

.... Please see comment box

Regulatory services continues to support the whole community through their 'Buy with Confidence' and specifically those in need of health and/or social care through the 'Support with Confidence' schemes. In addition the service carried out investigations into allegations of miss-selling or organised financial abuse. The approach adopted by the enforcement teams demonstrate a true commitment to protecting adults at risk of exploitation and abuse in a manner that makes safeguarding personal.

Case Study: Mrs Q

I intend to use the live case study given by trading standards demonstrating how they tackled computer grooming and supported the elderly couple who had been the victims of the internet fraud.

Commented [BF2]: It might be helpful, if it isn't too complicated to include a link to the pan Hampshire policy here rather than copy out the section.

Commented [BF3]: I do not have sufficient data available presently to comment in detail within this section. However I do intend to draw attention to what is already evidenced within the LSAB dataset, namely:

It is noteworthy that SHFT identify emotional abuse more regularly than any other agency, perhaps this it is to be expected given the nature of their involvement with adults at risk in the area. The LSAB and partners could however benefit from their staff' skill set and awareness given the new focus under the Care Act on emotional wellbeing. Would it be possible therefore for SHFT to run awareness workshop re emotional abuse for other partners? It is also relevant that 25% of concerns for their client group relate to physical abuse- are partners in agreement that this likely reflects the fact that they are at higher risk of hate crime and so the LSAB could work together to address this, particular important will be police input, so this is recognised and managed effectively when reported.

SCAS- 45% referrals (amounted to 700 in 1st 3 1/4s) relate to neglect. We could perhaps use learning from an audit undertaken by the London Ambulance Service which identified that a very high percentage of safeguarding concerns raised should have been more accurately referred as requests for social care assessments or welfare enquiries. By separating this out at the source of referral and directly this more appropriately LAS hopes to see a better response from partners and a reduction in repeat calls to their service. I have written to SCAS as understand they have recently modified their referral form to better describe the type of response required so that we can measure the impact of these changes and ensure partners are working effectively to manage the demand for safeguarding enquiries to focus on when there is a risk of neglect and abuse of an adult at risk unable to protect themselves.

Solent- pick up a high level of financial abuse which is surprising given their role, but again something we should explore and use for shared learning and improved identification of risk. Ideally I would like to cross refer their alerts [now known as concerns] to see if those referred from Solent went on to full enquiries and were substantiated? If so we could have an excellent example of good practice that would be useful to share nationally.

How does the partnership protect adults at risk?

- Intervening early and protecting against predictable safeguarding risks

LSAB partners work to tackle safeguarding risk both collectively and as individual organisations in line with their statutory duties. Whilst the LSAB are looking in 2015-16 to develop a coordinated prevention and early intervention strategy, partners have demonstrated they already cooperate in order to reduce risks. For instance Hampshire Fire and Rescue Service ['HFRS'] have developed a tool (the Home Safety Referral Pathway) for member agencies' staff to use to identify a fire risk and report this to the service so that suitable interventions are offered. For adults in need of care and support at high risk HFRS offer homes safety visits within 72 hours and can provide a range of equipment and advice to reduce the risk of harm. In 2014-15 their Community Safety Officer team facilitated Fire Risk Conferences for numerous individuals following home safety visit where the team have not been able to reduce fire risks. These conference enable the adult at risk and professionals (social workers, housing officers, care providers, GP'S etc) to agree an action plan to manage this risk to an acceptable level and identify where further intervention is required. The 'adult at risk' is always at the heart of the process and their wishes respected. They are encouraged to participate in the conferences either through self-representation, through the support of a family member or through an advocate.

- **Provision of independent advocacy support to those who are unable to protect themselves and without family/friends to assist**

If a person lacks capacity to decide how they wished to be supported in a safeguarding enquiry and does not have support from friends or family to help them the local authority should appoint an independent advocate to help them. Of the concluded investigations in 2014-15 97 people appeared to lack capacity and, of those, ... were supported by independent advocates. However, in 25 cases recorded capacity as unknown (this accounts for 20% approx.). Whilst this is in line with the national comparator, the LSAB intend to monitor this figure to assess the impact of capacity training and, so that we can better safeguard those without capacity or who have substantial difficulty understanding safeguarding processes. The LSAB expects to see a reduction in this figure. We will set an aspirational target to see this percentage reduce to 0-5% in 2015-16.

- **Effective investigations**

In 2013-14 337 investigations were concluded, this year this figure has dropped to approx. 106-181. In 29% of the enquiries subject to investigation by the SAT or SCC adult social care teams the allegation were substantiated. This is similar to outcomes nationally where 32% of cases are substantiate. It is worth noting that the burden of proof the SAT are required to apply in these investigations is different to that which the Police and Courts apply in criminal matters as it is a civil investigation. As such the team must be satisfied that the abuse or neglect was more likely than not to have occurred. Slightly more cases are partially substantiate in Southampton than nationally (17.6% against comparator of 11%). Whilst almost a third of all safeguarding allegations investigated by the SAT are unsubstantiated.

We know that for adults at risk, their families and carers it is important that any safeguarding intervention provides a clear outcome. It will, of course, not always be possible to conclude with certainty whether abuse or neglect has occurred, but given the lower burden of proof, it is of concern that 22% of enquiries undertaken by the SAT in 2014-15 resulted in inconclusive findings. Whilst this is in line with national statistics, it is noticeable that last year this figure was lower (14.5%). Even so the LSAB identified then this was too high so we will continue to monitor this as a

Commented [U4]: Could we include a link to this?

Commented [U5]: Can I have this figure please

Commented [U6]: Need precise number of concluded enquiries so that I am able to calculate the actual percentage, but it will be 20+% so the issue identified below needs addressing

Commented [U7]: Part of the problem is that the question answered for the SAR doesn't truly reflect what we want to measure. SAR asks 'Does the P appear to lack capacity?' What the LSAB need to know was does the person lack capacity or have substantial difficulty and is without the support of friends/family to assist them.

Can we agree that staff use that as a safer marker of responsibility and that they are advised that they presume capacity and so can only say don't know if they haven't been allowed to speak directly to the individual? My assumption would be that in these instances further steps should be taken to ensure the individual is seen and safe.

NB: I intend this target to be aspirational, but I think it is useful to set a challenging target to ensure a satisfactory pace of change. Are we agreed that 0-5% is appropriate?

Commented [U8]: I would like to demonstrate the multi-agency aspect of enquiries, I appreciate that we may not have figures from this year but it could be something that the LSAB use as a dashboard, alongside the inconclusive target?

Commented [U9]: Mark could you comment on why this might be?
I also need the precise figure of concluded enquiries (i.e. investigations/referrals) as, by my calculations, 4 different figures were provided within the dataset

key performance indicator of effective investigations and will work with the SAT and all agencies carrying out investigations under s42 Care Act to reduce this.

Commented [U10]: I would like to set a target to reduce this to 15%, I also think we should look at taking up the CPS's offer to provide training via weekly Wednesday workshop re effective investigations and Achieving best evidence investigations and work alongside the police to ensure safeguarding investigators have necessary investigative skills to carry out this task.

- **Working with the adult at risk to reduce or remove the risk**

The guidance issued by the Department of Health setting out how partners should meet their new safeguarding duties under the Care Act place great importance on the need to ensure that the adult at risk was at the centre of any process, that interventions were designed with the adult and that any protection plan should set out what steps should be taken, whether support is required and if so by whom and by when. In many cases this might be achieved with the provision of advice to the adult about actions they can take to protect themselves from abuse, exploitation or neglect.

Commented [U11]: Short case example would be very useful

The measure of any protection plan must be that they are effective at reducing or removing the risk and whilst the new duties apply only from April 2015, the SAT have reported that for the concluded enquiries undertaken in 2014-15 43% of protection plans reduced the risk and in a further 12% of cases risk was removed. 35% of cases were reported as requiring no further action and for 10% of cases the SAT believed that the risk remained.

It is worth remembering that a high proportion of concerns that were assessed as not meeting the threshold for an enquiry and enquiries which were stopped at the request of the adult at risk are not included within these figures. As such, whilst it is important to recognise that it will not always be possible to ensure protection from all risk, particularly where the individual has a right to expect services respect their wishes not to intervene, more must be done to ensure those conducting investigations and responsible for implementing protection plans have the skills, resources and confidence to balance the often competing legal obligations owed to the adult at risk, family members and professional and voluntary carers in a way that empowers the individual and minimises risk of future abuse and neglect.

- **Ensuring Partners actively quality assure care and support services commissioned by them.**

The commissioning functions for both Southampton City Clinical Commissioning Group and Southampton City Council are carried out jointly by the Integrated Commissioning Unit ['ICU'], who along with the Care Quality Commission ['CQC'] reported regularly to the LSAB during this period on the quality of care provided in registered residential and nursing homes and domiciliary care providers settings. During 2014-15 the ICU were able to report a substantial improvement in the quality of care with a number of providers, who had previously been subject to cautions or suspensions on new placements. This has been achieved by working collaboratively to address action plans with providers and regulators to support providers in demonstrating sustainable improvements in the quality of services. The ICU also developed a peer support network for nursing home managers and commissioned an innovative leadership programme aimed at nursing home registered managers and their deputies to support continued improvement in quality of care in the sector. This has supported the skills based training programme provided by SCC's Learning and Development team and the provider forums already in place. Additionally work has taken place to support providers in accessing training from other sources such as City College.

In addition, the Public Health team devised an Infection control protocol and ran a face to face training programme for all nursing homes in Southampton to strengthen control of infection so as to reduce incidence of viral and bacterial outbreaks among this vulnerable client group.

In December the Health and Wellbeing Board held a round table event to begin discussions about a local coordinated response to the Mental Health Crisis Concordat. The LSAB and relevant local

stakeholders attended at this event and remain committed to work closely with the Health and Wellbeing Board to ensure that they are able to take forward this important work and effect change for those facing mental health difficulties.

- **Changing practice and policy**

A key challenge this year for LSABs and partners nationally has been a very significant rise in activity relating to protection against unlawful deprivation of liberty for adults at risk. The Mental Capacity Act 2005 provides a framework for making decisions on behalf of people who don't have the mental capacity to do so for themselves. Where someone's care requires constant supervision and they would not be free to leave the placement legal safeguards exist, the Deprivation of Liberty Safeguards ['DoLS'] so they are not unfairly deprived of liberty. The procedure is designed to protect adults who can't make decisions about treatment or care, but need to be cared for in a restrictive way. The DoLS procedure applies to care provided in a hospital, residential care or nursing home provision. Applications to the Court of Protection must be made to authorise care within any other type of accommodation that limits personal freedom. This would also only be authorised if that level and type of care is necessary to protect a person from harm and the proposed restrictions are proportionate. This ensures that care is arranged in a way that promotes the best interests of the person. Under the DoLS procedure Best Interest Assessors '[BIAs'] assess people to find out whether a deprivation of liberty is in the best interests of the person. If the authorisation is to be granted, the BIA ensures the least restrictive option is in place. They act independently from those responsible for deciding and funding the care required for an adult who needs care and support.

Southampton DoLS Authorisations 2014-15

In 2014-15 Southampton City Council, who act as Supervisory Body under the DoLS procedure, were asked to authorise 736 applications. This is a 594% increase in referrals against the same period last year (124). The majority of applications related to individuals known to social care; residing in residential care facilities [89%]. University Hospital Southampton NHS Foundation Trust ['UHS'] submitted applications in relation to 80 patients in Hospital during this period, all of whom were Southampton residents so will be included within the data below. Of the applications received from UHS 58 were authorised, 13 were refused because it was either not in the person's best interests (3 applications) or, for the remaining 10 cases, it was determined that the person had capacity to make decisions regarding their hospital stay and treatment. Solent NHS Trust also reported submitting applications in respect of 9 patients which were subsequently authorised as requiring restrictive care, but reported that in each of these cases timescales for completing the assessments were breached.

The significant increase in referrals has put a considerable pressure nationally to ensure sufficient numbers of qualified BIAs are available to carry out assessments within the DoLS procedures' very tight timescales. LSAB partners have responded to this by funding an additional 12 individuals to receive BIA training. In addition, SHFT and UHS ensure each application is tracked and appropriate action taken in a timely manner. UHS lead manager has set up a monthly meeting with SCC's DoLS team to raise outstanding assessments and to facilitate improved communication, expedite assessments and receive confirmation about outcomes. As a result ...% of cases were assessed within the DoLS timescales. ...% of cases where the timescales were breached were considered within a week of the timescales, ...% within a month and ...% over a month.

A DoLS audit, undertaken by the Supervisory body in November 2014, noted that only a relatively small number of registered care home providers in Southampton had submitted applications. Of those who did make applications many took the view that they would refer all with a diagnosed

Commented [BF12]: SAT have advised that this data is not collected by SCC. I have asked previously for this information to form part of the Dataset and for reported to be received to the LSAB on the 6 monthly basis because it is a very significant issue for the LSAB.

Mark/Simon I note that you expected to be able to report on the DOLS following the implementation of the new form on Paris by now. Is it possible to provide retrospective figures for 2014-15?

cognitive impairment, resulting in numerous unnecessary referrals. As a result further support was offered to raise awareness across the voluntary and private sector providers including Registered Social Landlords. In addition, DoLS awareness training was targeted at hospital staff and CCG staff who conduct care planning and reviews functions to ensure they are putting in place plans which follow the Mental Capacity Act principles of least restrictive intervention and making appropriate referrals when care does require a deprivation of liberty.

Commented [AC13]: This needs to be in full as not sure what this means ...

Those who are subject to privately arranged care are just as likely to lack capacity and require restrictions to safeguard them. This group make up a significant proportion of the long term care home population in Southampton. However they are significantly underrepresented within the referrals received. Also, it is estimated that 183 people who reside in supported living or extra care facilities may require an assessment, ... applications have been made this year to the Court of Protection to ensure any restrictions on their freedoms are lawful. It was also noted that applications relating to short-term or respite placements were also underrepresented within the referrals received. In total it is estimated that up to 800 applications should be received each year. Much work still needs to be done to raise the issue to managing authorities, i.e. hospital trust, statutory, private and voluntary sector supported housing and residential care providers and to ensure that the Local Authority, as the supervisory body, is able to complete assessments in a timely, appropriate manner and that care is provided in the least restrictive manner.

Commented [BF14]: Claire (Elton) do you have these figures?

The LSAB will continue to monitor this and will also actively support legislative changes to ensure that mechanisms continue to provide safeguards against arbitrary deprivation of liberty, but that these are implemented in a way that it sustainable for statutory partners at a time of unprecedented pressures of resources. The LSAB will, in 2015, host a regional consultation event run by the Law Commission so that all agencies have the opportunity to understand the proposed legal reforms and input into the discussions.

- **Improved multi-agency communication and cooperation.**

The review of membership both at Board and sub group level has re-energised the board and ensured regular attendance from named professionals which in turn facilitated the development of closer relationships between practitioners at every level of member organisations. In addition, most partner agencies during the year identified a lead safeguarding officer or Designated Safeguarding Adult Manager ['DASM'] which will feed into a network across Hampshire to ensure effective information sharing on good practice, but also intelligence gathered in respect of individuals who may pose known safeguarding risks.

Agencies are also looking to either join or developing links with the Southampton Multi Agency Safeguarding Hub (MASH). For instance, HFRS report their aim in doing so is to provide a regular HFRS presence at the MASH, enabling participation with in strategy discussions to assist other agencies in action planning, to ensure the immediate safety for individuals at highest of risk of harm from fire at the earliest opportunity.

Another key priority for the LSAB in 2014-15 was to ensure improved communication between health practitioners in hospitals and their colleagues providing health services in the community. UHS, working closely with SCC and CCG, developed and introduced a Health Passport for people with Learning Disabilities. This document highlights important information about the individual to staff caring for them such as communication needs likes and dislikes and aids communication between health practitioners in the community and hospital settings so as to ensure appropriate and safe care. The improved service provision has a direct impact on individuals, who receive better quality

care. It also reduces any need for safeguarding concerns or interventions as is demonstrated in the case study below.

Case Study: Mr P

Life case study from June 2015 meeting re LD passport

- **Coordinating and monitoring training opportunities for the workforce**

The LSAB shares a Learning and Development Group with the LSCB, this is recently established and has already led in coordination of training and awareness opportunities that are promoting a 'think family approach' to interventions. The group is developing a full multi agency safeguarding delivery plan based on the principles agreed in the Workforce Development Strategy for the 4LSAB area. It has also begun its role to quality assure local single agency training as well as mapping what is available currently.

Partners continue to provide training opportunities to staff and colleagues across the partnership, in many cases, safeguarding and mental capacity training is mandatory for staff and volunteers. The LSAB also provided multi-agency workshops during the year, including on the changing nature of safeguarding responsibilities under the Care Act. These were well received, with partners commenting that it was particularly useful that the audience was made up from practitioners working across the different services.

Southampton Voluntary Services continued to provide a much valued mailing service to ensure voluntary sector colleagues were informed of changes to safeguarding policy and practice. They also hosted numerous forums during 2014-15 to ensure providers and support networks from the voluntary sector were well informed on Safeguarding duties and policy developments in the area. They continue to advise voluntary sector agencies on the development of safeguarding policies and contribute directly to the work of the LSAB by providing a venue for the board to meet as well as hosting multi-agency mental capacity training.

In 2014-15 SHFT set up a quarterly safeguarding summit for staff at all levels of the organisation to meet together to consider issues in safeguarding from practice development, learning and improvement, one meeting benefitted from attendance from an inpatient unit who gave an example of innovative practice to support service users at risk, and another meeting included a presentation by a Local Authority Safeguarding Coordinator on Making Safeguarding Personal. UHS record and monitor attendance on all mandatory training, including safeguarding and mental capacity awareness. They collect and make available vignettes demonstrating good practice. This approached has helped to ensure, as reported in March 2015 by during the CQC inspection, that "*safeguarding processes to protect vulnerable adults were embedded*" throughout the Trust.

- **Learning lessons from local and national cases with poor outcomes**

Partners have programmes in place to review any cases known to them where death or serious incidents arise. For example, UHS has, since September 2014, reviewed all deaths which occur in the hospital on a daily basis to identify whether the patient was an adult at risk, identify any areas of concern and decides if a referral to the Case review group or coroner is required. This practice facilitates the sharing of learning and early identification of any issues that require further investigation and is reported to have already improved practice.

Where, as part of the review, partners identify an adult at risk has died or suffered serious harm and they have reasonable cause for concern about how partners have worked together to safeguard then referrals are made to the LSAB's Case Review sub group to consider in line with s44 of the Care Act. During 2014-15 the Case Review group received 10 referrals. Information was sought from all agencies involved in the individual case and considered against the criteria for a Safeguarding Adults Review. Where the group had concerns of single agency failings assurance were sought that the matter would be referred to the appropriate regulatory service and commissioners of services. In 2014-15 the Safeguarding Adults Board commissioned a partnership review in one case which, although it did not meet the threshold for a Safeguarding Adults Review, under s44 of the Care Act, the partnership felt important lessons could be learnt from the case. The review is yet to be concluded and so will be reported in next year's annual report, but the learning from this will inform the work of the Board and partner agencies as soon as it is available.

In addition, the Public Health Team conducts detailed audits into deaths resulting from substance misuse or suicide. The audit work will provide the basis for a well-informed strategy to better meet the risks posed by those with complex and/or multiple needs and enable improvement in the recognition of risk, targeted and effective early intervention and sustainable, responsive services. Suicide rates, which are higher in Southampton than the national comparator, remain a key concern as they are a marker of the levels of severe distress affecting our communities, families and individuals. Reducing the level of suicides in Southampton remains a key priority for the LSAB and Health and Wellbeing Board who will work constructively together to identify and implement measures to address this issue.

The Board has also responded to issues arising from national concerns and serious case reviews, especially:

Winterbourne View:

The Board continued to receive regular reports from Local Authority and CCG to ensure that the care needs and welfare of learning disabled patients placed in-patient facility out of Southampton was review regularly. Currently there are two clients in in-patient facilities, both have discharge plans in place which should see them move to residential / community placements by the end of August 2015.

PREVENT

PREVENT aims to reduce the risk of terrorism by stopping people becoming terrorists or supporting terrorism. PREVENT focuses on working with adults at risk who may be at risk of being exploited by radicalisers and subsequently drawn into terrorist related activity. The key challenge for partnership staff is to ensure that where there are signs that someone has been, or is being, drawn into terrorism staff can interpret those signs correctly, are aware of the support that is available and are confident in referring the person for further support.

SCC's Regulatory services, alongside Hampshire Constabulary, leads for the Safer City Partnership ['SCP'] on tackling extremism and anti-social behaviour. It is well recognised that often those most vulnerable within our community are specifically targeted by extremists and also more likely to be the victims of hate crime so the LSAB continues to monitor interventions by partners and work closely with SCP to support their work.

- **Awareness raising Campaigns**

In response to the significant changes introduced by the Care Act 2014 to the safeguarding responsibilities and care and support functions Southampton City Council delivered a range of activities to ensure its Care Act compliance including specific leaflets and campaign materials to ensure local carers, community members and service users were aware of the new legislation and the changes that take place as a result.

What next...

The LSAB has set out in its Strategic Plan the work plan for 2015-16. The focus for the year will be to evidence improvements in practice and ensure that partners are compliant with the new safeguarding duties set out in the Care Act.

Commented [U15]: Include a link

In particular, the Board will continue to drive change to tackle areas which remain of concern within Southampton as detailed above. We will also be working more closely with other partnership both within the city and across Hampshire to address new areas of mutual concern. For instance safeguarding risks to young adults at risk of exploitation or sexual harm or domestic violence.

LSAB
Southampton
Local Safeguarding
Adults Board

Strategic Plan 2015-16

Introduction

Safeguarding is everyone's business, and it is important that organisations work together to protect people who need help and support. One of the biggest challenges is how to bring together the huge number of teams and organisations involved in keeping people safe. The Care Act 2014 requires local authorities to set up a Local Safeguarding Adults Board (LSAB) in their area, giving these boards a clear basis in law for the first time. The Act says that the LSAB must:

- include the local authority, the NHS and the police, who should meet regularly to discuss and act upon local safeguarding issues
- develop shared plans for safeguarding, working with local people to decide how best to protect adults in vulnerable situations
- Publish this safeguarding plan and report to the public annually on its progress, so that different organisations can make sure they are working together in the best way.

This Strategic Plan outlines the work to be undertaken by Southampton Local Safeguarding Adult Board during 2015-16, it is a shared plan by the organisations represented on the LSAB. It details how the Board will engage with local people to ensure that their views influence how adults in vulnerable situations, those 'at risk' of harm will be protected.

The plan details this in 5 key themes and priority areas which are detailed below. These areas will complement the LSAB and its key member's core safeguarding business. The Care Act 2014 and Supporting Guidance from the Department of Health details what this business entails.

The Southampton LSAB also works within the '4LSAB' area of Southampton, Portsmouth, Hampshire and Isle of Wight. The 4 areas share common safeguarding policies, procedures and guidance for staff to work to. They share a working group with all chairs of LSAB's and managers of the Boards working together with Health, Police and Local Authorities to achieve consistency across the areas.

Business As Usual for the LSAB:

This plan gives detail of the key priorities for the LSAB beyond its 'business as usual' which is broadly set out below. Other key LSAB documents alongside recently agreed 4LSAB Policy and Procedures should be reviewed for details of this:

Safeguarding Adult Reviews: When there is any failure in safeguarding, the results can be severe and tragic and therefore demand a strong response. The LSAB will carry out Safeguarding Adults Review in some circumstances – for instance, if an adult with care and support needs dies as a result of abuse or neglect and there is concern about how one of the members of the LSAB acted. The Reviews are about learning lessons for the future. They will make sure SABs get the full picture of what went wrong, so that all organisations involved can improve as a result. The LSAB will deliver these according to a *Learning*

and Review Framework for Southampton based on that agreed by the 4LSAB's of Southampton, Portsmouth, Hampshire and the Isle of Wight, and will also agree to review cases that do not meet the threshold for a SAR but where learning could be gained. This work is led by the LSAB's Case Review Group.

Quality Assurance: as detailed in its *Quality Assurance Framework* the LSAB will carry out a range of activities to be assured of local practice in keeping people safe, the LSAB will also collate service level information and data regarding local safeguarding services and report this regularly to the LSAB via the Monitoring and Evaluation Group.

Community Engagement: as detailed in the *Community Engagement and Awareness Strategy and Plan* which is shared with the Local Safeguarding Children Board (LSCB) and identified in Priority 4 below. This work is led by the Community Engagement and Awareness Group

Learning and Development: this work is led by the Learning and Development Sub Group which is shared with the Local Safeguarding Children Board (LSCB). The group will develop a local implementation plan to work within the framework of a *4LSAB Workforce Development Strategy for Safeguarding*. The LSAB will focus on multi agency safeguarding training for professionals and seek assurance of single agency plans for this area.

Monitoring of Success:

Progress against this plan will be reviewed and monitored by the LSAB, with Chairs of the relevant sub committees reporting on progress against their actions regularly to the Board. Where necessary and appropriate the Chairs of each sub group will highlight areas of concern and good practice to the full board meetings for further action.

Key to abbreviations:

Board / LSAB:	The full board of the Local Safeguarding Adult Board
L&D:	Learning and Development Group
M&E:	Monitoring & Evaluation Group
CEA:	Community Engagement & Awareness Group
4LSAB:	Hampshire, Isle of Wight, Portsmouth & Southampton
HWBB:	Health & Wellbeing Board
DVA:	Domestic Violence and Abuse
HBV:	'Honour' Based Violence
FGM:	Female Genital Mutilation
FM:	Forced Marriage

Summary of Key Priority Issues for 2014-15:

1.	**Make Safeguarding a whole city theme** – reinforcing that it is 'everybody's business until the person is safe' across partnerships.	LSAB CEA
2.	**Make Safeguarding Personal (MSP)** – to ensure that the principles are embedded in service provision.	L&D
3.	**Manage and monitor the impact of changes to services** – seek assurance to ensure that austerity measures and changes to strategic and operational service provision are not impacting negatively on adults at risk of harm.	LSAB M&E
4.	**Increase community engagement and awareness** - to ensure service user's views influence services and that community's awareness of safeguarding is high.	CEA
5.	**Make best use of local data and information** – using service data and intelligence to inform our work and measure success.	M&E

Priority 1: Make Safeguarding a whole city theme – reinforcing it is 'everybody's business until the person is safe'.					
OUTCOME	**ACTION REQUIRED**	**BY WHO**	**BY WHEN**	**RESOURCE REQUIRED (£)**	**HOW WILL WE MEASURE SUCCESS?**
Adults at risk are safeguarded at the earliest opportunity due to higher awareness of risk indicators and through coordinated action to respond to concerns.	Seek assurance from the Local Authority and its partners that pathway is in place for; • Receiving alerts and concerns – i.e. a 'front door' • Assessing and managing risk levels • Clear thresholds for appropriate interventions and section 42 enquiries • Out of hour's provision.	*LSAB*	*September 2015*	*Nil*	*Reports to LSAB and challenges made demonstrate timeliness of responses and improved safety of adults at risk of harm.*
	Ensure links to other key partnerships: • Health and Wellbeing Board • Safe City Partnership • Local Safeguarding Children Board	*Safeguarding Boards Team*	*September 2015*	*Nil*	
	Ensure learning from serious case reviews, safeguarding adult reviews and domestic homicide reviews is presented to the LSAB and learning is shared across partnerships.	*LSAB*		*Cost of SAR's*	
	Work with identified partnership leads to seek assurance of progress on work to address cross cutting issues such as: Domestic Violence Honour Based Violence Trafficking FGM Forced Marriage	*Safeguarding Boards Team*	*September 2015*	*Nil*	

Priority 1: Make Safeguarding a whole city theme – reinforcing it is 'everybody's business until the person is safe'.					
OUTCOME	**ACTION REQUIRED**	**BY WHO**	**BY WHEN**	**RESOURCE REQUIRED (£)**	**HOW WILL WE MEASURE SUCCESS?**
	Coordinate development of business plans and objectives across partnerships	*Safeguarding Boards Team*	*September 2015*	*Nil*	
	6 monthly meeting of chairs & those managing relevant partnerships.	*Safeguarding Boards Team*	*July 2015*	*Nil*	
	Co – reporting of Annual Reports to each partnership / board.	*Safeguarding boards Team*	*September 2015*	*Nil*	

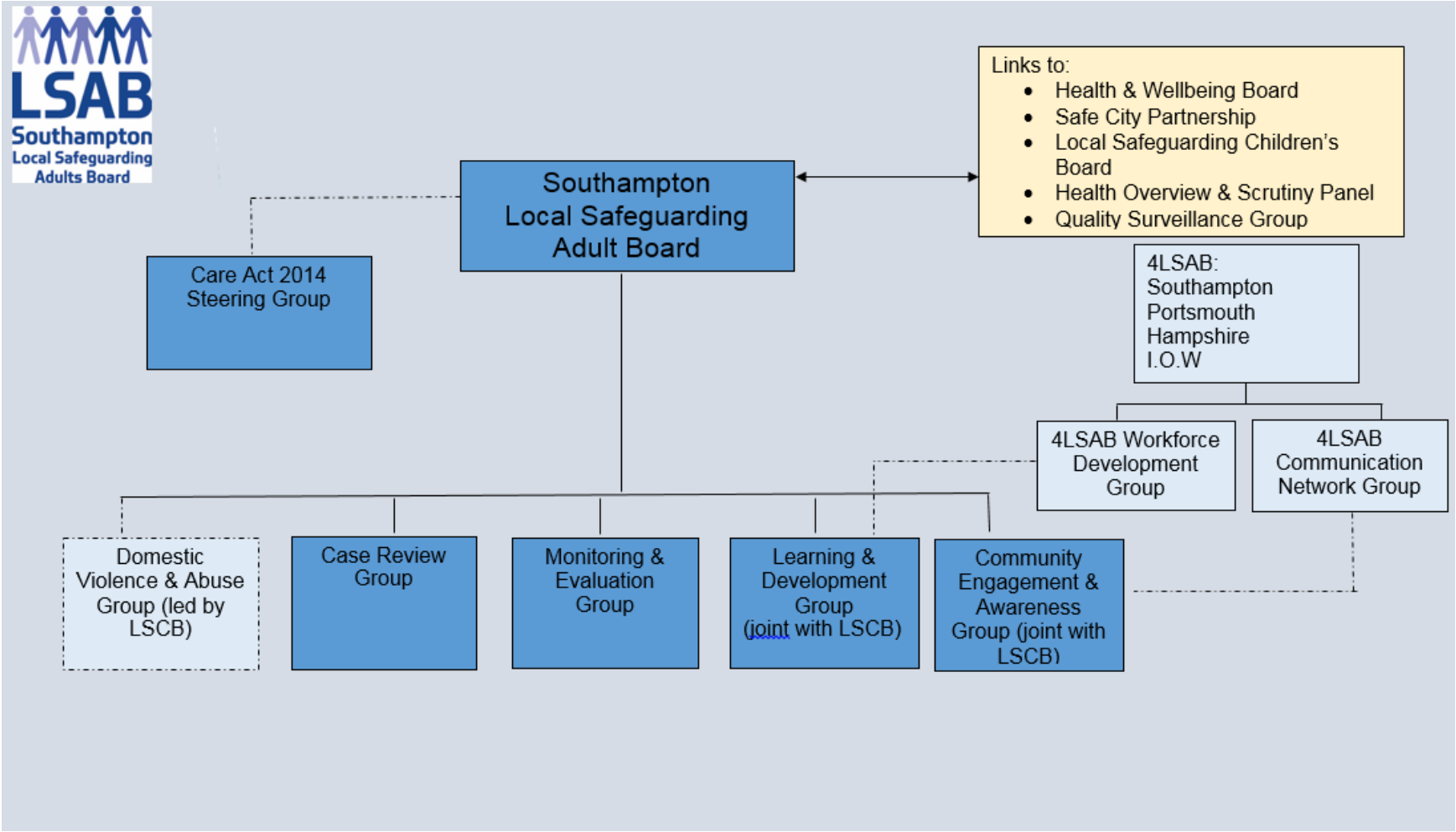
Priority 2: Make Safeguarding Personal (MSP) – to ensure that the principles are embedded in service provision.					
OUTCOME	**ACTION REQUIRED**	**BY WHO**	**BY WHEN**	**RESOURCE REQUIRED (£)**	**HOW WILL WE MEASURE SUCCESS?**
Adults at risk are safeguarded through interventions which are person centred and reflective of their views and needs.	Seek assurance through the LSAB quality assurance work that board partners are involving: • Clients • Family and friends where appropriate, safe, & at the agreement of the client In the process of safeguarding adults at risk.	*M&E Group*	*October 2015*	*Nil*	*Responses to I questions demonstrate increase in satisfaction with and success of interventions.*
	Ensure the principals of MSP are reflected in all 'levels' of learning and development work.	*L&D Group*	*June 2015*	*L&D Costs*	
	Deliver workshops to promote 'MSP' principals to workers in Southampton.		*September 2015*	*Venue cost Trainer cost*	
	Develop toolkit for multi-agency professionals to enable a person centred / MSP approach to safeguarding interventions, including: • Providing written information in appropriate and accessible formats, including community languages • Using BSL and community language interpreters appropriately • Identifying and responding to issues of capacity and mental health needs • Identifying and responding to advocacy needs • Encouraging (where safe and appropriate) friends, family and carer involvement.	*L&D Group* *L&D Group*	*December 2015*	*£2,000 for production and launch*	
	Deliver a campaign which will utilise MSP principles in prevention of financial abuse	*CEA Group*	*December 2015*	*As above includes materials*	
	Develop 'I' questions to be multi agency and person centred in design, and explore effective ways of collating responses.	*CEA Group*	*September 2015*	*Nil*	

Priority 3: Manage and monitor the impact of changes to services – seek assurance to ensure that austerity measures and changes to strategic and operational service provision are not impacting negatively on adults at risk of harm.					
OUTCOME	**ACTION REQUIRED**	**BY WHO**	**BY WHEN**	**RESOURCE REQUIRED (£)**	**HOW WILL WE MEASURE SUCCESS?**
Increased safety of adults at risk of harm, earlier in their experience through improved and clear information regarding services that provide preventative information and support.	Seek assurance that there are clear routes to information and advice services from across member agencies	*LSAB*	*Sep 15*	*Nil*	*Data showing success of interventions and levels of alerts / referrals for adults at risk.*
	Initiate a local campaign to advertise to the public when and how to raise alerts	*CEA*	*Dec 15*	*£1500 as above for MSP*	
	Seek assurance that informal carers have access to appropriate assessment, support and training to carry out caring tasks safely	*LSAB*	*Aug 15*		
	Seek assurance from member agencies undertaking operational redesigns in response to austerity measures, including: • Protective measures are in place where targets to reduce costs will result in increased use of less regulated provision, & that the LSAB is advised if any adverse impact. • Ensuring accessibility of services, specially Out of Hours (OOH) and crisis intervention	*LSAB*	*From June 15*	*Nil*	
	Request full details to main LSAB meetings of: • Deprivation of Liberty Safeguards (DOLS) activity • Availability of BIA across social and health care providers	*LSAB*	*From June 15*	*Nil*	
	Identify and develop a self-neglect tool kit to assist practitioners recognise and respond to neglect/ poor care, including self-care and map pathways for appropriate interventions.	*L&D*	*April 16*	*£1500 for materials and launch*	
	Request 6 monthly reports from the Clinical Commissioning Group and Integrated Commissioning Unit (CCG- ICU) alongside the Care Quality Commission (CQC) regarding work undertaken with health and social care providers regarding neglect	*LSAB*	*From Sep 15*	*Nil*	
	Request 6 monthly report from Acute Hospital Trusts to report on safe discharge practices.	*LSAB*		*Nil*	

Priority 4: Increase community engagement and awareness - to ensure service user's views influence services and that community's awareness of safeguarding is high.					
OUTCOME	**ACTION REQUIRED**	**BY WHO**	**BY WHEN**	**RESOURCE REQUIRED**	**HOW WILL WE MEASURE SUCCESS?**
Adults at risk are safeguarded at the earliest opportunity due to higher awareness of risk indicators and through coordinated action to respond to concerns.	Agree an annual multi agency community engagement and awareness plan Increase awareness of what constitutes 'adults at risk' of harm, include a focus on: • Younger adults • Local communication as well as national campaigns • Link to local sources of information (e.g. Southampton Information Directory – SID) • Use local radio shows and community links such as Unity 101 to regularly promote safeguarding issues and highlight 'what to do' if you are worried about someone. Utilise learning and development opportunities to promote key messages regarding 'safeguarding is everybody's business' as well as identifying and responding to adults at risk of harm. Engage with the local voluntary sector to deliver messages including; • Faith and community groups • Voluntary groups Agree an annual joint conference with LSCB / LSAB to focus on a cross adults and children's safeguarding issue/s Consult on this strategic plan with local service users and community groups.	*LSAB* *CEA* *L&D* *CEA* *Safeguarding boards Team* *LSAB*	*April 2015* *December 2015* *September 2015* *Nil* *December 2015*	*Nil* *Link to Priority 3.* *TBA proposals in development for L&D* *TBC*	*Responses to I questions shows increase in satisfaction with interventions* *LSAB is able to use community views to influence developments in provision.*

Priority 5: Make best use of local data and information – using service data and intelligence to inform our work and measure success.					
OUTCOME	**ACTION REQUIRED**	**BY WHO**	**BY WHEN**	**RESOURCE REQUIRED (£)**	**HOW WILL WE MEASURE SUCCESS?**
The LSAB understands the 'story' of local safeguarding services and makes informed improvements to enhance provision and ensure safety of Southampton residents.	Agree a quality assurance framework for the LSAB in Southampton that enables: • Information and data to be gathered in a systematic way • Data to compliment qualitative information submitted to the Board. Regularly analyse multi agency Safeguarding Adults data from all key board members. Continuously review data collection systems and develop these to effectively deliver data and performance information analysis as required. Ensure that statistical information is presented regularly to the LSAB main board in a meaningful and clear way to understand trends, quality and the performance of local safeguarding practice and inform developments and improvements. Ensure there is consistency in the use of terminology and language across the partnership (terms such as; alert, referral, concerns and enquiries). Identify issues for younger adults at risk – particularly through the transition from Children's Services to Adult Services. Identify links to University's in Southampton with a view to assisting the LSAB in evaluating its work and progress.	*LSAB* *LSAB / Safeguarding Boards Team* *M&E* *"* *"* *M&E* *M&E*	*April 2015* *From April 2015* *"* *"* *"* *September 2015* *December 2015*	*Nil*	*Data shows clear trends* *Clarity across partnership of terminology* *Data shows increase in safety* *Data shows improved timeliness of responses*

Southampton Local Safeguarding Adult Board (LSAB) Structure 2015-16



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