

Public Document Pack

Health and Wellbeing Board

Wednesday, 27th January,
2016
at 5.30 pm

Conference Room 3 - Civic Centre

This meeting is open to the public

Members

Councillor Shields
Councillor Jeffery
Councillor White
Councillor Lewzey
Councillor Chamberlain

Rob Kurn – Healthwatch
Kim Drake – Director of Children’s Services
Dr A Mortimore – Director of Public Health
Dr S Robinson – Clinical Commissioning Group
Dr E Mearns – NHS England Wessex Local Area Team

Contacts

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BACKGROUND AND RELEVANT INFORMATION

Purpose of the Board

The purpose of the Southampton Health and Wellbeing Board is:

- To bring together Southampton City Council and key NHS commissioners to improve the health and wellbeing of citizens, thereby helping them live their lives to the full, and to reduce health inequalities;
- To ensure that all activity across partner organisations supports positive health outcomes for local people and keeps them safe.
- To hold partner organisations to account for the oversight of related commissioning strategies and plans.
- To have oversight of the environmental factors that impact on health, and to influence the City Council, its partners and Regulators to support a healthy environment for people who live and work in Southampton

Responsibilities

The Board is responsible for developing mechanisms to undertake the duties of the Health and Wellbeing Board, in particular

- Promoting joint commissioning and integrated delivery of services;
- Acting as the lead commissioning vehicle for designated service areas;
- Ensuring an up to date JSNA and other appropriate assessments are in place
- Ensuring the development of a Health and Wellbeing Strategy for Southampton and monitoring its delivery.
- Oversight and assessment of the effectiveness of local public involvement in health, public health and care services
- Ensuring the system for partnership working is working effectively between health and care services and systems, and the work of other partnerships which contribute to health and wellbeing outcomes for local people.
- Testing the local framework for commissioning for:
 - Health care
 - Social care
 - Public health services
 - Ensuring safety in improving health and wellbeing outcomes

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

Southampton City Council's Priorities:

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

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.

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

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

Dates of Meetings: Municipal Year 2015/16

2015	2016
29 July	27 January
30 September	23 March
4 November	

CONDUCT OF MEETING

BUSINESS TO BE DISCUSSED

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

PROCEDURE / 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.

RULES OF PROCEDURE

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

QUORUM

The minimum number of appointed Members required to be in attendance to hold the meeting is 3 who will include at least one Elected Member, a member from Health and Healthwatch.

DISCLOSURE OF INTERESTS

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

DISCLOSABLE PECUNIARY INTERESTS

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

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

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

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

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

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

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

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

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

Other Interests

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

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

Any public authority or body exercising functions of a public nature

Any body directed to charitable purposes

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

Principles of Decision Making

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

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

In exercising discretion, the decision maker must:

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

AGENDA

Agendas and papers are now available via the Council's Website

1 APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)

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

2 STATEMENT FROM THE CHAIR

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 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)

To approve and sign as a correct record the minutes of the meeting held on 4th November, 2015 and to deal with any matters arising, attached.

5 LOCAL SAFEGUARDING CHILDREN'S BOARD ANNUAL REPORT

Annual report of the Independent Chair of the Local Safeguarding Children's Board, attached.

6 HEADSTART MODEL

Report of the Headstart Manager detailing the Headstart Model, attached.

7 CARERS STRATEGY

Report of the Director of Quality and Integration detailing the Carers Strategy 2016-20, attached.

8 BETTER CARE SOUTHAMPTON UPDATE AND QUARTER 2 PERFORMANCE

Report of the Director of Quality and Integration detailing the Better Care Southampton Implementation, attached.

Tuesday, 19 January 2016

Head of Legal and Democratic Services

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HEALTH AND WELLBEING BOARD
MINUTES OF THE MEETING HELD ON 4 NOVEMBER 2015

Present: Councillors Chamberlain, Jeffery, Lewzey and White
Dr Sue Robinson (Vice-Chair), Mark Howell, Rob Kurn and Andrew Mortimore

Apologies: Councillors Shields and Liz Mearns

DR SUE ROBINSON IN THE CHAIR

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

Councillor Lewzey declared a personal interest in that he was a Council appointed representative of Southern Health NHS Foundation Trust and remained in the meeting and took part in the consideration and determination of items on the agenda.

Councillor White declared that he was an appointed Member of the Health Overview and Scrutiny Panel and that in addition held a position of trustee at the Hampshire Autism Trust and remained in the meeting and took part in the consideration and determination of items on the agenda

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

RESOLVED: that the minutes of the Board meeting held on 30th September 2015, be approved and signed as a correct record.

22. **HAMPSHIRE FIRE AND RESCUE CONSULTATION**

The Board received a presentation from the Hampshire Fire and Rescue Service detailing the launch of the Future of the Fire Service consultation. In particular the Board noted that the Service would see a restructuring and widening of the role to incorporate more community/preventative work. Within Hampshire there were currently 75 large engines which would change to 25 large, 25 medium and 25 small response vehicles that would provide for flexibility and attendance by the correct vehicle response dependent on the type of fire/incident.

It was noted that in relation to community/preventative work the most vulnerable were the over 65's however there was also a role in relation to children and young people. The Integration Board strongly supported the proposals and would have oversight to ensure connectivity across agencies and the community. In relation to funding it was noted that discussions were taking place with the Local Authority, Clinical Commissioning Group and Health colleagues. Discussions were also taking place through the Local Safeguarding Adults Board regarding what would be a very useful service and fit within the wider part of the Care Act 2014 albeit any duplication of provision of services would need to be avoided therefore communication would be key.

The Board noted that responses to the consultation would be submitted on an individual basis in addition to the Board's response.

23. **HEALTH AND WELLBEING STRATEGY COMMITMENTS - PROGRESS TRACKER 2015/16 QUARTER 2**

The Board considered the report highlighting progress against the commitments in the Health and Wellbeing Strategy 2013 – 2016. The commitments formed the basis of monitoring success against the Health and Wellbeing Strategy and would inform the new Health and Wellbeing Strategy to 2025.

The Board noted the actions and updates on the following commitments:-

- 33 – focussed monitoring was taking place through the Ofsted Action Plan at the Corporate Parenting Committee. In addition the statutory reporting for care leavers was 18-21yrs however Southampton had now taken the approach to report on 16-21yrs;
- 41 – had been re-badged from green to amber as a result of a review of actions rather than them being more of an issue;
- 63 – IT issues were being resolved; and
- There were 12 ambers which had now been reported to the Board on two consecutive meetings therefore a meeting would be set up outside of the Board with the Assistant Chief Executive, Chair, Vice Chair of the Board and Andrew Mortimore, Director of Public Health.

RESOLVED:

- (i) That progress against the commitments in the Health and Wellbeing Strategy 2013-16 be noted; and
- (ii) That the further action to set up a meeting with the Assistant Chief Executive, Chair, Vice Chair and Director of Public Health to progress the commitments that have remained amber in the Health and Wellbeing Strategy 2013 – 2016 be approved.

24. **HEALTH AND WELLBEING STRATEGY: UPDATE**

The Board considered the report detailing an updated timetable for the development of the Joint Health and Wellbeing Strategy following the Board meeting of 30th September 2015 where members requested that timescales were extended to ensure meaningful consultation with stakeholders and the wider community.

RESOLVED: that the new timetable as detailed in Paragraph 7 of the report be approved subject to the inclusion of the final report being submitted to the Clinical Commissioning Group Board for approval in the revised timetable.

25. **HEALTHWATCH SOUTHAMPTON ANNUAL REPORT**

The Board considered the report detailing Healthwatch Southampton Annual Report for 2014/15 and proposals to set up a feedback link on all Health and Social Care providers in the City via software on the Healthwatch Southampton website.

The Board acknowledged and noted the following:-

- The Annual Report was well written and provided a sound overview of the work of Healthwatch;

- Development of strategic priorities would be taking place in the near future for the forthcoming year;
- Healthwatch would have a role in strengthening public involvement in the refresh of the Health and Wellbeing Strategy;
- Healthwatch were required to achieve a 5% in year saving and 10% in the forthcoming year;
- A stakeholder event on 3rd December would provide detailed information on the proposals to set up a feedback link on all Health and Social Care providers in the City via software on the Healthwatch Southampton website;
- Relationships would need to be developed with partner agencies to ensure timely involvement in any consultation processes;
- Children were not a feature within the report and feedback would be welcome particularly in relation to children with disabilities, LAC and care leavers; and
- The public's expectations needed to be managed more effectively in being able to understand what they could/could not influence.

RESOLVED:

- (i) That the progress and actions in the Healthwatch Southampton Annual Report 2014/15 be noted; and
- (ii) That the development of the proposal for Healthwatch Southampton to use feedback software on their website for Health and Social Care Providers in the City be supported subject to further detailed information at the stakeholder event on 3rd December 2015.

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Agenda Item 5

DECISION-MAKER:	HEALTH AND WELLBEING BOARD		
SUBJECT:	LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2014/15		
DATE OF DECISION:	27 JANUARY 2016		
REPORT OF:	INDEPENDENT CHAIR OF THE LSCB, KEITH MAKIN		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Sarah Lawrence	Tel: 023 8083 2468
	E-mail:	Sarah.lawrence@southampton.gov.uk	
STATEMENT OF CONFIDENTIALITY			
None.			

BRIEF SUMMARY

'Working Together to Safeguard Children and Young People 2015' statutory guidance directs that the LSCB produces an annual report providing a "rigorous and transparent assessment of the performance and effectiveness of local [Safeguarding] services". The report attached provides this assessment. Working Together requires that this report is submitted to the Chair of the Health and Wellbeing Board.

RECOMMENDATIONS:

- (i) To reflect on the key issues identified in the opening statement of the LSCB Annual Report (Appendix 1, page 4) from the Chair in relation to 'How safe are children in Southampton?'
- (ii) To receive the full LSCB Report and utilise the information contained within it to inform the health and Wellbeing Board's future work.

REASONS FOR REPORT RECOMMENDATIONS

1. The LSCB Annual Report contains significant information in relation to the local profile of children and young people and the outcomes for them. This is taken from analysis of local data compared to national and benchmarking data as well as details gained during the year from the LSCB Quality Assurance activities. As the Board will be aware, the LSCB gains themes for learning from case reviews and audits of cases as part of its statutory functions, as summarised in the report. This should be used as relevant by the HWBB to inform its future work.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. None.

DETAIL (Including consultation carried out)

3. Ofsted reflected that the previous LSCB annual report did not meet their requirement, as part of its judgement that the LSCB 'requires improvement' to be good. Since the time of the review by Ofsted the LSCB has made improvements to its systems for gaining assurance from local services including in the way that information and data is reported to the Board. This is now more effective in informing the boards work, which is reflected in the Annual Report. In September 2015, the LSCB approved this report alongside its Business Plan for 2015-18 and the Summary Documents all of which are attached and

are published online at (www.southamptonlscb.co.uk).

4. The Health and Wellbeing Board is asked to particularly reflect on the key issues identified in the opening statement within the report which is made by the Independent Chair, Keith Makin and to utilise this information in the development of the Health and Wellbeing Strategy and other issues it considers as part of its duties.
5. This statement is based on the finding within the report which include learning from case reviews and audits, and from the Ofsted inspection.

RESOURCE IMPLICATIONS

Capital/Revenue

6. None.

Property/Other

7. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

8. None.

Other Legal Implications:

9. None.

POLICY FRAMEWORK IMPLICATIONS

10. None.

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	All
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SUPPORTING DOCUMENTATION

Appendices

1.	LSCB Annual Report
2.	LSCB Annual Report Summary Sheet
3.	LSCB Business Plan 2015-18.

Documents In Members' Rooms

1.	None.

Equality Impact Assessment

Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	Yes/No
Privacy Impact Assessment	

Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	Yes/No
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Other Background Documents

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

Title of Background Paper(s)

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

1.		
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**Southampton
Local
Safeguarding
Children Board**



Annual Report

2014-15

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“The majority of children and young people in Southampton grow up happy, safe and well in secure families and communities”.



“We do however face some very challenging issues in the City which impact on our success in ensuring children and young people are safeguarded and their welfare promoted”.

How safe are Children in Southampton? Keith Makin, Independent Chair

The majority of children and young people in Southampton grow up happy, safe and well in secure families and communities. Unfortunately there are children and young people in the City that face significant challenges and risks in their lives. This report aims to highlight the key issues facing the children, young people and their families in Southampton and to comment on the quality of responses to safeguard these children by local services. The findings from this report have informed our Business Plan for the coming period of 2015-18 in order that we can address and seek assurance of the quality of responses in the city.

The LSCB experienced a period of review during early 2014/15, including inspections by Ofsted of the Local Authority and the LSCB. The Ofsted judgement was that both “required improvement” to be good, which reflected our own assessment prior to their time in the city. An outline of their findings is given later in this report these form part of our future business plan.

The LSCB has core statutory functions as detailed in Working Together to Safeguard Children 2015. During this year we have been able to fully develop our processes and systems to provide a view of strengths and weaknesses in the safeguarding system, I believe the benefit of this is now becoming evident. The LSCB has now received a full financial year of improved data reporting and commentary from Board members. This has improved the identification of safeguarding issues as they arise and enabled challenge in our board meetings. The work on this will further develop during this coming year with the recruitment of a time limited dedicated analyst post for the LSCB.

To compliment this we have received Section 11 (of the Children Act 2004) reviews from all partners with this statutory duty. In addition the LSCB also receives qualitative reports to our main board and sub groups on key priority areas that were highlighted in our business plan last year. This again has facilitated healthy challenge among partners in a much richer way than previously possible. I am confident through these that partners with the statutory duty under this legislation have the key processes in place to meet statutory duties, safeguarding children and young people and promoting their welfare. There are some themes coming from these for improvement as detailed later in this report, which I am, from the monitoring of actions, confident are underway. We have engaged with many service areas that have not been involved in this previously as part of our work to make safeguarding everybody’s business, for example this year having Section 11 Reviews from UK Border Agency and British Transport Police.

“We are hearing more clearly the voice of children and young people through our quality assurance activities”

We are hearing more clearly the voice of children and young people through our quality assurance activities - Single Agency reports for example are clearly evidencing some really interesting practice of engaging with young people on their experience of services particularly through the work of some Health Providers and Voluntary Sector and I am encouraged to hear of work to focus on youth engagement by the Local Authority in the coming year. Our Community Engagement Group has a clear plan of action led by very engaged professionals giving us clear channels of communication to and from families and children in Southampton.

The LSCB has delivered a schedule of multi agency audits this year to gain assurance and detail regarding the quality of safeguarding practice in the City. Two audits are completed and two are in progress at the time of writing. These have given us a range of areas for action and improvement, detailed later in this report. I feel we as a board are much more equipped using these mechanisms to comment on the quality of local practice and success of local service in keeping children and young people safe, the report that follows gives an assessment of this.

The LSCB logs all challenges that take place within the main board and sub groups and publishes these and subsequent actions within a ‘Challenge Log’ each quarter. This enables us to clearly monitor where challenges are made and action taken in response.

We have also strengthened links with other key strategic partnerships in Southampton – most notably the Local Safeguarding Adults Board, whom we now share management support with I am confident that this joint work will lead us to develop the ‘think family’ approach identified as learning for the city in recent work and also ensure we make best use of resources in partnerships. Our links with the Health and Wellbeing Board and Safe City Partnership with the city are also strengthening and I hope to ensure this good linkage develops to its full potential in the coming months.

One of our key statutory functions relates to reviews where things go wrong in often tragic cases involving children and young people in the city. Where this happens we as an LSCB are required to review the circumstances to establish if lessons can be learned to prevent similar situations in the future. During 2014-15 the LSCB published four serious case reviews which identified failings that occurred in a period from 2006 in Southampton services. The Board deeply regrets the failings across the system which have been identified, and I extend my deepest sympathy to the families involved.

The Board has this year received assurance from members on the key themes identified and all services involved have detailed action plans, with progress on these reported to the LSCB every six months. I am confident that these actions are being progressed and are resulting in improvements to the quality of provision in Southampton.

“I am confident that we are working much more safely to protect children in the city as a partnership”

The thematic issues identified in the reviews have influenced our work this year, assurance of work to address these issues has been sought and where needed led by the LSCB in terms of coordination, and will continue to be so. The LSCB continues to disseminate learning from the reviews and these have influenced our learning and development and quality assurance work. Particular areas of safeguarding concern and work which needs further focus as detailed later in the report.

“We face some very challenging issues in the City which impact on our success in ensuring children and young people are safeguarded and their welfare promoted”.

I am confident that we are now working much more safely to protect children in the city as a partnership. I am clear however that there is still work to do to embed further the learning from reviews and as such this will be a continuing priority for the LSCB in the coming period. One of the ways we continue to seek assurance is through reviews of services adherence to Section 11 of the Children Act – this report details later what we have learned from these, there are some key areas that I will continue to seek assurance of in the coming year. We have amended the Section 11 review template to ensure that key learning areas from Case Reviews is regularly assessed and that board members continue to be held to account for these at the Board level.

We face some very challenging issues in the City which impact on our success in ensuring children and young people are safeguarded and their welfare promoted. I particularly refer to a number of indicators that show poor outcomes for our children as detailed later in the report and some of the key indicators that reflect the complexity of issues that affect families in Southampton.

Southampton Local Authority has regularly reported an increase in the numbers of Children entering the safeguarding system through the MASH, to Early Help and also an increase in the rate of children requiring Child Protection Planning – 81 children per 10,000. This rising trend is reflected nationally with a 12% increase reported by Department for Education (DfES). This is double the national average rate and is also above the Statistical Neighbour rate. This shows a willingness to manage risk at this level and Ofsted found Southampton’s Thresholds to be fair. This volume has added pressure to the child protection system in the City and the LSCB is aware of the impact of increasing volume. The LSCB monitors relevant service data and seeks assurance from the Local Authority on action to manage the impact of this rise in demand.

Southampton also has a high number of Children that are Looked After. The Figure at the end of the financial year was 586, or 122 per 10,000 of the population compared to a national average of half of this. Again this is an area which needs focus and appreciation by the LSCB. While the high number provides assurance that thresholds for safety are being responded to, there are concerns regarding outcomes for children that become looked after if the turnaround time to permanence is long. This large number of CLA does also provide a

“Southampton has a high rate of reported incidents of domestic violence”

concern in terms of resources and pressures on the child protection system. I will continue to seek assurance and remain in oversight of any plans to address this rate to ensure safeguarding remains of a high priority in the work.

Southampton has a high rate of reported incidents of domestic violence – while this could be related to confidence in reporting which is of course a positive reflection of the responses that exist, we are clear in the LSCB that this has a very significant impact on the safety of children in the city. As a result the LSCB has this year led on awareness raising of the impact of domestic abuse on children and young people and delivered a very successful conference to that effect involving survivors and children and young people that have experienced domestic abuse in the planning and delivery of the event. The LSCB has also led a strategy group who have this year developed a clear action plan to tackle this issue and we will continue influencing and monitoring this working alongside Southampton Safe City Partnership.

“The challenge that deprivation and poverty presents will continue to increase and to challenge us as services in Southampton”

A specific challenge comes from the levels of deprivation and child poverty in Southampton which are higher than the national average. 24.9% of people in this area live in some of the most deprived areas in England and as a consequence nearly a ¼ of children live in poverty. While not solely a cause, this is a major factor impacting on neglect and abuse levels as evidenced in research. Neglect has been continually identified as an area of concern with 1 in 3 child protection cases including neglect as an issue. The LSCB has also led in coordinating work strategically and operationally in aiding to improve professional’s responses to this issue. This continues into the coming period.

Reflecting on continuing austerity measures affecting welfare benefits - a further £12bn of reductions are predicted, it is likely that numbers of children in poverty will rise in future. This is acknowledged by the Child Poverty Action Group who reports that child poverty is expected to rise by nearly a third in the decade to 2020. The challenge that deprivation and poverty presents will continue to increase and to challenge us as services in Southampton, and I will ensure this is a priority for the LSCB to monitor and evaluate over the coming years.

While I am assured of specific areas of concern highlighted in Case Reviews published this year there are ongoing challenges faced by services working to protect children. In particular the volume of concerns being considered by MASH, the complexity of issues in cases and size of families alongside the ongoing challenge of recruiting and retaining experienced professionals and managers has an impact in the city’s services and their responses. I feel the information we have scrutinised this year demonstrates how these factors contribute to pressures experienced at the ‘front door’ and in terms of the responses from universal, early help and child protection services. The outcomes for the children in the city are also showing the impact of the continued challenges faced as is demonstrated above.

"I am particularly impressed by the quality of provision by our Children

Centres, Early Years and schools".

Having considered the information presented to the LSCB in terms of Early Help and also Education & Early Years, I am particularly impressed by the quality of provision by our Children Centres, Early Years and schools in terms of the % ratings from Ofsted and attainment at Early Years, Key Stages 1 and 2.

Of concern in this area is the attainment of our pupils at Key Stage 4 which has reduced this year. Currently there is a 6.3% gap in Southampton compared to the national average of pupils gaining 5+ GCSE's at grades A*-C. This demonstrates a decline in performance on previous years and will continue to be monitored and assurance of action to tackle the problem sought.

"There are concerns in terms of the rate of total school attendance which is below the national average by some 25,000 school days"

The gap between disadvantaged pupils and others at Key Stage 4 level shows improvements and this year, taking Southampton slightly above the national average. In addition there was an increase in the percentage of Children Looked After attaining A*-C in English and Maths GCSE this year taking the figure 6% above the national average. This would indicate there is a trend in reducing the gap between these two groups and 'others' in terms of attainment. While this is an early positive indication the LSCB is aware that the rate of CLA succeeding in gaining A-levels is low. The LSCB will continue to monitor these trend and request detail of this through reporting of this academic years results.

The data reported to LSCB highlights that there are also particular concerns in terms of the rate of total school attendance which is below the national average by some 25,000 school days, this is an area that needs focus. School attendance is a way of ensuring children are safe and their welfare monitored. Attendance also has an impact on other key outcomes such as attainment and future employment as teenage conception for example. As such the LSCB will continue to monitor this in our quality assurance work.

"The percentage of young people not in employment, education or training (NEET) is below the national average".

The percentage of young people not in employment, education or training (NEET) is below the national average and the rate for our statistical neighbours, this demonstrates success which needs to be sustained.

Poor outcomes experienced by our children highlighted in the 2015 Child Health Profile for the City include the rate of teenage conceptions, admissions to hospital for alcohol related issues, self-harm and mental health which are also of concern. These demonstrate poor outcomes that are clearly not as we would wish for the Children and young people of the city and the LSCB recognises this. As such we will ensure a focus on seeking assurance of the actions being taken to address the gaps demonstrated in education attainment at Key Stage 4 and beyond and to raise attainment and aspirations of our young people in the coming period

“The LSCB has focussed on scrutinising responses to children and young people that go missing and / or are at risk of child sexual exploitation (CSE)”

and the LSCB will strive to challenge and highlight this key areas with strategic partners, professionals, volunteers and communities.

This year LSCB oversaw the development and launch of the MASH (Multi Agency Safeguarding Hub) in Southampton, alongside coordinated Early Help Services. Reports to the Board focused on key statistics relating to MASH and Early Help and this is a continued area for regular reporting to the LSCB. The Reports this year highlighted issues around engagement of adult focussed services— an area the LSCB raised and successfully sought assurance of - as a result adult services are regular participants and a specific role has been commissioned to link to drug and alcohol services. Other issues raised reflected the need for further analysis of data and information that is held by MASH. Reporting of application of thresholds developed by the LSCB has also formed part of this report and I have been assured of the success of this, however we will be seeking further assurance of this throughout the coming period and also have programmed a themed audit to identify this in particular in terms of Early Help.

“The complex and high level issues represented in this report have an impact on the level of responses that services can provide particularly in these unprecedented times of budget pressures in the public sector”.

In addition the LSCB has focussed on scrutinising responses to children and young people that go missing and / or are at risk of child sexual exploitation (CSE) through the work of the MET – Missing, Exploited and Trafficked Group. Through this the LSCB is seeking further assurance regarding the quality of return interviews and work by services to show how this information is fed in to future safety planning. The MET Group has recently reviewed its operational focused work and added a schedule of thematic quality audits in the MET area, these will be fed into the LSCB regularly this coming year.

The ADCS (Association of Directors of Children’s Services) reviewed of the quality of work in the City in responding to CSE which they found largely to be good. Some areas were highlighted as impressive to the review team and their findings aided in the direction of this work. I am particularly impressed by the dedicated Social Work roles focussed on improving responses and engagement with young people and their families alongside the linked development of a ‘CSE Hub’ led by Hampshire Constabulary. I look forward to the success of this being reported to the LSCB.

The LSCB has heard some details from key colleagues about work to prevent violent extremism and will seek assurance further on this in future. Of particular focus will be the City and Local Authority response to the recently introduced Counter Terrorism Act. Safeguarding is a crucial element of the Prevent work in terms of young people’s potential exploitation and we will seek to ensure leadership on this issue with other key strategic groups and partnerships.

The performance of the city in reducing reoffending rates within YOS is an indicator of outcomes for children and young people, linked again to aspirations and a has also shown a

"I am confident [of the] continued commitment to improvement at some points in the child's journey however there are areas under pressure as a result that need our collective focus"

decrease and at year end this had for the first time gone below the national average. There is still a concern relating to the rate of first time entrants to the youth justice system as this is still significantly higher than the national average and as such will remain an area for the LSCB to monitor and evaluate the success of work to address this.

The complex and high level issues represented in this report have an impact on the level of responses that services can provide particularly in these unprecedented times of budget pressures in the public sector. Southampton has made a commitment to the safeguarding of children in its Local Authority, Health and Policing priorities which has been reflected in its continued level of resourcing these services. I am confident that the 'transformation' of local services in the last 18 months and a continued commitment to the issue has provided improvement to provision at some points in the child's journey however there are areas under pressure as a result that need our collective focus. The information in the report that follows details these areas and the outcomes impact they have. As an LSCB our role is to scrutinise and monitor this and I am confident our systems and partnerships with providers will enable the LSCB to do this and to lead the way in influencing future developments.

I am also concerned that we continue to promote a high level of commitment to safeguarding – both being 'everybody's business' and in terms of resourcing relevant provision and will therefore commit to keeping this as a priority areas for the LSCB in the coming years.

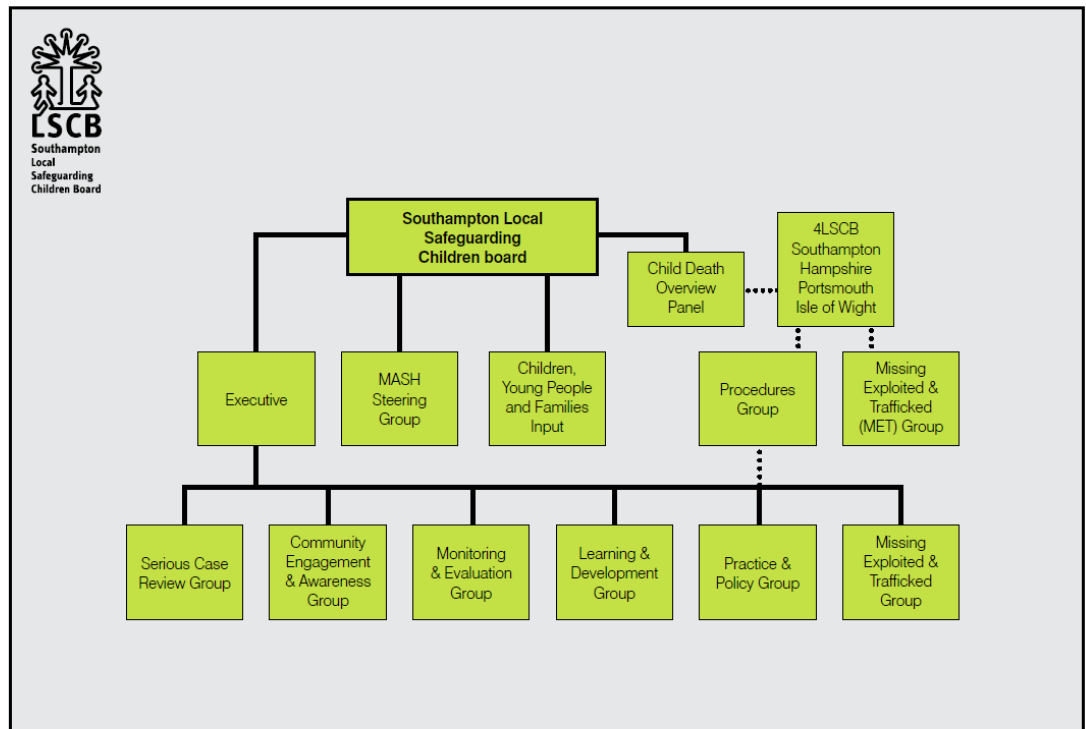


Keith Makin
Independent Chair
September 16, 2015

Introduction

Who are the LSCB?

Southampton Local Safeguarding Children Board (LSCB) is a statutory body that leads on keeping children safe and ensuring their wellbeing in Southampton. The LSCB is a group of agencies that work together to make sure that services in the city are working together to keep children safe. The LSCB must also continually check that what is done in Southampton works. For example, we try to make sure that the procedures we publish are clear and help staff and volunteers know what to do when they are worried about a child, or that staff and volunteers receive the training they need to undertake their roles. We focus our attention and efforts on a range of agreed priorities taken forward by 'sub groups' of the main LSCB. The structure used during this year is detailed in the following diagram:



For 2014-15 the LSCB had a Business Plan with 9 Priority areas of work, these were developed using key learning from Case Reviews, audits and other work areas.

All actions are either in progress or completed.

What did the LSCB do in 2014-15?

Business Plan Update

The LSCB has a Business Plan that details the work that will be done during a set period of time. For 2014-15 the LSCB had a Business Plan with 9 Priority areas of work, these were developed using key learning from Case Reviews, audits and other work areas. The full Business Plan document can be viewed on our website www.southamptonlscb.co.uk. Progress against the plan was reviewed in May 2015 at a special meeting of board members, this informed future business planning and determined the work of the board in the coming year/s. Any areas with incomplete actions have been indicated below and are carried forward or have been completed since that time. The Board acknowledged that the number of priorities should be reduced for the next Plan. A summary of progress against the priorities is below.

Following review of the plan, the LSCB has assessed that all actions are either in progress or completed. Any actions that are incomplete for the year end have been carried forward in the revised business plan for 2015-18.

Priority 1: Ensure a coordinated approach and response to;

- **Neglect**

Following findings from serious case reviews and a review of Ofsted's report "In the Child's Time" the LSCB commissioned immediate learning workshops and the development of a multi-agency Neglect Strategy and Toolkit for professionals. Work on this includes;

 - a. A task and finish multi agency group to develop the strategy and toolkit researching good practice in other parts of the UK
 - b. Development of a multi-agency data set focussed on neglect to aid in monitoring and quality assurance work of the board
 - c. Delivery of a learning workshop for professionals on identifying Neglect to be further delivered including a focus on dental neglect.

The strategy and toolkit are due to be published and fully launched alongside further specific learning events in the coming year.

- **Domestic Violence & Sexual abuse**

The LSCB has long recognised the impact domestic violence has as a safeguarding issue. Learning from the Child K serious case review highlighted the need for strategic leadership on this issue. The LSCB made a decision during this year to set up a time

Southampton as a city will not tolerate, excuse or ignore domestic violence and abuse.

limited strategic group to drive the development of a Strategy and Plan on this issue. The groups remit included strategic leadership also for sexual violence and abuse, forced marriage and so called honour based violence. Through this work the LSCB has:

- Had oversight of plans to integrate the MARAC (Multi Agency Risk Assessment Conferences) with the MASH (Multi Agency Safeguarding Hub) during this coming year
- Delivered a well evaluated cross partnership conference on the issue, sending out a clear message at the event that Southampton as a city will not tolerate, excuse or ignore domestic violence and abuse. The event included input from survivors including young victims of domestic and sexual violence and 6 local children and young people running a workshop

It has since been agreed that the lead partnership for this work is Southampton Safe City Partnership with reports on progress of key developments and the issue to the LSCB at least annually. All actions for this area in progress, where not complete these are monitored by the Safe City Partnership.

- **Missing, Exploited and Trafficked issues**

The LSCB agreed a three year multi-agency action plan for MET issues embracing learning from other areas case reviews, locally identified issues as well as guidance from national bodies. The plan is available on www.southamptonlscb.co.uk . This is monitored and evaluated by the MET Strategic Group. Ofsted identified clear areas for improvement in terms of the LSCB role in monitoring responses to children and young people that go missing which has also informed the plan. The implementation of the plan this year has included:

- Quarterly MET performance monitoring of local data including indicators and commentary regarding missing children and the quality and success of return / safe and well interviews carried out with young people that go missing from home or care.
- Learning workshops and training on Child Sexual Exploitation (CSE) – attended by at least 180 professionals to the end of the year, planned further regular sessions.
- Chelsea’s Choice (an acclaimed theatre production) performances in 3 local secondary schools and evening sessions with community members early in 2015-16
- Steering of work by the MET Operational Group.
- ADCS (Association of Directors of Children’s Services) Peer Review of CSE delivered and used findings informed future work

180 professionals attended learning workshops regarding identifying and responding to Child Sexual Exploitation.

A 'how safe do you feel?' survey with target groups of children and young people....told us generally they felt safe however there were some areas linked to the environment and community that impacted on this feeling and perception for example police presence, safety on street, lighting and CCTV.

- Established links with Youth Offending Services, considered links to exploitation of young people due to serious and organised crime
- Oversight of work to develop a CSE Hub in Southampton MASH.
- Planned workshops regarding human trafficking for 2015-16

Priority 2: Enable the voices of children, young people and families to be at the centre of the work of the LSCB

The LSCB delivered a survey 'how safe do you feel?' with target groups of children and young people including those that are looked after and using local counselling and support services. This told us generally that those completing the survey felt safe however there were some areas linked to the environment and community that impacted on this feeling and perception for example police presence, safety on street, lighting and CCTV. Findings from this were fed to the Safe City Partnership for consideration in their strategic plan and have informed the work of the Board as relevant. The LSCB continues to explore options for developing regular consultation with children and young people in the widest sense possible. An work area being developed is to arrange 'back to the floor' activities for board members to link with key groups of children and young people in the City. The LSCB shares a Community Engagement and Awareness Group with the Local Safeguarding Adults Board. This group leads this area and will link to other surveys and work happening within local services and partnerships. The Community Engagement and Awareness Group has also:

- Agreed a Community Engagement and Awareness Raising strategy
- Provided coordination of local multi agency work to engage with communities and individuals on safeguarding issues
- Involved young people in the recruitment of Lay Members
- Developed a calendar of events to coordinate awareness raising work
- Identified key areas for further awareness raising and engagement work within the partnership including E Safety, Anti Bullying and Child Safety Week.
- Linked with key community champions and groups to raise awareness
- Delivered 4 newsletters during the year to raise awareness of local training, events and services as well as link to national updates see www.southamptonlscb.co.uk .

Priority 3: Ensure that the Board and partners, professionals and the community are: Thinking Family in approach to safeguarding – considering impacts of adult issues (substance use, alcohol, learning disability and mental health) and ensuring 'child first'.

A think family approach was identified as a key theme from learning in case reviews published during this year. The LSCB has this year carried out the following:

- Coordinated support and work in both LSAB (Adults Board) and LSCB by developing one Safeguarding Boards Team
- Ensured that Adults Services are represented in the MASH service

The LSCB has created a 'Challenge' Log which highlights areas that are challenged or action

- Delivered Weekly Wednesday Workshops promoting a think family approach to learning opportunities – these are open to professionals in both adult and child focussed services
- Developed a set of supervision standards for key safeguarding services that include 'think family' approach, and assist in quality assurance activities
- Requested specific work to monitor the effectiveness of the 4LSCB Joint Working Protocol in key adult and children and family services
- Took strategic leadership of Domestic Violence issues and work given the impact on children and young people
- Ensured quality assurance scheduled work takes place with Substance Misuse services, alcohol Services and adult services mental health and learning disability provision.

Priority 4: Effective use of 4LSCB procedures

The LSCB shares an online repository of Child Protection Procedures with the 4LSCBs in Hampshire, Portsmouth and Isle of Wight. The effective use of these procedures was highlighted as key learning from serious case reviews, which found the procedures themselves were fit for purpose but knowledge and application of these were not always apparent. Since that learning the LSCB has led delivery of learning workshops to highlight key themes from serious case reviews particularly:

89% of challenges were completed and 11% (4) were outstanding but with action in progress.

- Strategy Discussions / Meetings and S47 enquiries
- Core group & Child Protection Conferences
- Escalation – resolving professional disagreements

Application of the procedures for the above continue to be the focus of the LSCB quality assurance work and auditing by the LSCB, further details can be found later in this report.

The LSCB has created a 'Challenge' Log which highlights areas that are challenged or action that is requested by Board members and in sub groups of partner agencies. This keeps a log of action that is suggested and how this is progressed and completed and is published online every quarter. During 2014-15; 37 Challenges were made at main board and sub groups, 89% completed and 11% (4) were outstanding but with action in progress.

The LSCB has also focussed on ensuring appropriate and safe rapid responses to child death and effectiveness of CDOP processes, both areas are have been reviewed and work is in

The Chair of the LSCB has written to the Department for Education to highlight local learning from case reviews...in relation to Elective Home Education.

progress to improve these including revision of local procedure and regular training from key professionals.

The Board has through its Quality Assurance activity continued to seek assurance that commissioned services are adhering to safeguarding standards, the section 11 audit and review template has been updated to include a focus on services commissioned by the partners reporting to LSCB.

The LSCB has reviewed the current procedure for Electively Home Educated children and sought assurance from the Local Authority that as safe as possible pathway is in place to identify safeguarding concerns. The Chair of the LSCB has written to the Department for Education to highlight local learning from case reviews that indicate arrangements for EHE within the statutory national framework do not aid in local services safeguarding children.

The LSCB has also ensured that key areas of procedures are highlighted in a core Learning and Development offer for local professionals working with children and young people which has included:

- Recruitment of expert trainer for Level 3 Safeguarding and refresher training
- Delivering in excess of 10 days of specialist workshops into key safeguarding issues and processes
- Delivered a full multi-agency training needs analysis with input from professionals and board members
- Established a multi-agency training pool to support delivery of local training.
- Quality assured single agency Safeguarding training to ensure it is covering key learning issues for Southampton.

The LSCB recognised a need to increase focus on diversity issues in responses as well as in terms of the LSCB in its own work which continues to develop.

Priority 5: Recognise and respond to the diverse population of Southampton in the work of the LSCB

The LSCB recognised a need to increase focus on diversity issues in responses as well as in terms of the LSCB in its own work which continues to develop. During this year the LSCB has:

- Ensured learning opportunities from SCR's emphasised that race and culture do not outweigh responsibility to safeguard children and young people – reinforcing the message that it is 'children first'.
- Delivered a focussed LSCB workshop for Board members regarding diversity – to boost LSCB knowledge and understanding of Southampton population and safeguarding issues
- Ensured that the profile of the city is reflected in engagement work with families
- Developed a 'task and finish' group to assess current provision in relation to Female Genital Mutilation (FGM) and identify a work programme to scope and address this issue.

Safeguarding is everybody's business

- Identified strategic leadership and action relating to so called Honour Based Violence and Forced Marriage through domestic violence focussed work.

Priority 6: Reinforce 'safeguarding is everybody's business'

The LSCB continues to reinforce this message in learning opportunities and in community engagement and awareness raising activities as detailed above. There is still work to do, this continues to be a priority area of work for the LSCB.

The rising number of looked after children in the City and the outcomes for the children and young people in this cohort continues to be of concern.

Priority 7: Raising aspiration and closing the gap for Looked After Children

During 2014-15 the LSCB has received information and sought assurance from the Local Authority and its partners regarding responses and work to address this area. The rising number of looked after children in the City and the outcomes for the children and young people in this cohort continues to be of concern. The LSCB will continue to seek assurance of action to address this. Reports to board this year included:

- Corporate Parenting Board Annual Report
- Reports regarding attainment including LAC at each of the Key Stages in Education (reported later)
- Reports regarding attendance rates – including reports of Children Missing from Education.

Priority 8: Raise awareness of key child safety issues

This is linked to the priority areas detailed above, the LSCB has identified key priority areas for awareness raising using evidence from local data, and learning from case reviews and ensured a coordinated plan to ensure awareness is raised. This work is jointly delivered with the Local Safeguarding Adult Board and Public Health colleagues. The LSCB has focussed this year on linking with national campaigns and Public Health to deliver messages locally including promotion of Child Safety Week other key national awareness raising activities. Plans are in place to deliver a range of community focussed work during Child Safety Week and also Anti Bullying Week.

The LSCB has received 14 Section 11 Audits this year from services with a statutory duty as set out in Working Together to Safeguard Children 2015.

Priority 9: Measuring success and evaluating outcomes

The LSCB has published a Quality Assurance Framework which details the activity undertaken to deliver this area of work. The LSCB receives section 11 reviews from all statutory board members at least annually and requests an update on any suggested actions as follow up every 6 months. This role is delivered by the Monitoring and Evaluation Group of the LSCB. In addition the LSCB has;

- Received 14 Section 11 Audits this year from services with a statutory duty as set out in Working Together to Safeguard Children 2015 – and follow up every 6 months where action is needed to meet the requirements of this.

The LSCB has received findings from thematic audits and reports from statutory services. Details of the findings and themes are given in the sections that follow.

- Delivered thematic multi agency audits (at least 2 per year) including Core Group effectiveness and a review of Child Protection Strategy and Enquiry Practice. The LSCB Monitoring and Evaluation group monitors progress against an agreed action plan. Learning from these audits is detailed in the following section.
- Received 6 monthly reports to the Monitoring and Evaluation Group from statutory services detailing work to improve outcomes and take action to address challenges and suggestions
- Scrutinised local data in relation to safeguarding children and challenged partners as appropriate on performance and improvement plans
- Participated in peer challenge with other strategic boards and partnerships including a ADCS Review of CSE and in delivery of a review of Kent LSCB

Further details of the LSCB Audit Work and Section 11 findings and themes are detailed in the sections that follow.

In addition the LSCB Chair meets regularly with Chairs of key partnerships in the City including presentation of Annual Reports with the local Health and Wellbeing Board, Adults Board and Community Safety Partnership to enable peer challenge between boards. The local authority has established a Children’s Scrutiny Panel, the LSCB Chair will attend planned focussed sessions during the coming year.

The LSCB Chair meets regularly with Chairs of key partnerships in the City.

The LSCB and its partners had implemented many improvements to services prior to the publication of the SCR reports, with further improvements being made to ensure that the circumstances are not repeated.

The Reviews found common themes which have been translated into action.

575 professionals attended learning events.

What has the LSCB learned this year?

Case Reviews

Where things go wrong the LSCB is required to review the circumstances to establish if lessons can be learned to prevent similar situations in the future. During 2014-15 the LSCB published four serious case reviews regarding the tragic circumstances involving families and children in Southampton. These were known as:

Family A
Child I and Child M
Child K
Child L

The reviews cover a period dating back to January 2006 – it is important to note that the LSCB and its partners had implemented many improvements to services prior to the publication of these reports, with further improvements being made to provision to ensure that the circumstances are not repeated. At the time of publication the LSCB outlined how we will work to maintain the highest possible standards and safeguard children in the future. The details of the reviews and improvement work can be found on www.southamptonlscb.co.uk.

The Reviews found common themes which have been translated into action by the LSCB. Below is a summary of the key areas highlighted. The learning from these reviews has been implemented in 65% of actions that are complete and 35% of actions are underway. – Full details of actions planned and undertaken can be found on the LSCB website.

At the time each review was published the LSCB held learning events to ensure professionals, and managers took action to address the issues identified in their own work. 575 professionals attended these in total.

- Using Child Protection Procedures Effectively

This was a common theme in SCRs and as such has been a priority area for the quality assurance and policy work of the LSCB.

The LSCB commissioned three thematic audits of cases during this year to test the quality of responses in some key areas identified in these SCR's. These were; a review of cases that were subject to Section 47 (of the Children Act) investigations, a review of practice where there were 'pre-birth' safeguarding concerns and an audit of Core Group work. As a result the LSCB has had some assurance of the issues raised, and has sought further work and

Themes identified in the SCR's that were published this year:

- *Using Child Protection Procedures Effectively*
- *Neglect*
- *Domestic Violence and Abuse*
- *Escalation*
- *Staffing and Supervision*
- *Thinking Family*
- *Diversity*
- *Elective Home Education*
- *Responses to Child Death.*

regular feedback on these key areas to take us further on the journey of continuous improvement.

- Neglect

Neglect has been a key theme in our SCR and audit work, it is a key safeguarding issue in the city, with 1 in 3 children on a Child Protection Plan in the City experienced neglect. The LSCB this year has led work to develop a city strategy and action plan and at the time of writing, is about to publish these, alongside a revised toolkit for professionals. This is a continuing area of concern and focus for the LSCB and partners.

- Domestic Violence and Abuse

This was particularly highlighted in the case of Child K. We have this year focussed on domestic violence and abuse as a key priority area. The LSCB alongside the Safe City Partnership has driven the strategic work in this area with a full plan being developed to improve and integrate responses into safeguarding and beyond and continues to play a major role in ensuring coordinated responses. The LSCB will continue to seek details and assurance to help eliminate this crime. We have also focused closely on Female Genital Mutilation to ensure guidance and protocols are developed that assist professionals in their work as well as building on existing good practice and expertise to raise awareness of this issue.

The LSCB also continues to learn about the quality of local practice and issues through reviews of cases that do not meet the 'serious' case review threshold. In Southampton we have delivered two such reviews during 2014-15 with learning disseminated and actions included in the plans for the LSCB and individual services. This highlighted learning detailed later in the report. These reviews were delivered in the context of history of involvement by services in the city at a time covered by the Serious Case Reviews

- Escalation

This was a theme identified in all recent SCR's. The LSCB considers effective challenge throughout the partnership to be a key factor in safeguarding and promoting the welfare of children and young people. Knowledge of procedures relating to challenge were not widely known or understood in Southampton during the period covered by the Serious Case Reviews and as a result of the reviews a range of activities have taken place during 2014 to address this. A LSCB procedure is in place to direct professionals on the course of action where there are concerns about the way a case is dealt with. The LSCB has ensured that the procedure is fit for purpose and being used by staff in Southampton through awareness raising and learning and development work.

- Staffing and Supervision

The LSCB recognises that safe and effective supervision is essential and has recently adopted core safeguarding supervision standards following learning from the SCR's. The LSCB requires all agencies to implement and provide evidence of progress against these standards and is progressing audit work as part of the Learning and Development Group agenda.

- Thinking Family

It is essential that agencies work holistically with families, including fathers in order to maximise the safety of children and young people. The LSCB is working closely with the Local Authority, Local Safeguarding Adults Board and its members to identify areas that can align to provide effective coordination and quality assurance of services working to safeguard children and their families. The LSCB continues to seek assurance from partners including the Local Authority that these recommendations are addressed.

- Diversity

The Family A SCR in particular highlighted the need for professionals to consider the needs of the child first, focussing also on cultural difference and diversity issues within the family. Stating that issues of race and culture should not outweigh the responsibility which we all share for the safeguarding of children. This is now clear in Level 3 Safeguarding Training Offered by the LSCB.

Since that time the LSCB has also identified the need to work more robustly to ensure that local professionals and services are able to respond to the cultural and diverse needs of families and children in Southampton. The LSCB has begun to develop this area and will ensure a continued focus to seek assurance of responses and to coordinate developments.

- Elective Home Education

This issue was particularly raised in the case of Family A and the LSCB has followed up on the issue with the DfE. The Chair wrote to ask for further clarity regarding the definition of "suitable education" in relation to children educated otherwise than at school and to ask the Department for Education to re-evaluate the evidence of safeguarding concerns for children who are electively home educated, including any Serious Case Reviews where this is a feature.

In addition the LSCB has been working with the Local Authority to ensure that local multi-agency guidance in respect of the safeguarding of children who are electively home educated is informed by the findings of this Serious Case Review. The LSCB is requesting agencies to consider ways in which they can increase the support they offer to children who are electively home educated, in the light of the issues arising from this review.

- Responses to child death

The LSCB also learns about the quality of local practice and issues through reviews of cases that do not meet the 'serious' case review threshold.

The LSCB accepts that during the timeframe of the reviews the rapid response arrangements were insufficient. The LSCB has been since assured that changes have been made to the arrangements and a revised 4LSCB procedure is in progress with training for professionals involved in the process. Southampton has a Designated Doctor for child deaths now in place.

The Board and all services involved have detailed action plans, with progress on these reported to the LSCB every six months. The learning from these reviews has been implemented in 65% of the actions for the LSCB as reported at the end of 2014-15, with the remaining actions all in progress.

The LSCB also learns about the quality of local practice and issues through reviews of cases that do not meet the 'serious' case review threshold. In Southampton we have delivered two such reviews with learning disseminated and actions included in the plans for the LSCB and individual services. These highlighted learning regarding;

- Consistency of protection of individual children from larger families where there are concerns regarding neglect or abuse of their siblings
- Awareness of 'fire setters' programmes offered by Hampshire Fire and Rescue services for young people
- The importance of considering the family history in the assessment of current risks
- Importance of recognising disguised compliance by parents
- Ensuring awareness of professionals to improve support for children and young people with acute medical conditions.

Multi Agency Learning events were held for these reviews, to ensure that this was direct and immediate.

Multi Agency Learning events were held for these reviews with the professionals and managers involved to ensure that this was direct and immediate. Further learning events are planned for areas requiring wider learning such as in terms of supporting children with acute medical conditions.

Child Death Overview Panel

Southampton shared the Child Death Overview Panel function and management with the 4LSCB's in Hampshire, Isle of Wight and Portsmouth. This allowed for shared resources and also learning across a larger area as is suggested in Working Together 2015. CDOP reports to the LSCB quarterly to identify any key learning, key issues or concerns and also provides details of the data relating to child death notifications and review status. CDOP reports more fully on an annual basis to the LSCB given that the wider area allows for richer trend issue analysis and feeds data to the national database held by Department for Education. Key learning for the 4 areas from cases reviewed during 2014-15 to be actioned is as follows:

CDOP reports fully on an annual basis to the LSCB given that the wider area allows for richer trend issue analysis.

- A piece of work to understand further the support teenagers are offered to manage their long term conditions as they transition from childhood.
- For perinatal and neonatal deaths there is a lack of information about the maternal care during pregnancy. Further work is needed with maternity units to ensure for perinatal and neonatal deaths that relevant maternal information is included on the CDOP form.
- The issue of suicide in young people is being taken forward through the Suicide prevention plan. This plan should be presented to the LSCBs in the Autumn
- Reinforce advice to parents regarding the risks of co-sleeping
- Better identification and support/referral for parents known to be using alcohol or drugs
- Review of education on road safety in schools
- Review of emotional support for young people in schools and through mental health services.
- Review of information sharing between professionals in families where risks identified.
- Ensure that Asthma plans in place for all children with asthma according to national guidance and shared with schools.
- Review of arrangements for transfer to specialist care with specific regard to the IoW.
- Review of paediatric expertise and capacity in primary care (currently being carried out in Portsmouth and SE Hampshire).

Multi Agency Audits

The findings from the Core Group audit in relation to the impact on children's outcomes of multi-agency interventions presented an improving picture.

Two Multi-Agency Thematic Audits have also taken place this year on the following topics, each has a dedicated action plan and is monitored either by the Monitoring and Evaluation Sub Group or the main LSCB:

Core Group

This audit took place in June 2014 and was delivered by local professionals from key member agencies. The aim of the audit was to establish the effectiveness of current core group arrangements in improving safeguarding outcomes for children and young people and their families subject to child protection planning. Whilst it looked at the efficiency of the Core Group in procedural and operational terms it also aimed to provide an understanding of the quality of the interventions led by the core group in influencing safety outcomes.

The findings from this audit in relation to the impact on children's outcomes of multi-agency interventions presented an improving picture, with some key areas for further development. It highlighted how positively rich multi agency involvement in the Core Group impacts on the quality and timeliness of intervention and improvements in outcomes for children and young people. Where multi agency involvement was limited, the core group and family showed less

It highlighted how positively rich multi agency involvement in the Core Group impacts on the quality and timeliness of intervention and improvements in outcomes for children and young people.

understanding of the risks posed by specific issues and this was clearly impacting on success of the core group in improving outcomes. There was in some cases a lack of involvement of key adult services where there were 'toxic trio issues'. The audit also identified low GP and Hospital representation in terms of attendance and of information fed into core group. Similarly Police information was not always clearly reported in. This impacted on quality and progress of the child protection plan where information from these would have informed the Group of subsequent issues or improvements that would have informed child protection planning. Ethnicity and other equality and diversity issues (child/ren and parents) were not always reflected within the Child Protection Plan.

There were missed opportunities for multi-agency interventions at an early stages within families, before child protection planning. This is reflective of the historical issues regarding lack of coordination of provision at this level. The audit team felt these cases highlighted further evidence of the need for the transformation work taking place within Children and Family services in the City.

There were also examples of strong quality practice demonstrated. In one case the audit team felt the recording was exceptional by the Lead Social worker. In others there were clear interventions in place that were reflected in updates to the Child Protection Plan and clear links in the Social Worker case notes back to the plan.

The majority of interventions audited were of a quality that led to improved safety and outcomes for the children involved.

Child Protection Strategy and Enquiry Practice

The LSCB commissioned this review using independent auditors. This took place in response to learning from SCR's that the enquiry process had not been sufficiently robust. The purpose of the review was to; evaluate the quality of child protection practice, explore the current involvement of multi-agency partners and the experience of families and to evaluate to what extent the child protection enquiry process has improved outcomes for children.

The review found a mixture of areas of good practice and areas for development.

The review found a mixture of areas of good practice and areas for development. The auditors were clear that the threshold for commencing a child protection enquiry is in the right place in Southampton. The review also found that the current balance between strategy discussions and strategy meetings does not cause concern however there was an issue regarding recording of strategy discussions.

The review found a need for organisation and clarity of documentation relating to enquiries to be improved and also to ensure that the relevant partner professionals are consulted in all such enquiries. The involvement of children, in terms of seeking their views is generally very good

The LSCB plans audit work in the following areas for the coming year:

- *Pre Birth*
- *Teenage Conceptions*
- *Early Help*

however the reviewers felt that the overall quality of the investigations does need to markedly improve. The reviewers in consultation with the LSCB made recommendations in relation to these learning areas which are being taken forward as an action plan led by the Local Authority, monitored by the LSCB.

Further multi agency audit work

The LSCB has undertaken delivery of the following audit work to be reported in the coming year:

Pre Birth Audit

To establish the level of multi-agency collaboration in relation to adherence to the LSCB Pre-birth protocol, quality of practice and joint decision making. Particularly focussing on:

- a) Involvement and collaborative working of multi-agency partners;
- b) Early identification and notification;
- c) Quality of the assessments, intervention and planning
- d) Experience of families
- e) How the process has improved the outcomes for the children involved.

Review of teenage conceptions that occurred among Southampton resident children (aged under 16 years) during 2013 to:

- a) Identify whether opportunities to safeguard children/young people had been missed
- b) Better understand circumstances and factors contributing to unplanned pregnancy to support future prevention activity
- c) Develop a clearer pathway for young people u18 years old who become pregnant.

Early Help Audit

The LSCB will deliver an audit of the quality of responses to children and young people supported at this level. The LSCB has considered and agreed this following the local Ofsted Review and "Early Help: Who's responsibility?". Learning from a local 'critical learning review' delivered by Youth Offending Service also reinforced the need for this. Plans for this are currently being made and the audit will be delivered in the coming year.

Section 11 Reviews

The LSCB has a structure in place to receive reviews from key services in Southampton who have a duty under Section 11 of the Children Act 2004. This places a duty on a range of

The Section 11

Audit process

identified some key

areas for

development that

these are being

progressed by the

relevant Board

members.

organisations to ensure their functions and any services that they contract out to others are discharged regarding the need to safeguard and promote the welfare of children.

The LSCB has received fourteen Section 11 reviews during the year, presented to the Boards Monitoring and Evaluation Sub Group with the Chair of the LSCB present. The meetings enable peer review and challenge. These included from:

- Southampton City Council:
 - Children & Family Services; including early help, social care, youth offending, education & early Years
 - Adults Services
 - Housing Services
 - Licensing
 - Sport, leisure and culture services
 - Public Health
- CAFCASS (Child and Family Court Advisory Support Services)
- Hampshire Constabulary
- Hampshire Probation Trust / Community Rehabilitation Company
- Home Office – Border Force
- NHS (including Southampton City Clinical Commissioning Group, Solent NHS Trust, University Hospitals (Southampton) NHS Trust, Public Health and Southern Health)

The LSCB receives 6

monthly updates on

action plans as a

result of Section 11

Audits.

Through this process the Chair and the LSCB has received assurance of local practice and process, and some key areas for development have been identified and are being progressed by the relevant Board members:

- a) A need to ensure across that all staff in these agencies are receiving safeguarding training at 'level 1' (see www.southamptonlscb.co.uk and the Learning and Development Strategy for details of the levels)
- b) Safer Recruitment Practice and related training, this is not necessarily in place across all partners and this needs to be rectified
- c) Agencies with commissioning responsibility weren't always aware that this duty applies in terms of the providers of services that they commission – therefore the Section 11 was not completed on that basis the first time.
- d) Knowledge of E Safety issues is limited and training on this is not always available
- e) Some services were not fully aware of their duty in terms however following this process it was clear that further understanding was present.

Ofsted saw evidence of many positive changes which should lead to improved safeguarding for children.

The learning above has informed action plans that have been developed by each service, progress against these are reported back to the group on a six monthly basis.

Learning from Ofsted

Ofsted inspected Southampton Local Authority twice in 2014, firstly in May 2014 and then again re visited in July 2014. At the same time as this, Ofsted reviewed the LSCB. They saw evidence of many positive changes which should lead to improved safeguarding for children. They judged that it was too early to see the impact of these changes and so said that overall the LSCB requires improvement to become good. This judgment matched the LSCBs own assessment of its stage of development. The Board is confident that it will make these improvements in the coming year to be 'good' and strives to eventually become outstanding in its work.

The full Ofsted report can be found online at www.ofsted.gov.uk for details. The recommendations for the LSCB are summarised as below:

1. Use management information systematically to understand trends, quality and performance
2. Annual report to provide rigorous assessment of quality of multi agency practice
3. Develop protocols and guidance to support response to Female Genital Mutilation (FGM)
4. Ensure coordination and improvement of responses to children that go missing from home and care
5. Regular audits to evaluate quality of practice (not just process)
6. Develop learning and improvement plans from multi agency audits & ensure implemented
7. Ensure experiences and views of children and young people receiving help and support are clearly understood by the board and action is taken in response.

All Ofsted recommendations are being actioned and are detailed in the LSCB Business Plan. At the time of writing all actions are underway and 26% of actions are completed.

All recommendations are accepted and the LSCB has integrated action within the refreshed Business Plan to ensure these are met. The LSCB monitors progress against these every 6 months at the main board meeting. At the time of writing all actions in response to the recommendations are underway with 26% of actions being complete.

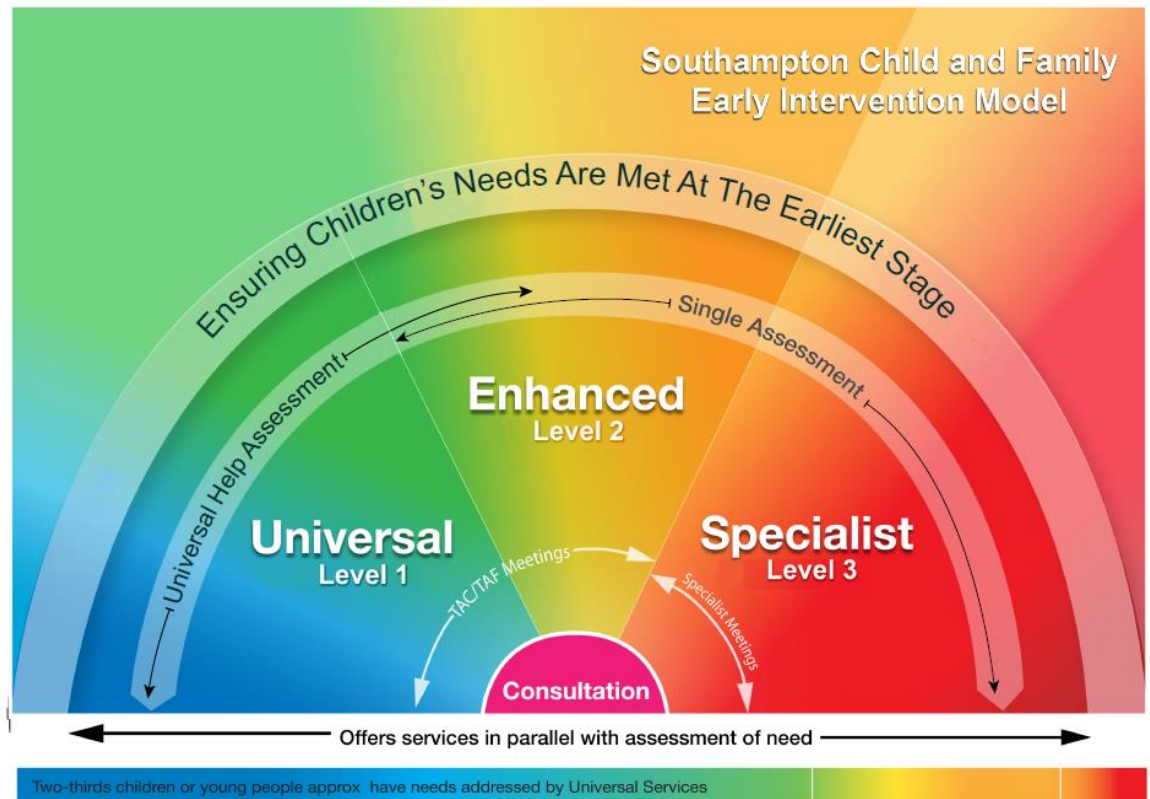
Ofsted deemed that the Local Authority Children's services in Southampton require improvement because:

1. Politicians have not been meeting their corporate parenting responsibilities to champion looked after children and care leavers and ensure that their needs are met.

2. Too many care leavers are not in education, employment and or training. Only three care leavers are currently in higher education.
3. Over 30% of care leavers are either not in touch with services or assessed as living in unsuitable accommodation.
4. Adoption is not achieved quickly enough for a small minority (17%) of looked after children.
5. Care plans for looked after children are neither thorough nor comprehensive and therefore are not effective in assisting practitioners in their work to ensure that all children's needs are being met.
6. The majority of looked after children do not receive good quality life story work.
7. Looked after reviews are too often delayed or not held at the right time
8. Arrangements to respond to children who go missing from home and care are not sufficiently robust.
9. Strategy discussions do not always include all appropriate agencies and are poorly recorded.
10. Case recording is often not sufficiently detailed nor purposefully linked to the care plan of the child.
11. The supervision of social workers does not consistently promote reflective practice
12. Performance management arrangements are not sufficiently focused on improving the quality of work with children and families.

The LSCB has received details of the Local Authority action plan in response to these findings and has requested regular updates on progress.

Outcomes for Children & Young People in Southampton



This section of the report focusses on analysis of the outcomes for Children and Young People in Southampton during the period 2014-15. It uses the format of The Southampton Child and Family Early Intervention Model and Threshold Document to explain this. The Threshold Document was adopted by the LSCB in 2014, it provides professionals in the City with a framework to identify when a child and their family may need additional support as well as giving examples of some of the indicators that could suggest support is needed. The Model reflects a continuum levels of support from Universal to Specialist Services. The diagram above represents the continuum of support demonstrated within the Model. The full document is available on the LSCB website www.southamptonlscb.co.uk.

Approximately 51,700 children under the age of 18 years live in the city. This is 21% of the total population in the area.

The proportion of children and young people whose first language is not English in primary schools is 25.3%.

Around 23.5% of children are living in poverty whilst the national average is 19.2%.

The health and wellbeing of children in Southampton is generally worse than the England average.

The information analysed in the section that follows has been selected from a data set presented at each main LSCB meeting during 2014-15. Statistical Neighbour and National Average figures have been used where available and appropriate to provide comparison.

What we know about Children in Southampton

The current population of Southampton is 245,300 of which 124,600 are male and 120,600 are female. Approximately 51,700 children under the age of 18 years live in the city. This is 21% of the total population in the area. (Mid-Year Estimate 2014).

Children and young people from ethnic groups account for 19.7% of all children living in Southampton. The largest ethnic groups of children and young people in the area are Asian or British Asian (2011 Census).

The proportion of children and young people whose first language is not English in primary schools is 25.3% compared to the England average 19.4% and in secondary schools this is 20.1% compared to an England average of 15% (LAIT Department of Education 2015).

Around 23.5% of children are living in poverty whilst the national average is 19.2% (Department for work and pensions 2012). The proportion of children entitled to free school meals in primary schools is 18.4% against a national average of 15.6%. (LAIT Department of Education 2015).

The LSCB receives details of the Child Health Profile for the city as this is published each year by Public Health England. The full report is available via www.chimat.org.uk –the headlines this year for Southampton are as follows.

- The health and wellbeing of children in Southampton is generally worse than the England average. Infant and child mortality rates are similar to the England average
- The rate of family homelessness is similar to the England average.
- Children in Southampton have worse than average levels of obesity: 11.1% of children aged 4-5 years and 21.5% of children aged 10-11 years are classified as obese. Assurance of work to tackle this will be sought from the Health and Wellbeing Board in the coming year.
- A similar percentage of mothers initiate breastfeeding compared with the England average, with 74.5% breastfeeding. However there is no data within the profile to suggest if this level is sustained at 6-8 weeks after birth.
- 16.4% of mothers in Southampton are smokers at time of the delivery of their baby compared to a national average of 12%, this is an area that will be explored further via links with the Health and Wellbeing Board.

A higher percentage of children (95.2%) have received their first dose of immunisation by the age of two in Southampton.

The rate of young people under 18 who are admitted to hospital because they have a condition wholly related to alcohol such as alcohol overdose remains significantly higher than the national average.

The area has a higher teenage conception rate compared with the England average.

- A higher percentage of children (95.2%) have received their first dose of immunisation by the age of two in Southampton.
- By the age of five, 90.6% of children have received their second dose of MMR immunisation which is higher than the England average.
- For Children in Care immunisation rates are lower. 68.1% are reported in this to have had up-to-date immunisations - significantly lower than the national average of 87.1% and highlighting a gap compared to 'other' children. The LSCB will monitor this and seek assurance from relevant partners and partnerships to ensure focussed action.
- The rate of young people under 18 who are admitted to hospital because they have a condition wholly related to alcohol such as alcohol overdose shows a reducing trend when compared to the previous period, however the rate remains significantly higher than the national average. Alcohol use and its impact is a focus of Southampton Safe City Partnership work and the LSCB will continue to seek assurance of the plan to address high levels among children. There are links demonstrated in terms of alcohol use in the data reported to the LSCB regarding sexual offences where the victim is under 18, the LSCB continues to focus on this through its Missing, Exploited and Trafficked Group and through data reported to the LSCB as detailed later in this document.
- The rate of young people aged 10 to 24 years who are admitted to hospital as a result of self-harm is lower this year than the previous period and is slightly less than the national average.
- In 2013, approximately 36 girls aged under 18 conceived for every 1,000 females aged 15-17 years in this area. This is higher than the regional average. The area has a higher teenage conception rate compared with the England average. This has influenced the LSCB audit plan for the coming year – teenage conceptions being a focussed multi agency activity (See "What has the LSCB learned" section).
- In 2013/14, 1.4% of women giving birth in this area were aged under 18 years. This is higher than the regional average. This area has a similar percentage of births to teenage girls compared with the England average and a higher percentage compared with the European average of 0.9%.

In terms of young people offending in Southampton the LSCB receives updates regarding first time entrants to the criminal justice system and re-offending rates.

While the figure is showing a reducing trend, Southampton has a higher rate of first time entrants aged 10-17 years than statistical neighbours and the national average. Per 100,000 of the population this stands at 533, compared to 426. The Southampton figure is a 45% reduction in comparison to the equivalent reporting period in the previous year. The national level has reduced by 15%.

Southampton has a higher rate of first time entrants to the criminal justice system than statistical neighbours and the national average.

35% of young people re-offend in 12 month period from original their offence.

Ofsted findings for Children's Centres place Southampton in the top 3 performing local authorities.

35% of Young people re-offend in 12 month period from original their offence. Again this is a reducing figure and below the statistical neighbour and national average, information from the lead officers for Youth Offending Service to the LSCB request that it should be noted this is in part due to a larger cohort of young offenders. In order to continue to address re-offending robustly, within the context of a smaller cohort with complex needs, the YOS continues to work closely with the Youth Justice Board. In 2015, specific areas of focus will be offending by the Priority Young People cohort (to support further reductions) and offending by 10 – 13 year olds. Data is reported for the most recent cohort which is published 12 months in arrears.

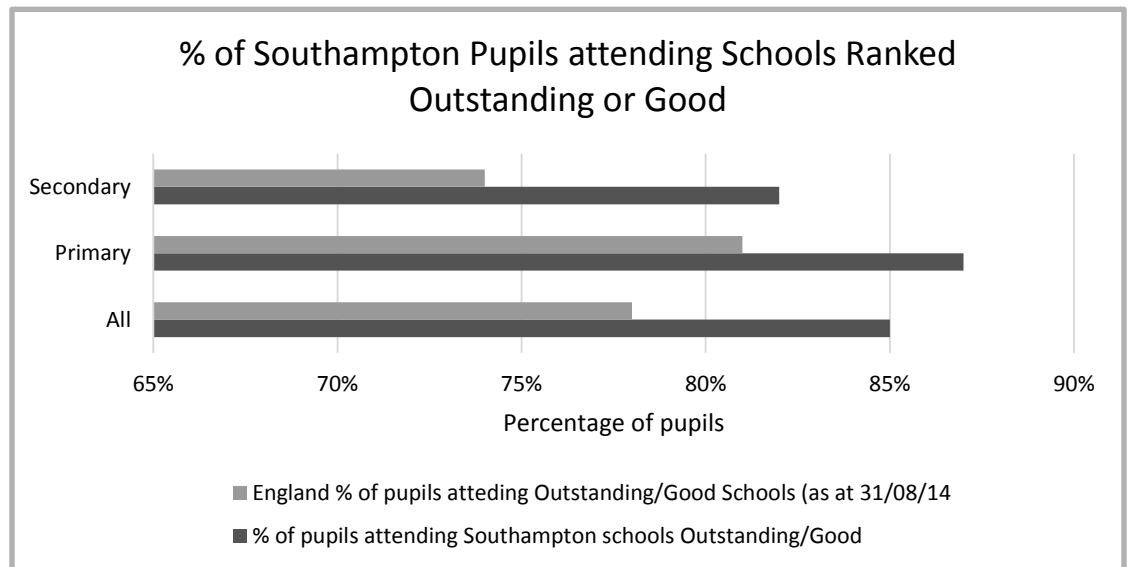
Universal Services

Early Years & Education

According to the SCC Children and Families Services Annual Report for 2014 the picture in terms of the standards of provision in this sector is improving and reassuring.

Ofsted findings for Children's Centres in the South East published in September 2014 place Southampton in the top 3 performing local authorities. All of the centres in the City have been rated either good or outstanding.

A high proportion of Early Years Providers are good or outstanding with none being rated as inadequate. 2014 was the second year of the new Good Level of Development indicator introduced by DfE, and 62% of children achieved this compared to a national average of 60%.



Children are achieving above the national average at Early Years Foundation Stage and at the national average at Key Stage 1. They are attaining beyond the national average at Key Stage 2.

At Key stage 4 there is a larger gap than previous years indicating a drop in performance compared to the national average of pupils gaining 5+ GCSE's at grades A-C.

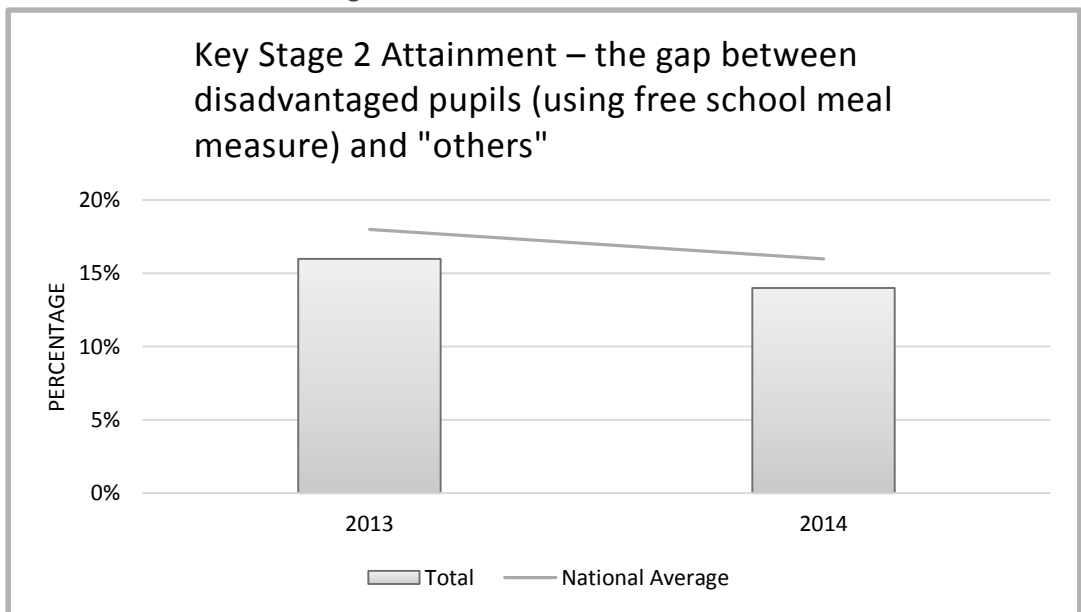
The gap between disadvantaged pupils and others at Key Stage 2 and 4 level however shows improvements and we are slightly above the national average.

86% of Southampton schools judged either outstanding or good with 85% of our children attending these schools, this is higher than a national average of 78%. In terms of Children Looked after (CLA) 71% attend an Outstanding or Good school in the city.

In terms of attainment there is a mixed picture in Southampton. Children are reported to be achieving above the national average at Early Years Foundation Stage and at the national average at Key Stage 1. They are attaining beyond the national average at Key Stage 2. For the second consecutive year Southampton's Key Stage 2 results have been above the national average which is something to be celebrated. This year Children in the city are 2% above the national average with 81% at L4+. As the graph above demonstrates there is a lower gap than the national average for disadvantaged pupil's achievement at Key Stage 2.

There are challenges in attainment of our children beyond this. At Key stage 4 there is a 6.3% gap in Southampton compared to the national average of pupils gaining 5+ GCSE's at grades A-C. This is a larger gap than previous years indicating a drop in performance.

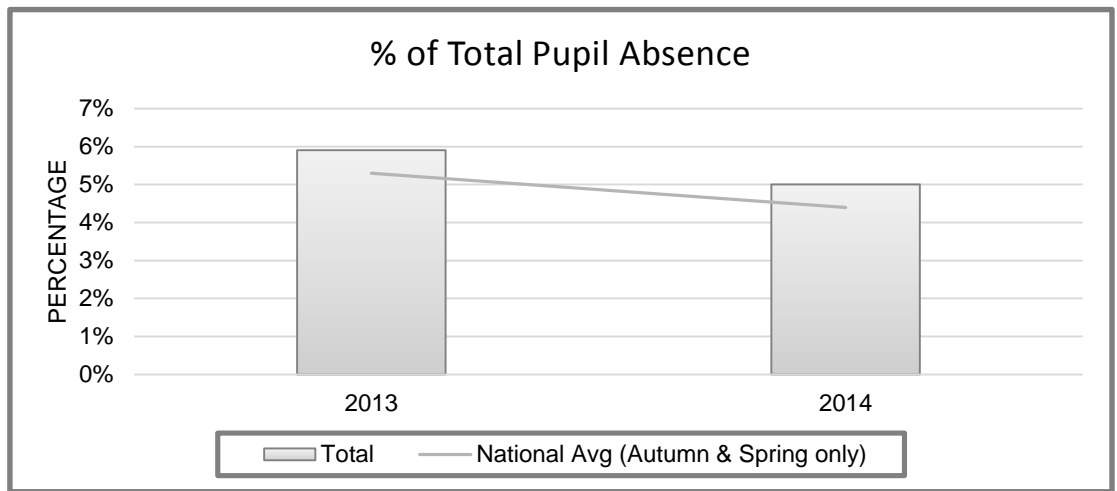
The gap between disadvantaged pupils and others at Key Stage 2 and 4 level however shows improvements and we are slightly above the national average, and there was a 10% increase in Children Looked After attaining A*-C in English and Maths GCSE this year taking the figure 6% above the national average.



There are particular concerns in terms of the rate of total school attendance.

Data reported to the LSCB highlights that there are particular concerns in terms of the rate of total school attendance. Southampton ranks as 139th worst out of 152 Local Authorities in this area. The rate in the city was 5% and attendance of an additional 25,099 days is needed to bring the rate up to the same level as the National average of 4.4%. The attendance rate is an area that needs particular focus, there are links to poor outcomes for children and young people and the LSCB will continue to monitor progress and data in this area.

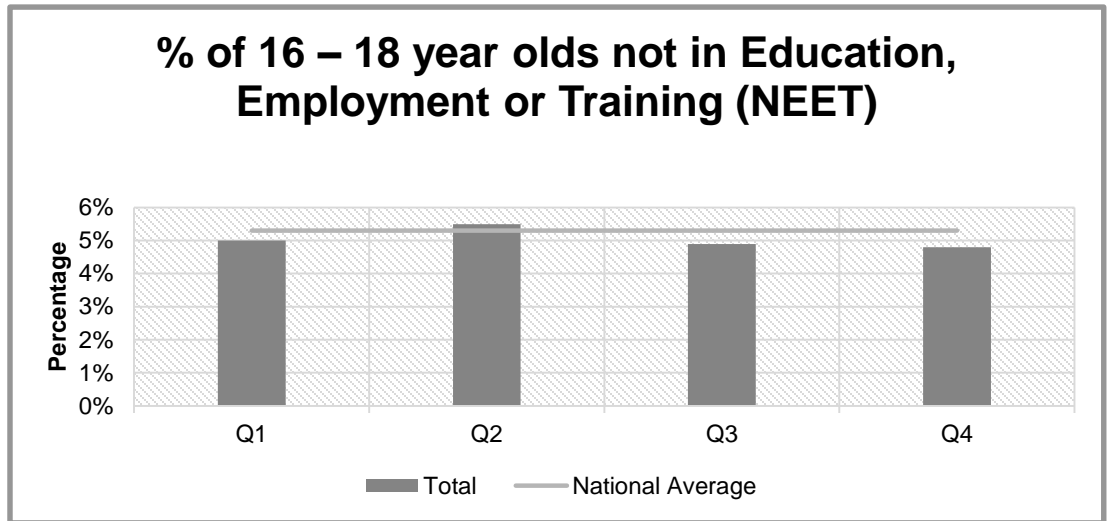
Southampton's Key Stage 5 performance is below the national average



Southampton's Key Stage 5 performance is rated in terms of points score per candidate in level 3 qualifications for students aged 16-18 years old at the end of A level study. This was 598.9 compared to a national average of 698.5 which is again below the national average.

The percentage of young people not in employment, education or training (NEET) demonstrates success which needs to be sustained.

The percentage of young people not in employment, education or training (NEET) is below the national average and the rate for our statistical neighbours, this demonstrates success which needs to be sustained.



The LSCB will continue to monitor levels of attainment and attendance as well as NEET figures in relation to areas highlighted above, this will be delivered via the priority area of the Business Plan for this coming year of *Ensure a focus on building resilience and raising the aspirations of children and young people in Southampton*. Details of how this will be progressed can be found in the Business Plan.

The focus of the LSCB Health indicators are regarding Health Assessments for Children Looked After.

Health

Southampton Health Services also submit quarterly data to the LSCB, in addition to the data analysed using Chi-Mat explored in earlier sections. The focus of the LSCB Health indicators are regarding Health Assessments for Children Looked After, which is detailed in the relevant section that follows. The LSCB plans to review indicators on the data set during the coming year which may lead to further Health issues being reported, potentially linked to the Joint Strategic Needs Assessment and Chi Mat Data.

Where there are safeguarding concerns

MASH

The LSCB oversaw the development of the Southampton MASH (Multi Agency Safeguarding Hub) during this period. Since its inception in March 2014 a 6 monthly report has been

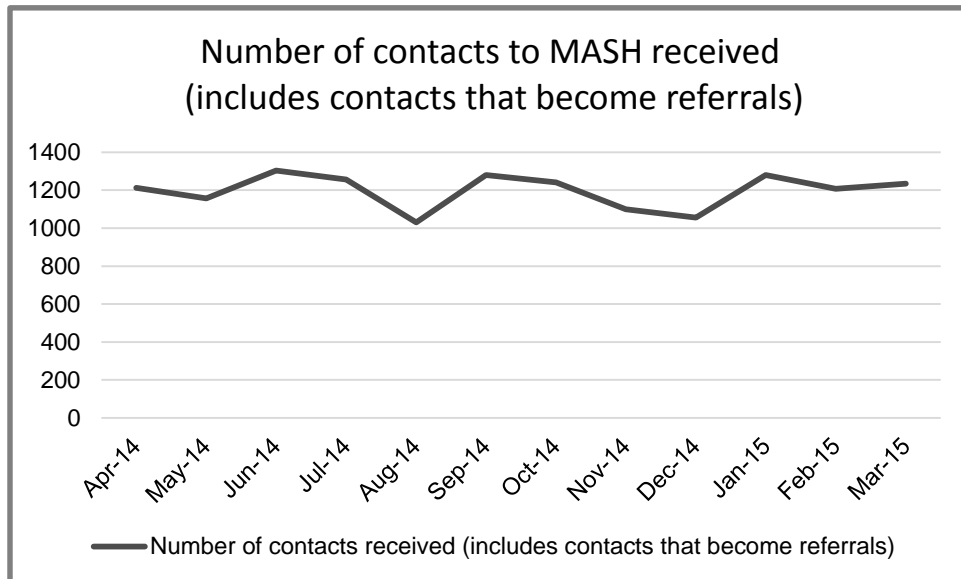
The LSCB has and continues to seek assurance of the MASH operation and the planned future developments.

requested by the LSCB which has covered data and performance information regarding the MASH and Early Help Service.

Children and Family Services has lead the development of the MASH which was positively viewed by Ofsted and is held in high regard by other areas who often visit to see it in action. The positive partnership working in the city is clearly demonstrated in the MASH with all key areas now participating and having dedicated MASH roles. The Local Authority has also taken steps during this period to develop linked multi agency responses to key areas. The MASH and Child Protection Teams have now been integrated in the service, and developments planned relating to embedding multi agency responses to Child Sexual Exploitation, linked to Hampshire Constabulary work on a CSE Hub and Domestic Violence (via a joined MASH and MARAC). Reports to the LSCB have highlighted issues around engagement of adult focussed services in the MASH, which has been resolved to some extent, and the need for further analysis of information that is held with the MASH. The LSCB has and continues to seek assurance of the MASH operation and the planned future developments. The LSCB is also seeking assurance of the future multi agency governance arrangements for the service.

In terms of volume the MASH received 19542 contacts about safeguarding concerns during 2014-15 averaging 1196 per month. This includes contacts that went on to become referrals to other Help and Protection services including Early Help. There was a peak in June 2014 of 1303 contacts received, this was shortly after the publication of 3 SCR's.

There was a peak in June 2014 in terms of the contacts received by MASH, this was shortly after the publication of 3 SCR's.

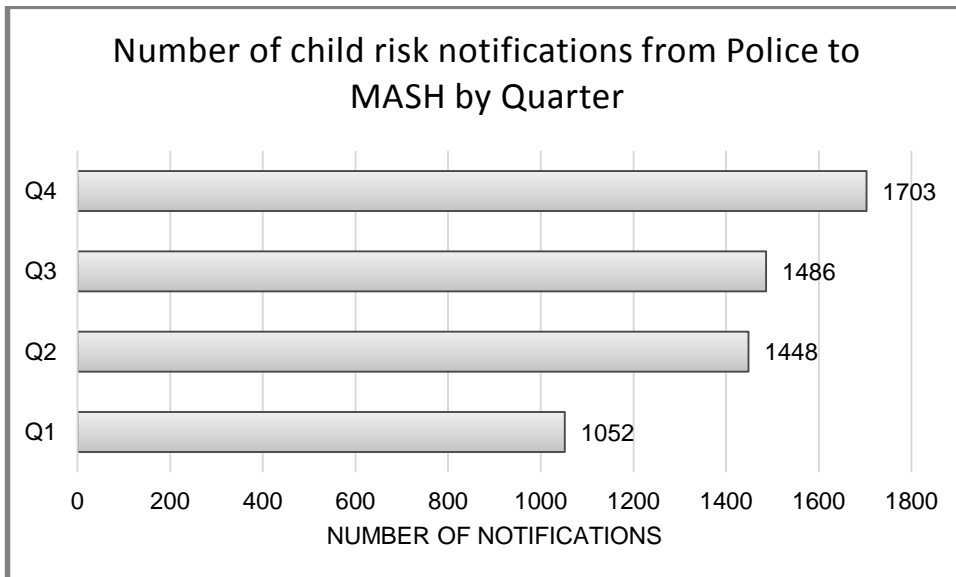


Ofsted were complimentary about the approach and integration of Families Matter to the Early Help team.

The service has picked up significant levels of new work as the increase in referrals to MASH have impacted on this area.

The LSCB has plans to carry out an audit of quality of Early Help responses for the coming year to assess the impact and quality of work.

The highest % of referrals to ‘front door’ services such as the MASH are reported by DfE to come from Police (around 25%) with Schools, Health services and Individuals / family being other main referrers. Locally notifications to MASH from Police have risen during this financial year as reported below. This demonstrates an increase in the number of contacts to MASH:

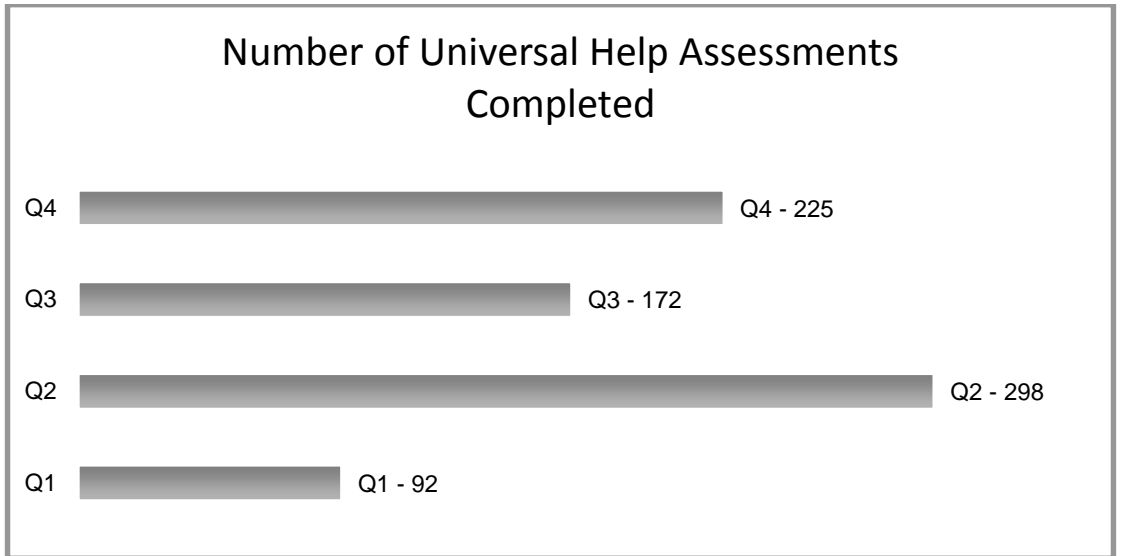


Early Help

Early help services were established as coordinated teams by the Local Authority in early 2014. This was in recognition of the need to shift work to more prevention and early intervention, as identified in SCR’s for Child L and Family A. The Early Help service includes multi agency teams. Ofsted were complimentary about the approach and integration of Families Matter to the Early Help team. The LSCB receives updates on progress of Early Help as part of 6 monthly reports from the Local Authority and monitors key indicator for this area as described below.

The service has picked up significant levels of new work as the increase in referrals to MASH have impacted on this area. The LSCB has plans to carry out an audit of quality of Early Help responses for the coming year to assess the impact and quality of work in this area. The number of universal help assessments completed below demonstrates those that have come through to Early Help teams which are multi agency through the MASH, work is progressing to identify further numbers of assessments that are completed by universal service providers. The data shows a peak in Q2, which correlates to a peak in contacts made to the MASH in June 2014 shortly after the publication of 3 SCR’s in the City.

This initial data suggests a higher than national average rate in terms of Children in Need.



Children in need of help and protection

The LSCB requests performance information from the Local Authority relating to Children In Need as follows:

Further detail of these indicators and analysis of this area will be sought in the coming period.

- Rate of Children in Need Referrals per 10,000 population

In quarter one the rate of referral per 10,000 was reported at 407. This was much higher than the national average of 332, nearer to our statistical neighbour average of 385. This item has not been reported since Quarter 1 due to data accuracy issues being investigated.

- % of referrals of children in need that are re referrals within 1 year

This item has not been reported this year due a review of calculation methods.

- % of children in need with a child in need plan

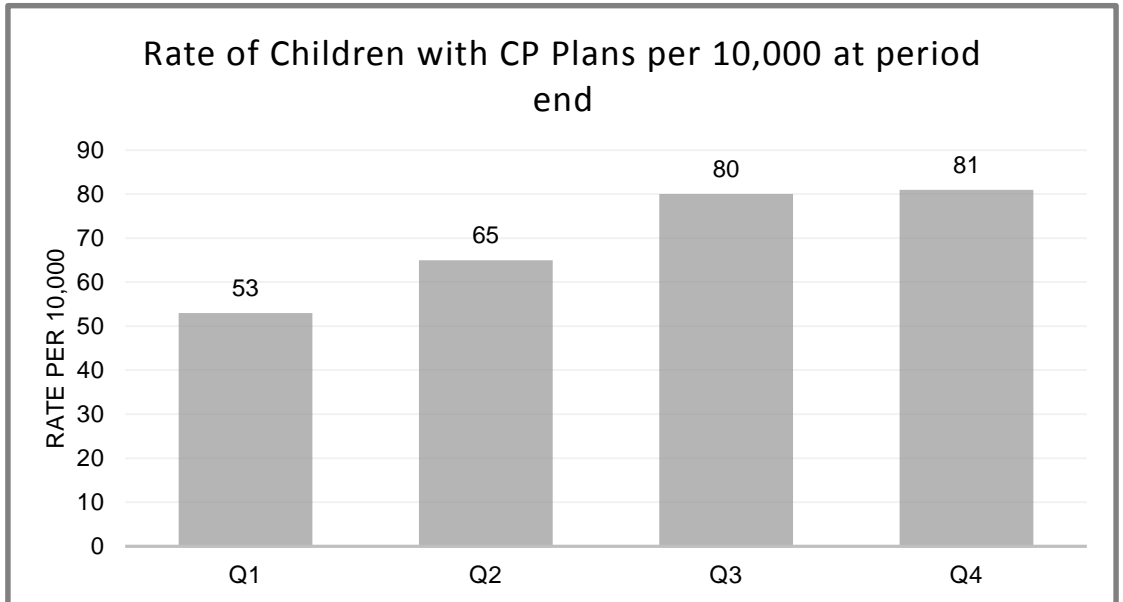
The percentage of children in need with a child in need plan was reported to be 95% in Q1 but similarly this figure has not been reported again due to data accuracy.

This initial data suggests a higher than national average rate in terms of Children in Need. Further detail of these indicators and analysis of this area will be sought in the coming period.

The rate of children on a child protection plan demonstrate an increasing trend, in Q4 this was more than twice the previous national average.

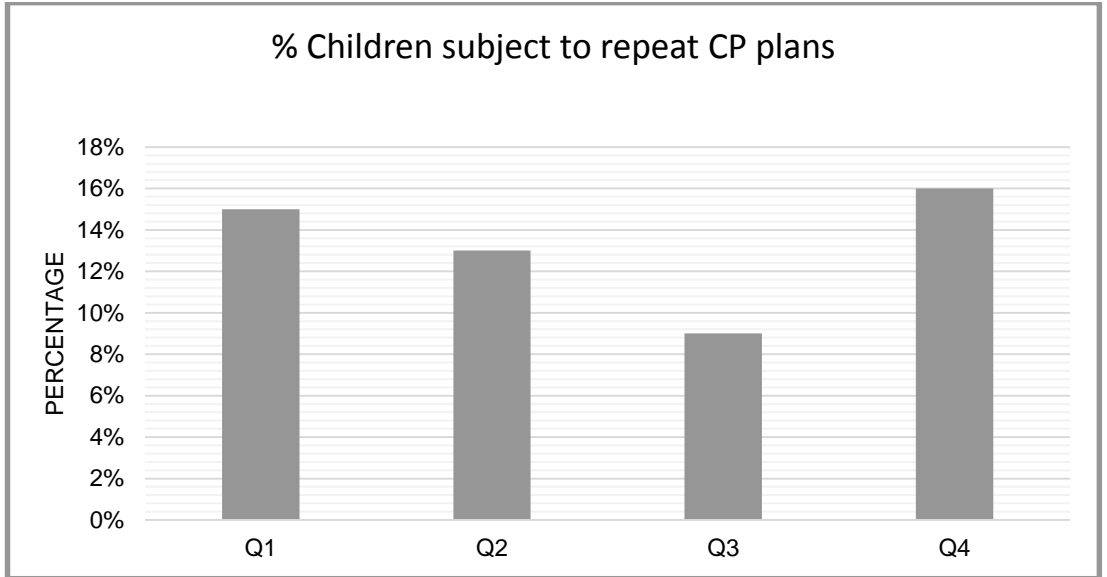
The percentage of children subject to repeat plans is close to the national average.

The rate of children with a child protection plan (per 10,000 of the population) is reported quarterly to the LSCB. The figures demonstrate an increasing trend, at the end of Q4 the rate had risen to 81 which is more than twice the previous national average (38), and higher than the Statistical Neighbour average of 52, it has been reported that DfE state a 12% increase has occurred from last financial year and so the comparator figures may change. The LSCB has acknowledged this high rate and seeks assurance and commentary on this from the local authority in terms of actions to mitigate pressures on the system and teams involved in



coordinating Child Protection Planning, and responses to this.

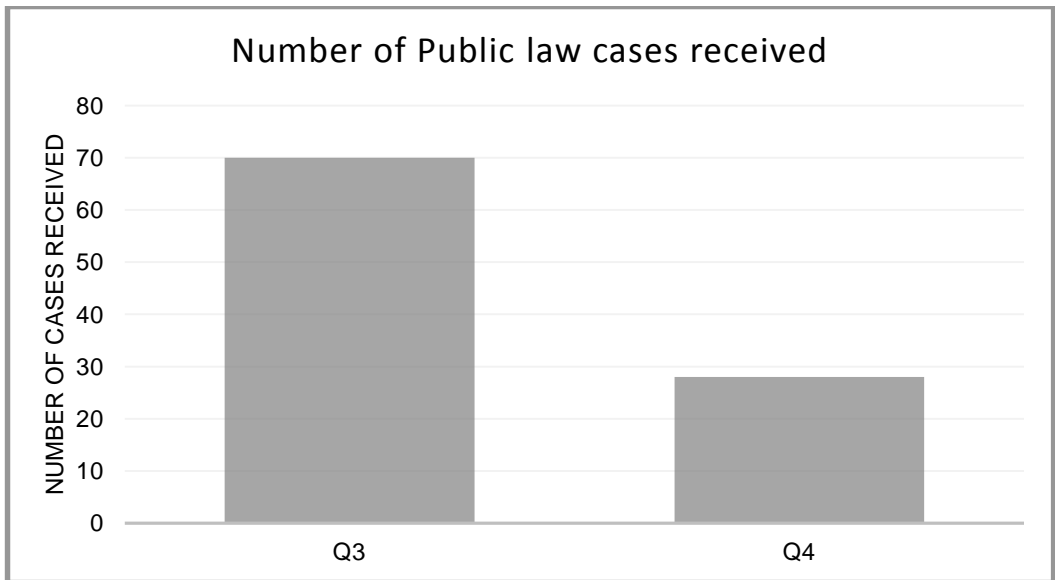
The percentage of children subject to repeat plans has varied between 9-16% which was the latest figure reported. According to the local authority there were several families with 3 or more children who returned on CP Planning during this time which caused a rise in the percentage. The figure is still close to the national average of 15%.



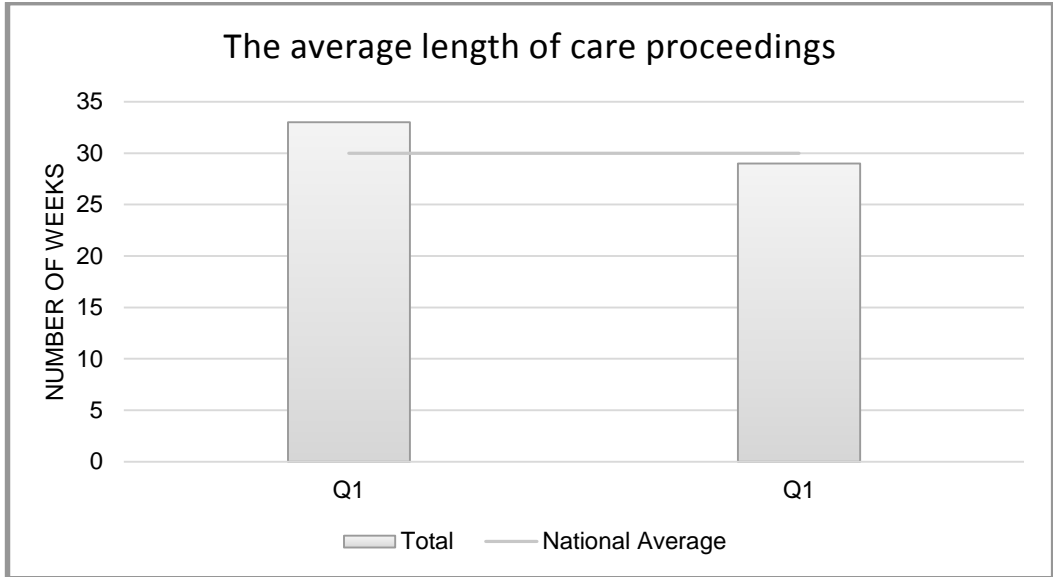
Local increases reflect national figures with the DfE reporting 5% increases each year in Children in Need (CIN), 12% increase in children on Child Protection Plans and increases in court applications.

In terms of public law family cases relating to protection, CAFCASS report for Q3 and 4 as below for Southampton:

Southampton has 39% of cases over the target of 26 weeks' timescale.



CAFCASS report also from Family Justice Board figures that Southampton has 39% of cases over the target of 26 weeks’ timescale. This compares to a statistical neighbour average of 23 weeks’ timescale. This is an area of concern that will continue to be monitored through the LSCB Data Set.



The LADO has delivered workshops via the LSCB to raise awareness of procedures to respond to allegations against staff and volunteers in Southampton.

Allegations against Staff & Volunteers

The LADO (Local Authority Designated Officer) reports annually to the LSCB, following this year’s report this indicator became part of the LSCB data set in Quarter 4, the figures below highlight the number of referrals and that 82% of these met the threshold for LADO. The LADO is employed by the Local Authority. There are no national or statistical neighbour comparators to use to analyse this figure. The LADO has delivered workshops via the LSCB to raise awareness of procedures to respond to allegations against staff and volunteers in Southampton.

Number of LADO referrals	72
Number of LADO referrals that met the threshold as a percentage	82%

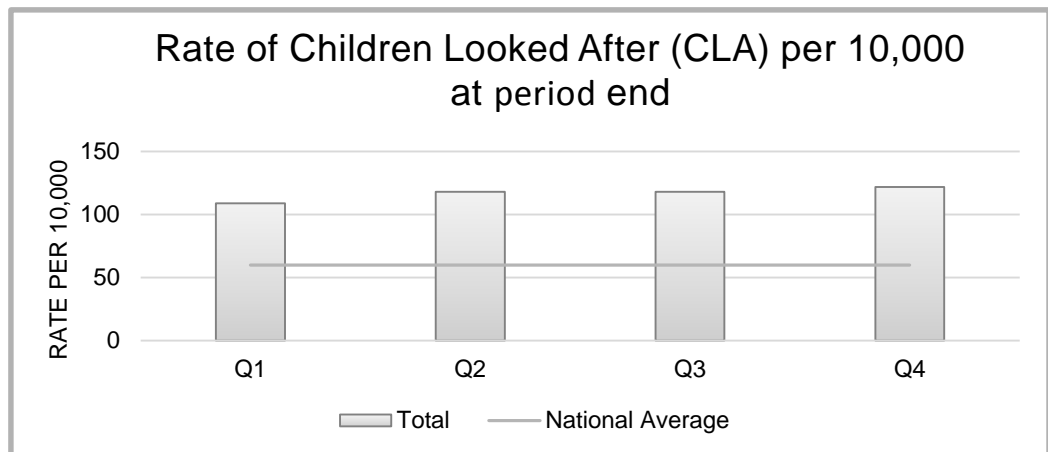
Southampton has a high number of Children that are Looked After.

586 Children, or 122 per 10,000 of the population the national average is half of this.

The LSCB will continue to seek further details and assurance of work in this area.

Children Looked After

Southampton has a high number of Children that are Looked After. The Figure at the end of the financial year was 586, or 122 per 10,000 of the population compared to a national average of half of this.



While the high number provides assurance that thresholds for ensuring children are safe are being applied, there are concerns regarding this particularly in relation to the length of time to ensure permanent safe arrangements are made. The outcomes for children that become looked after are poorer than the general population, this can be exacerbated if the turnaround time to ensure safe resettlement, or permanence is long.

The safeguarding of children and young people comes first. While the large number of CLA does also provide a concern in terms of pressures on the child protection system this would not be a reason to adjust thresholds, however the LSCB will continue to seek further details and assurance of work in this area particularly around timeliness and the Local Authority ability to respond to high numbers safely. The LSCB will continue to be part of plans to safely address the rate.

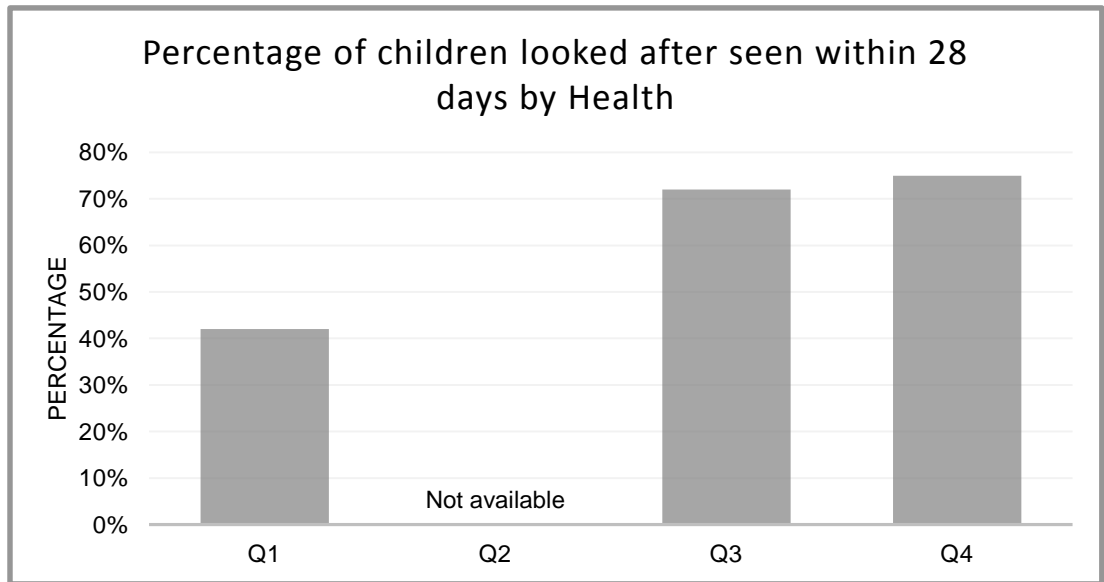
The impact on outcomes for children that are looked after by the Local Authority are generally poorer than for 'other' children, local data demonstrates this. For example:

- Immunisation rates are lower. 68.1% are reported in the Child Health Profile to have had up-to-date immunisations - significantly lower than the national average of 87.1%
- While there was a 10% increase in Children Looked After attaining A*-C in English and Maths GCSE this year there is still a gap that needs addressing. This gap extends passed Key Stage 4 onto the number of children that have been looked after attending further and higher education.

The impact on outcomes for children that are looked after by the Local Authority are generally poorer than for 'other' children.

The Child Health Profile for the City reports that infant and child mortality rates are similar to the England average.

In addition to the numbers and rate of CLA the LSCB also receives information to indicate the responses from Health, these relate to the number of children requiring health assessment and the number and percentage seen for this within 28 days. The performance in this area has improved, at the start of the year it was reported that 42% were seen with 28 days – this has now increased to 72%. The LSCB will continue to monitor this indicator in the coming period and seek a regular commentary from Health partners to explain this.



Child Deaths

Every child death is a tragedy and the LSCB has a role to ensure where appropriate that a review of the circumstances happens to gain learning where appropriate.

The Child Health Profile for the City reports that infant and child mortality rates are similar to the England average. The Annual Figures for CDOP including Southampton are given below:

Number of child death notifications for Southampton: 12

	Q1	Q2	Q3	Q4	TOTAL
Hampshire	16	10	19	11	56
Isle of Wight	1	2	3	0	6

Portsmouth	5	2	2	2	11
Southampton	3	4	2	3	12
TOTAL	35	32	32	21	120

	Expected	Unexpected
Hampshire	31	25
Southampton	6	6
Portsmouth	4	7
Isle of Wight	4	2

6 Child Deaths were expected and 6 were unexpected, of these CDOP reports 28% had modifiable factors. Learning in this period are reported in the earlier section of this report.

At this time the CDOP arrangement across the area is subject to review – this is being led by Hampshire and the Isle of Wight Boards following their own analysis of the shared arrangements success. Southampton LSCB sees the value of a shared CDOP, but acknowledges learning from local case reviews including SCR's which highlights the need for a refreshed Rapid Response procedure as well as closer management of the CDOP process and will act this year to ensure this.

Missing, Exploited and Trafficked Children and Young People

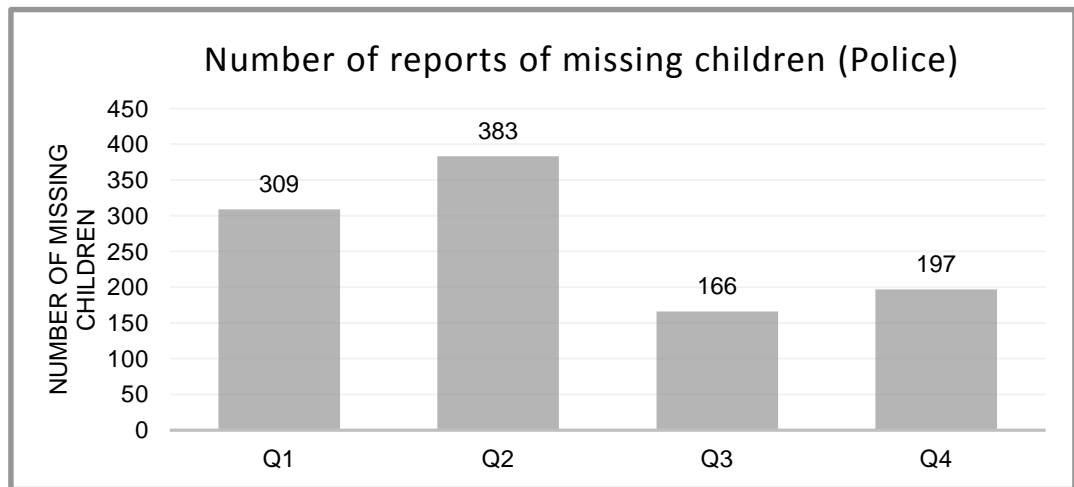
The LSCB MET Strategic Group monitors and evaluates local responses to children and young people that go missing, are at risk of child sexual exploitation or are trafficked. The MET group also coordinates work in the city on MET issues via an agreed multi agency plan. The group carries its quality assurance role out by receiving data and reports from the key services in the city that are responding to MET issues. Where this shows concern the group requests further assurance on behalf of the board and escalates these if necessary to the main board. The Group has also developed a plan to audit cases according to key themes and areas relating to Child Sexual Exploitation indicators.

The focus on the issue and commitment by local partners is to be commended however there is still work to do to ensure we fully understand the issues and how they impact on our children.

This is a growing area of concern in Southampton and the UK generally. Full details of the nature and extent of MET issues in the City is an area of development for the MET group and the wider partnership and the data used to date could be much more sophisticated. The focus on the issue and commitment by local partners is to be commended however there is still work to do to ensure we fully understand the issues and how they impact on our children. Some of the positive work is apparent and there is demonstrable good practice happening. For example, the Local Authority has established a dedicated social work role for Child Sexual Exploitation, and at the time of writing the recruitment of two additional posts to support this role is underway. The established role and post holder were commended in the ACDS review that took place this year in Southampton. The Local Authority and Hampshire Constabulary are also leading plans to develop an integrated CSE team (known as the CSE Hub) to compliment the MASH. Specific Work including the development of a CSE hub to include missing person coordinators.

In quarter 4 the Local Authority reported the Number of Children Looked After missing for 24 hours or more as 1 child, in quarter 3 this was 5. This reduction is positive and is explained as due to increased support to looked after children and young people that are at risk of repeatedly going missing. The LSCB would clearly like to see the figure as 0 but are assured that the LA has the processes in place to monitor and respond to these issues. Below demonstrates the number of reports of missing children to Police in 2014-15. This is the number of reports rather than the number of individual children.

Barnardo's deliver a return 'safe and well' service for Southampton children and young people – where a child returns from going missing.



Barnardo's deliver a return 'safe and well' service for Southampton children and young people – where a child returns from going missing, Barnardo's are notified and then contact that child / young person to identify any issues or concerns that are ongoing for them. Information on this is then passed to the relevant 'lead professional' via the MASH and this is

Work is under way to understand the impact of E safety and to coordinate responses. This is an area also for development by the LSCB.

used to help inform future safety planning and protection planning where relevant. The LSCB is aware through information from the Ofsted Review this year and that gathered by the MET group that this can be a problematic process and is seeking assurance from the services and the commissioner (the Local Authority) in more detail to ensure the process is working.

The Police report the number of new referrals of child sexual exploitation made to them to the MET group for q3 and q4. The figure was 14 and then 13 respectively. IN addition the Police report to the MET group regarding the number of cases of CSE that they are aware of for quarter 4 as 40 – in addition the same is reported by Children’s Services -37 in Q4 and 29 in Q3. This gives some indication of the extent of the issue however the quality of this data is questionable given the overlap in cases that services are working with. In addition it does not indicate the level of risk posed to the young people involved and so cannot necessarily inform understanding about the nature and extent of the issue in Southampton.

In addition the LSCB receives police information regarding the % of sexual offences that are committed against those under 18, this gives some indication of the level of sexual violence and abuse against children. This has varied quarterly between 28% and 47% (of 83-128 offences). Whilst this provides some indication it is not clear where this relates to CSE or other ‘types’ of Sexual Abuse. Again further detail and analysis will be sought to inform future work in this area.

The links for the LSCB with the Prevent Agenda have been reinforced.

In terms of exploitation work is also under way to understand the impact of E safety and to coordinate responses. This is an area also for development by the LSCB.

The Trafficking agenda in terms of children and young people is also an area for development. The MET Group receives information in terms of assurance of responses from local providers – including Barnardo’s and Love 146. The number of young people who are suspected or identified as being trafficked in to the Southampton each quarter (referred to Barnardo’s from all agencies) varies from 2 to 15 children. This gives some insight into the figures and quality of responses but again needs further work.

Preventing Violent Extremism

The links for LSCB’s with the Prevent Agenda have been reinforced this year with the introduction of the Counter Terrorism and Security Act 2014 and association guidance. The LSCB has introduced an indicator to its data set to identify any children or young people involved or referred to the local Channel process. To date numbers are low at 1 or 0.

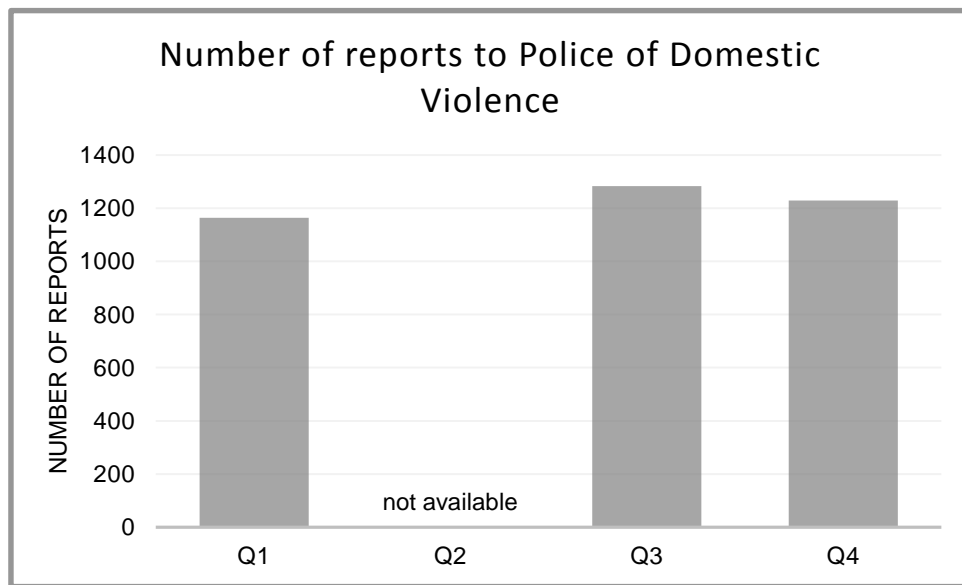
The LSCB has run workshops for local multi agency professionals which were very well evaluated and will continue in the city this coming year. This is a developing area for the LSCB to monitor and links again with Southampton Safe City Partnership and the lead officers in

the Local Authority will be strengthened in this area to ensure strategic coordination and input in terms of the safeguarding agenda.

Domestic Violence and Abuse (DVA)

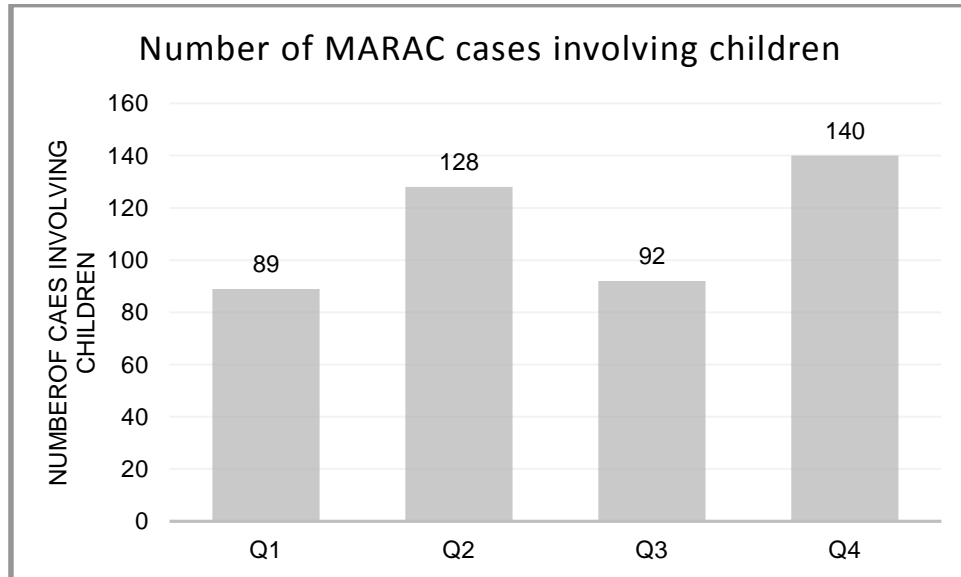
This was a priority area for the LSCB this year, and it remains a significant area of concern for the City to focus on. The rate of reporting of domestic violence issues is demonstrated below – the figure remains steady where the data is available at around the 1,200 number.

The rate of reporting of domestic violence issues remains steady.



The number of MARAC (Multi Agency Risk Assessment Conferences) cases involving children as reported to the LSCB showed an increase during this period as highlighted below. The LSCB is very aware of the continuing threat that DVA poses to the safety of children and young people in the city and this will remain a priority area of work. Plans are in place to integrate and improve the responses to DVA in the city – as detailed on the recently agreed DV strategy for Southampton. This work will continue under the umbrella of the Safe City Partnership with assurance continuing to be sought by the LSCB on the responses linked to Safeguarding Children.

The number of MARAC (Multi Agency Risk Assessment Conferences) cases involving children showed an increase during this period.



Female Genital Mutilation (FGM)

The LSCB is seeking assurance from local services that responses are coordinated and appropriate to FGM in Southampton. The LSCB has begun this work via a specific cross partnership task group including public health, health service providers, children and adults services, police and workers that link to our local communities. The LSCB will continue to develop this until clear mechanisms for scrutinising responses are in place. The Group has reviewed current guidance, local work and research on this issue and is working on an action plan that includes:

- Provision of clear guidance and training for workers and volunteers on this issue and legal reforms as they develop. Ensuring awareness across services as well as specific work with professionals involved in child protection
- Making the most of existing community awareness raising activities, continuing and building on this in future
- Collation of relevant data and information for LSCB to gain assurance regularly on this issue

The nature and extent of FGM and the risks to children in Southampton is not clear, the group has been reviewing evidence from national guidance and research to inform its work drawing on local expertise and knowledge to future plan. The group will continue and will report in to the LSCB on its progress during 2015-16.

LSCB Priorities 2015-18

The LSCB has considered the range of learning and information presented during the year and summarised in this Annual Report and has agreed to revise its Business Plan to reflect current needs and pressures as a result. In order for this work to be sustained and to allow for time to embed these actions the LSCB has taken the decision to agree a Business Plan that covers a 3 year period.

The table below summarises revised its overarching priority areas that will be progressed. The detail of action to be taken under these headings is given in the Board Business Plan (see www.southamptonlscb.co.uk). The group leading implementation of the priority area is indicated below.

	Summary of Priority Areas	Lead /s
1.	Ensure Safeguarding is a whole city theme	CEA / L&D
2.	Manage and monitor the impact of austerity measures, increasing demand and changes to service provision on safeguarding outcomes for children and young people.	M&E
3.	Coordinate and quality assure responses to prevent and disrupt the exploitation and victimisation of children and young people	MET
4.	Embed key learning from case reviews (including SCR's) and audits into local practice	SCR / M&E / L&D
5.	Ensure a focus on building resilience and raising the aspirations of children and young people in Southampton.	LSCB

Key: L&D: Learning and Development Group, M&E: Monitoring & Evaluation Group, CEA: Community Engagement & Awareness Group, P&P: Practice & Policy Group, SCR: Serious Case Review Group, MET: Missing, Exploited & Trafficked Group

Individual Board Members and other partnership and strategic boards will also support the delivery and quality assurance of these priority areas where relevant.

Learning from Case Reviews, Audits, the LSCB Annual Report and other business as usual quality assurance work will influence a review of these priorities as required during the period covered and this will take place at least annually.

LSCB Arrangements

Budget

Contributions from LSCB partners to the LSCB in 2014-15 are detailed below, and agreed in a Pooled Budget Agreement between partners:

Agency	Estimated Financial Contribution 2014/2015 (£)	Financial Contribution As A Percentage Of The Total Budget (%)
Southampton City Council	76,014	61.16%
Southampton Clinical Commissioning Group	32,388	26.05%
Hampshire Constabulary	12,770	10.27%
Hampshire Probation Service	2,552	2.05%
Children and Family Court Advisory Support Service	560	0.45%
TOTAL	£124,284	100%

In addition to the above the LSCB via the Local Authority funds Child Death Overview Panel. All sub group activities and statutory LSCB functions are delivered within the budget. During the 2014-15 year additional contributions were made by the funding agencies for Learning and Development and the delivery of Serious Case Reviews.

Support

The LSCB is chaired by Keith Makin. It is supported by the recently established Local Safeguarding Boards Team, shared with the Local Safeguarding Adults Board. This team includes a Board Manager and Coordinator role dedicated to the Board. It also benefits from support from the Local Authority Democratic and Legal Services supporting functions of the LSCB.

Contact Information

Southampton Local Safeguarding Children Board

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**Southampton
Local
Safeguarding
Children Board**

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LSCB Annual Report Summary 2014-15

LSCB { Southampton Local Safeguarding Children Board (LSCB) is a statutory body that leads on keeping children safe and ensuring their wellbeing in Southampton.



The majority of children and young people in Southampton grow up happy, safe and well in secure families and communities...

...unfortunately there are children and young people in the city that face significant challenges and risks in their lives.



The LSCB is a group of agencies that work together to make sure that services in the city are working together to keep children safe.



OFSTED reviewed the work of the LSCB in July 2014. They found that we are effective at focusing on the right areas. They saw evidence of many positive changes which should lead to improved safeguarding for children.



They judged that it was too early to see the impact of these changes and so said that overall the LSCB requires improvement.

Children in Southampton

The current population of Southampton is

245,300

51,700
children under 18

This is 21% of the total population in the area.

19.7% of children from black and minority ethnic (BME) groups

The largest (BME) groups are Asian or British Asian.

Primary schools

Children in Southampton who's first language is not English

25.3% compared to England average **19.4%**

Secondary schools

Children in Southampton who's first language is not English

20.1% compared to England average **15%**

The health and wellbeing of children in Southampton is generally worse than the England average. Infant and child mortality rates are similar to the England average

23.5% of children are living in poverty compared to England average **19.2%**

18.4% of children are eligible for free school meals in Primary schools compared to England average **15.6%**

Early years and education

86% of schools are outstanding or good



TOP 3

Southampton is in the top 3 performing local authorities in the South East (Ofsted)



Good level of Early Years Development indicator (introduced by DfE) **62%** of providers reach this level

10% A*-C Increase in Children Looked After attaining A*-C in English and Maths GCSE

School attendance



25,099

Number of days needed to bring the attendance rate up to the same level as the National average (of **4.4%**).



4.8% of young people not in employment, education or training (NEET) this is below the national average.



For more details see www.southamptonlscb.co.uk

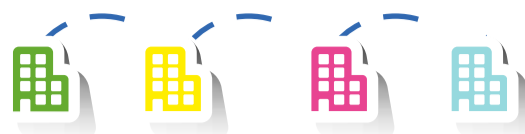
Multi Agency Safeguarding Hub (MASH)

 **19,542**

contacts were made to MASH about safeguarding concerns during 2014-15.

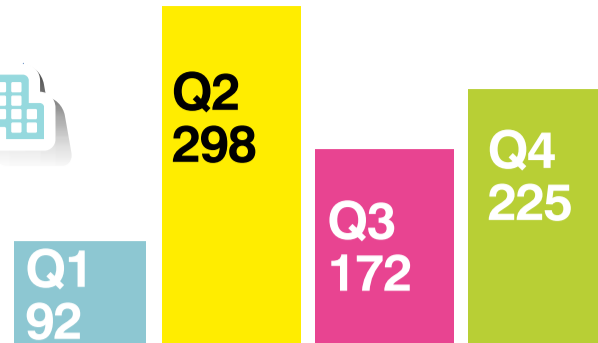
 **1,196**
average per month

Early Help



The Early Help service includes multi agency teams

Number of Universal Help Assessments completed



Child Protection Planning

In Quarter 4, the rate of Children on a CP Plan was

81 per 10,000 of the population



The percentage of children subject to repeat child protection plans has varied between

9-16% **15%**

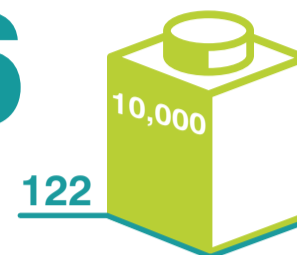


Close to England average

Children Looked After

586

Southampton has a high number of children that are looked after, compared to other areas



...122 per 10,000 of the population



England average 60

The LSCB:

13

Safeguarding Policies have been checked and approved by the Board



The LSCB:

89%

Challenges made by the Board are complete and resulted in positive change



The LSCB:

14

Agencies have sent in Section 11 Audits (to demonstrate their agencies knowledge and practice around safeguarding)



The LSCB carries out case reviews when things go wrong and children are harmed. This year the LSCB found the common themes in its reviews which have helped us to learn lessons and change services;



Use of child protection procedures needs strengthening



Neglect is an area that needs more work



Domestic violence and abuse is a key safeguarding concern



Improve escalation of concerns between services



Staffing and supervision needs a focus



Thinking family not just about the child or adult



We need to understand diversity better



Safeguarding of children when they attend school or are electively home educated



Responses to child death need to be improved

65%

The LSCB has written an action plan based on these themes to target it's work areas. 65% of these actions have been implemented so far the rest are in progress.

Summary of priority areas for the next three years

1	Make sure that every agency in the City is working to Safeguard Children and Young People until they are safe
2	Ensure that the cut in resources do not impact on the standard of Safeguarding in the City and children's safety
3	Coordinate the work that is being done in the City to try and stop radicalisation, exploitation and victimisation of Children and Young People
4	Use learning from case reviews to improve the safety and wellbeing of Children and Young People in the City
5	Make sure that agencies are focussed on building resilience and raising aspirations of Children and Young People in Southampton



**Southampton
Local
Safeguarding
Children Board**



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Business Plan 2015-18

Agenda Item 5
Appendix 3

Southampton Local Safeguarding Children Board Business Plan 2015-18

Introduction

This Business Plan outlines the work to be undertaken by Southampton Local Safeguarding Children Board during a three year period of 2015-2018. The Board has taken the step of developing a three year plan to enable a wider focus on work impacting on the safety and wellbeing of children and young people in the city and the embedding of its key priorities into the business of the LSCB. This document will be reviewed for progress as set out in the information below and actions will be updated annually. It demonstrates a commitment by the LSCB to a journey of continuous improvement, and a strong will of partners to move to a position of Good and ultimately Outstanding practice in the LSCB work and through this to influence the work of the LSCB members. The LSCB will continue to improve and assist in providing the best outcomes for children, young people and their families in Southampton.

This plan is based on analysis of the 'journey' through safeguarding services in Southampton and the outcomes for children, young people and their families in Southampton – presented to the LSCB throughout the financial year 2014-15 as reported in the Annual Report for that year. This can be viewed for further context on the LSCB website: www.southamptonlscb.co.uk.

This plan also integrates the outstanding actions required to implement:

- Findings from local Serious Case Reviews, partnership reviews and multi-agency audits
- Ofsted's review of the LSCB in July 2014
- LSCB Business Plan from the previous period.

'Business as Usual':

This document gives detail of the work that will take place to achieve improved outcomes, against key priorities for the LSCB for this period. In addition to these the LSCB delivers much 'business as usual' according to its statutory role set out in Working Together 2015, which is broadly set out below. The LSCB has a set of Key Documents and Policy and Procedures which detail how this business as usual will take place as referenced below, these can be reviewed for further details, online at www.southamptonlscb.co.uk;

Case Reviews: As Working Together 2015 states: *“Professionals and organisations protecting children need to reflect on the quality of their services and learn from their own practice and that of others. Good practice should be shared so that there is a growing understanding of what works well. Conversely, when things go wrong there needs to be a rigorous, objective analysis of what happened and why, so that important lessons can be learnt and services improved to reduce the risk of future harm to children”*. The LSCB has developed a Learning and Improvement which is shared across local organisations who work with children and families. This framework enables organisations to be clear about their responsibilities, to learn from experience and improve services as a result. The Learning and Improvement work is led by the LSCB's Serious Case Review Group.

Quality Assurance: as detailed in its Quality Assurance Framework the LSCB will carry out a range of activities to ensure that local safeguarding services are safeguarding and promoting the welfare of children and young people. This will be done by such means as Section 11 (of the Children Act) reviews, multi-agency audits relating to key safeguarding themes and regular quality assurance reports to the LSCB's Monitoring and Evaluation Group and Main Board.

Southampton Local Safeguarding Children Board Business Plan 2015-18

The LSCB also collates a range of key service level information and data regarding local safeguarding services which is scrutinised at the Main Board meetings. The LSCB also collates and publishes a 'challenge log' of issues raised through the board's work. This is published on the LSCB website.

Community Engagement: as detailed in the Communication and Awareness Strategy that is published on the LSCB website, this work is part of key priority areas for the LSCB as detailed in this plan and is business as usual for the LSCB. The work is led by the Community Engagement and Awareness Group which is shared with the Local Adults Board (LSAB).

Learning and Development: The LSCB has an agreed Learning and Development Strategy published on the LSCB website and an annual delivery plan. This work is flexible to adapt to learning opportunities and themes identified in case reviews and quality assurance work. The LSCB focus is on the delivery of multi-agency safeguarding training for professionals as well as the quality assurance of single agency learning and development opportunities. This area is led by the Learning and Development Sub Group which is shared with the Local Safeguarding Adult Board (LSAB).

Monitoring of Success:

Progress against this plan will be reviewed and monitored by the Executive Group, with Chairs of the relevant sub groups leading on key actions reporting on progress against their actions to this group. Where necessary and appropriate the Executive Group will highlight areas of concern and good practice to the full board meetings for further action.

Key to abbreviations:

Board: The full board / LSCB
Exec: Executive
L&D: Learning and Development Group
M&E: Monitoring & Evaluation Group
CEA: Community Engagement & Awareness Group
P&P: Practice & Policy Group
SCR: Serious Case Review Group
MET: Missing, Exploited & Trafficked Group
MASH: Multi-Agency Safeguarding Hub
4LSCB: Hampshire, Isle of Wight, Portsmouth & Southampton
CDOP: Child Death Overview Panel
HWBB: Health & Wellbeing Board
DVA: Domestic Violence and Abuse
FGM: Female Genital Mutilation
CLA: Children Looked After
SBT: Safeguarding Boards Team.

Southampton Local Safeguarding Children Board Business Plan 2015-18

Key Priority Issues for 2015-18

The LSCB will focus on the areas below in its work. The LSCB will take a leadership role in delivery and quality assurance of partnership work in these areas. The table below summarises the action that will be taken and also indicates who is responsible for leading the action on the priority areas. Individual Board Members and other partnership and strategic boards will also support the delivery and quality assurance of these. Where relevant the sub groups of the LSCB group will develop detailed work plans to implement these priorities alongside other relevant actions that are agreed during the period covered by the Plan. Learning from Case Reviews, Audits, the LSCB Annual Report and other business as usual quality assurance work will influence a review of these priorities as required, this will take place at least annually.

	Summary of Priority Areas	Lead /s
1.	Ensure Safeguarding is a whole city theme	CEA / L&D
2.	Manage and monitor the impact of austerity measures, increasing demand and changes to service provision on safeguarding outcomes for children and young people.	M&E
3.	Coordinate and quality assure responses to prevent and disrupt the exploitation and victimisation of children and young people	MET
4.	Embed key learning from case reviews (including SCR's) and audits into local practice	SCR / M&E / L&D
5.	Ensure a focus on building resilience and raising the aspirations of children and young people in Southampton.	LSCB

Southampton Local Safeguarding Children Board Business Plan 2015-18

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Priority 1: Ensure Safeguarding is a whole city theme				
OUTCOME	ACTION REQUIRED	BY WHO	BY WHEN	MEASURE OF SUCCESS
A coordinated city wide response ensures children and young people are protected from harm as early as possible.	Identify key priority areas for awareness raising using evidence from local data and learning from 4LSCB area CDOP findings, Case Reviews and other learning opportunities.	CEA	July 2015	Increase in the number of campaigns delivered that are linked to findings from learning opportunities. Reduction in levels of incidents linked to themes.
	Link to 4LSCB work to raise awareness of the dangers of co sleeping	CEA	December 2015	Reduced number of incidents and child deaths relating to co sleeping
	Deliver a regular survey of children and young people and their families to identify safety issues and concerns, as well as measuring knowledge of key issues. Explore links to Safe City Partnership annual survey.	CEA	October 2015	Increase in the number of LSCB actions and challenges which include reference to the voices of children, young people and their families, and it is clear that priority setting reflects this.
	Identify a calendar of engagement opportunities with Children, Young People and their Families	CEA	July 2015	
	Ensure Community Engagement work is reflective of our population and that targeted activities happen to engage with 'diverse' groups.	CEA	April 2016	Increase in the number of LSCB actions and challenges which include reference to the voices of children, young people and their families from 'diverse' communities, and it is clear that priority setting reflects this.
	Deliver a local campaign identifying what to do if you are worried about a child or young person.	CEA	April 2016	Regular survey of children, young people and their families reflect an increase in knowledge of what to do if worried about a child or young person.
	Establish robust links with other key partnerships including; Local Safeguarding Adults Board, Safe City Partnership, Health and Wellbeing Board and Scrutiny Panels run by the Local Authority to ensure cross partnership commitment to Safeguarding issues and close scrutiny of LSCB work.	Chair / SBT	October 2015	Increase in the number of appropriate cross partnership challenges (measured in challenge Log for challenges to the LSCB) increases.
	Seek assurance from Safe City Partnership / Health and Wellbeing Board of current work to reduce the number of children killed or seriously injured in road accidents in the city	Chair / LSCB	January 2016	A clear plan of action is in place impacting on improvements to the number of children affected by road accidents.

Southampton Local Safeguarding Children Board Business Plan 2015-18

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	Engage with local media, including community radio and press to help promote awareness of key safeguarding issues and aid in promoting engagement opportunities	CEA	April 2016	Regular survey of children, young people and their families reflect an increase in knowledge of what to do if worried about a child or young person.
	Ensure links to the local authority 'voice of the child' strategy and developments	CEA	October 2016	Number of LSCB actions and challenges which include reference to the voices of children, young people and their families, and it is clear that priority setting reflects this.
	Recruit a lay member to link with children and young people to help inform LSCB work	Chair / SBT	September 2016	Number of LSCB actions and challenges which include reference to the voices of children, young people and their families, and it is clear that priority setting reflects this.
	Deliver an Annual Conference focussing on an area of cross partnership concern	L&D	April 2016	Number of joined up priorities within key partnership plans.
	Positively promote Safeguarding Services and successes including consideration of 'Southampton Safeguarding Awards'	Chair / SBT	July 2016	Improved vacancy and retention rates of staff in key safeguarding services.
	Deliver a survey of professionals working in Southampton to evaluate success of LSCB activity and knowledge	L&D	July 2015	Survey delivered and results reported to the LSCB.

Priority 2: Manage and monitor the impact of austerity measures, increasing demand and changes to service provision on safeguarding outcomes for children and young people.

OUTCOME	ACTION REQUIRED	BY WHO	BY WHEN	MEASURE OF SUCCESS
Changes to provision impact positively to ensure children and young people are protected from	Deliver an audit of Early help cases to evaluate success of current model of provision and inform future work. Focussing on application of thresholds document and management of cases.	M&E	April 2016	Improvements to provision and application of threshold demonstrated in LSCB data and qualitative reports to LSCB.
	Review quality assurance mechanisms to ensure they can clearly demonstrate the impact of service changes on outcomes (section 11 reviews, reports to LSCB)	M&E	October 2015	Increase in cross service challenges demonstrated in the LSCB Challenge Log.

Southampton Local Safeguarding Children Board Business Plan 2015-18

Priority 2: Manage and monitor the impact of austerity measures, increasing demand and changes to service provision on safeguarding outcomes for children and young people.				
OUTCOME	ACTION REQUIRED	BY WHO	BY WHEN	MEASURE OF SUCCESS
harm earlier in their experiences.	Develop use of multi-agency safeguarding data for the LSCB to further facilitate challenges, including a 'dashboard' linked to priorities and success measures for the LSCB	Chair / Safeguarding Boards Team	December 2015	
	Develop targets within the data set and dashboard to identify clearly what success will look like in terms of outcomes where this is not already identified.	Chair / Safeguarding Boards Team	December 2015	
	Ensure LSCB annual report includes review of audits and reports to LSCB during the year to demonstrate the child's "journey" through the safeguarding system.	Chair / Safeguarding Boards Team	September 2015 / 16 / 17	Data and findings from activities carried out by LSCB during the year are reflected in Annual Report and this influences priority setting and action for the coming year.
	Review contents and publish the LSCB Challenge Log on a quarterly basis to ensure responses to challenges made in main board and sub groups are delivered.	Exec	Quarterly	Increase in number of completed actions following challenges demonstrated in the challenge log.
	Input to a regular meeting 'system chiefs' to provide a cross service opportunity for innovation and development as well as overview and scrutiny of service provision	Chair / Exec	December 2015	Innovation driving changes within services to mitigate any negative impact on children and young people's outcomes

Southampton Local Safeguarding Children Board Business Plan 2015-18

Priority 3: Ensuring the prevention and disruption of the exploitation and victimisation of children and young people				
OUTCOME	ACTION REQUIRED	BY WHO	BY WHEN	MEASURE OF SUCCESS
Children and young people are prevented from being affected by exploitation and victimisation. Those that experience these issues are protected from harm at the earliest opportunity.	Ensure delivery of the Missing Exploited and Trafficked Action Plan	LSCB	April 2016	Number of actions completed or on target within MET action plan
	Seek assurance of the responses to children and young people that go missing – include the feed in to services from return / safe and well visits. Identify any issues to feed into commissioning cycle for external services as well as improvements to statutory provision.	MET	September 2015	Improvement in identification of risk and this influences assessment and planning in cases where there are repeat episodes of 'missing from home or care'.
	Ensure MET operational group continues to share case level information, risk assessment and response planning.	MET	April 2016	Improved response to children and young people at risk of MET issues due to clearer identification of issues and this influencing risk assessment and safety / action planning by multi agency partners.
	Deliver a quarterly audit of MET cases to scrutinise and seek assurance of responses, report findings and lead improvements to provision as required. Develop action plans as necessary and regularly monitor progress.	MET	April 2016	Number of audits delivered and actions completed that improve quality of provision.
	Link to developments in 4LSCB area regarding trafficking and modern slavery prevention	MET	April 2016	Clarity by partners across 4LSCB area on strategic leadership for trafficking and modern slavery.
	Link to local (e.g. Head start) and other key initiatives nationally to coordinate E Safety work to prevent online exploitation of children and young people	MET	April 2016	Coordinated approach by partner agencies, resulting in clearer identification of and ultimately a reduction of children and young people exploited on line
	Seek assurance of local arrangements to ensure a joined up response to Prevent (Violent Extremism) and represent the safeguarding issues for Children and Young People in this	Chair / LSCB	April 2016	Clarity by partners in Southampton regarding strategic leadership and coordination of responses to prevent violent extremism.
	Lead delivery of a plan to improve and coordinate responses to Female Genital Mutilation (FGM)	P&P	January 2016	Coordinated approach by partner agencies, resulting in clearer identification of and ultimately a reduction of individuals at risk of FGM.
	Review 4LSCB procedures relating to FGM to ensure alignment with current best practice	P&P	April 2016	

Southampton Local Safeguarding Children Board Business Plan 2015-18

	Identify key group of professionals for targeted workforce development and deliver appropriate level of FGM awareness training	P&P / L&D	January 2016	
	Develop tools to aid workers in identifying risks and responding to FGM.	P&P	January 2016	

Southampton Local Safeguarding Children Board Business Plan 2015-18

Priority 4: Embed key learning from case reviews (including SCR's) and audits into local practice				
OUTCOME	ACTION REQUIRED	BY WHO	BY WHEN	MEASURE OF SUCCESS
Improvements to practice are swiftly made based on learning from reviews and audits to ensure children and young people are safeguarded.	Ensure learning and improvement plans are clear from case reviews and these are integrated in to overall plans for the LSCB and its partner agencies. Clearly monitor actions until completion as identified in: <ul style="list-style-type: none"> • Family A • Child I and Child M • Child L • Child K • Partnership reviews • Multi Agency Audits 	SCR / M&E	Quarterly review of action plans	Increase in % of SCR and Partnership Review actions completed Increase in % of actions identified in audits completed. Reduction in number of recommendations returning to future audits / reviews
	Continue 6 monthly oversight of progress of the MASH and Early Help services – ensuring attendance at MASH includes adult focussed services	Chair / LSCB	April 2016	Improvements to provision and application of threshold demonstrated in LSCB data and qualitative reports to LSCB.
	Promote whole family approach – identifying further areas for joint development work and informing of transformation plans by the Local Authority	LSCB	April 2016	Services provide holistic assessment and planning for safeguarding children and young people and their families
	Monitor effectiveness of the 4LSCB Joint Working Protocols between adult and children / family services	M&E	April 2016	
	Receive findings of a dual service audit of cases where there is joint working between maternity and children's services – gain 6 monthly update of progress on actions identified	Chair / LSCB	December 2015	Earlier identification, assessment and planning where unborn babies are in need of safeguarding.
	Ensure effectiveness of Rapid Response to Child Death & CDOP arrangements for Southampton	Chair / LSCB	October 2015	Clear guidelines and processes to ensure safe response to child death and to learn from identified themes where modifiable factors are present.
	Request assurance of safe pathways for safeguarding children and young people that are Electively Home Educated – ensuring that safeguarding concerns can be identified and acted upon.	Chair / LSCB	September 2015	Clear guidance and pathway for responding to EHE and safeguarding concerns improves coordinated responses.

Southampton Local Safeguarding Children Board Business Plan 2015-18

	Implement local multi agency action plan to respond to Neglect to include revised Neglect Toolkit.	P&P	October 2015	Professionals and managers are clearly identifying, assessing and responding to Neglect
	Reinforce links to dental care in identifying abuse and neglect	P&P	October 2015	
	Oversee implementation of the Southampton Against Domestic Violence and Abuse Plan 2015-17 in order to fully integrate a coordinated community response to the issue	DVA / LSCB	October 2015	Professionals and managers are clearly identifying, assessing and responding to DVA
	Build on existing workforce development opportunities to highlight the impact of domestic violence and abuse on children and young people	DVA / L&D	October 2015	
	Regularly review data relating to domestic violence and abuse and gender based violence issues to monitor trends and arising issues	DVA / L&D	November 2015	
	Regularly review education settings (including schools and preschools) safeguarding requirements under Section 156 of the Children Act	M&E	December 2015	% of schools and education settings completing self-audit Increase in number of schools reporting good levels of safeguarding activity LSCB regularly assured of responses in this sector.
	Seek assurance that Agencies have taken required action in terms of individuals, teams or safeguarding practice generally in learning from SCR's	Chair / LSCB	September 2015	Professionals and managers aware of learning from reviews and impact of previous issues on outcomes for children, young people and their families – measured in the Survey of Professionals
	Thread diversity issues, and ensure a focus on diversity as appropriate through the learning and development work of the LSCB	L&D	December 2015	Increase awareness of diversity issues demonstrated in the Survey of Professionals.

Southampton Local Safeguarding Children Board Business Plan 2015-18

Priority 5: Ensure a focus in Southampton on building resilience and raising the aspirations of children and young people.

OUTCOME	ACTION REQUIRED	BY WHO	BY WHEN	MEASURE OF SUCCESS
Children and young people's wellbeing, achievement in education and safety outcomes are improved.	Monitor school attendance rates – identify issues regarding Children Missing from Education and seek assurance of an action plan to address this	LSCB	April 2016	Clear understanding by LSCB of attendance rates, and actions to address this leading to a reduction in
	Identify through data and dashboard reports to the LSCB the attainment levels for all children and young people at Key Stages in Education, including all school levels and Further and Higher Education	LSCB	October 2015	Improved levels of attainment at all key stages
	Seek assurance on partners work to address the rate of children Not in Education, Employment or Training (NEET)	LSCB	November 2014	Reduction of children and young people that are NEET
	Identify through data and dashboard reports to the LSCB the attainment levels for Children Looked After (CLA) including all school levels and Further and Higher Education	LSCB	October 2015	Improved levels of attainment at all key stages for CLA
	Seek assurance of action plan to address attendance rates and attainment – where information demonstrates 'gap' against national averages and for priority groups including CLA.	LSCB	April 2016	
	Seek assurance from Board members and other key partnerships regarding current work to improve the mental health of children and young people and similarly in reducing self-harm, and take action to address any gaps in this.	LSCB	January 2016	Reduction in hospital admissions for children and young people who experience mental health problems and a reduction in hospital admissions for children and young people that self-harm as reported in the Child Health Profile of the City.
	Receive findings of a review of cases of teenage conception in the city and a partnership action plan to address this	LSCB	July 2015	Improved awareness and identified strategic lead for this issue.
	Monitor actions identified in this review and feedback progress to the LSCB	M&E	September 2015	Improvement in the rate of under 18 conceptions as reported in the Child Health Profile for the City.

Southampton Local Safeguarding Children Board Business Plan 2015-18

	Seek assurance from Board members and other key partnerships regarding current work to improve the mental health of children and young people and similarly in reducing self-harm, and take action to address any gaps in this.	LSCB	January 2016	Reduction in hospital admissions for children and young people due to alcohol specific conditions as reported in the Child Health Profile annually.
	Seek the views of children and young people in designing work to raise aspirations and build resilience in this area – linked to existing consultation opportunities within the LSCB, the Head Start programme and wider Southampton partnerships.	CEA	April 2016	Improvements in the key indicators as reported in the LSCB Data set and the Child Health Profile for the City.

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Agenda Item 6

DECISION-MAKER:	HEALTH AND WELLBEING BOARD		
SUBJECT:	HEADSTART MODEL		
DATE OF DECISION:	27 JANUARY 2016		
REPORT OF:	HEADSTART MANAGER		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Sean Holehouse	Tel: 023 8083 2094
	E-mail:	Sean.holehouse@southampton.gov.uk	
Director	Name:	Kim Drake Stephanie Ramsey	Tel: 023 8083 4899 023 8029 6941
	E-mail:	Kim.drake@southampton.gov.uk stephanie.ramsey@southamptoncityccg.nhs.uk	
STATEMENT OF CONFIDENTIALITY			
None.			

BRIEF SUMMARY

HeadStart is a BIG Lottery funded programme. It is a multi-agency project that aims to improve the mental health and emotional wellbeing of 10-16 year olds who are at risk of developing mental health problems.

It has 3 phases: 1) development (complete), 2) pilot delivery (current) and 3) a large bid for up to £10m over 5 years (submission due 26 February 2016). Southampton is 1 of 12 HeadStart areas in England. Only those currently delivering phase 2 are eligible to bid for stage 3. This presents a significant opportunity for the City, with a focus on early intervention.

The Phase 3 of HeadStart aims to achieve:

- Socially significant improvement of the mental wellbeing of at-risk young people.
- Reduction in the onset of diagnosable mental health disorders.
- 'Positive transitions', such as reduced engagement in 'risky' behaviour e.g. Substance abuse, self-harm.
- Improved employability.
- Outcomes embedded within local systems.

RECOMMENDATIONS:

The Health and Wellbeing Board is asked to:

- (i) Note and comment on the HeadStart Strategy.
- (ii) Note that the delivery of a sustainable model for children and young people's wellbeing relies on partners to be engaged and involved in the development and implementation of the HeadStart Strategy.

REASONS FOR REPORT RECOMMENDATIONS

1. The Health and Wellbeing Board has a significant interest in the successful implementation and delivery of the HeadStart Strategy. Its key principles and proposed outcomes support the Health and Wellbeing Strategy priority of 'Best Start in Life'. In addition, the universal support model will help reduce pressure on acute health services in the future whilst signposting those who need more specialist support.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. None.

DETAIL (Including consultation carried out)

BACKGROUND

3. HeadStart Phase 3 aims to build on the learning from this pilot year where we have delivered 9 projects or activities, mostly in schools, to improve young people's resilience. Current activities include Emotional First Aid, mindfulness, LINX (behaviour programme), school counselling, media mentors, young carers and green spaces, community champions, leaders programme, primary to secondary school transition projects. However phase 3 is significantly more ambitious and will establish a whole system change for children and young people, focused on schools, families, communities and online/digital issues. If successful HeadStart 3 will provide a substantial investment in prevention and early interventions in school and community settings that will directly benefit young people and help to stem the flow of referrals for both higher – tier CAMH's and Children's Safeguarding services.
4. A robust Phase 3 development and strategy is crucial to achieving success in this programme and key activities have been taking place over the last quarter. The programme moving forward will be led by the Integrated Commissioning Unit but with strong links to the Children and Families Services. Corporate links also include support from Communications, Cross-Service Analysts, Strategy Team, Education and Public Health.
5. Phase 3 will also contribute towards other key strategies and plans e.g. prevention and early intervention strategy. Reporting structures include reporting to 0 – 19 Commissioning Group, the Integration Board and Health & Well-being Board. The proposed new model will be presented to Cabinet for approval on 19 February 2016.

DEVELOPMENT OF THE PHASE THREE MODEL

6. The phase 3 development model, that will form the core of the strategy to improve the mental well-being of 10-16 years, is attached at Appendix 1. The model includes the following key elements:
7. Mission Statement:
A clear communication of what the programme is meant to achieve and how it is going to achieve that has been developed by the partnership and led by one of our HeadStart apprentices. This statement of intent ensures a common understanding across the stakeholders and drives the decision-making.
8. Vision:
'HeadStart Southampton will increase happiness and mental well-being for

children in Southampton. Communities, families and schools will work together to help children to cope with difficulty, and to thrive in life.'

Our ambition is that children and young people;

- Feel happy and supported and thrive;
- Are empowered to make good life choices;
- Have a sense of belonging;
- Are confident and ambitious and can pursue their aspirations;

And

- Everyone in Southampton can talk supportively about mental health;
- Communities, schools, parents and children and young people work seamlessly to give children and young people the support they need.

9. The delivery model is still being refined further but currently includes three core elements:

- *Universal* - 3 locality teams providing training and capacity building in the workforce. They will help to form a Community of Practice where those working with children and young people are able to share ideas and best practice, and work together to increase opportunities and wellbeing for young people. The locality teams will also be the people 'on the ground' co-located in schools. They will be increasing young people's involvement and supporting identified children and families through the activity elements.
- *Universal Plus* - Safe places to be and safe places to talk (which includes the digital world). This will consist of 1:1 counselling in school, community and online. A trusted adult delivering activities but also signposting children and families to activities provided within the community. Commissioning of activities driven by what young people want. Peer to peer mentor support. Primary to secondary school transition support.
- *Universal Partnership Plus* - More targeted help for children, young people and families who are at risk (for example those living with domestic abuse at home or those who are persistently absent from school or at risk of exclusion). A weekly integrated Early Help/Families Matter/HeadStart locality meeting will act as the single point of access to appoint a lead professional and 'Team around the Family', undertake universal help assessment and deliver evidence based parenting programmes.

The model has been developed following analysis of key information within the city's Joint Strategic Needs Assessment. Details of the key issues and needs identified are attached in Appendix 2.

KEY CONSULTATIONS AND AUDITS

10. Phase 3 development is utilising a Theory of Change methodology supported by the Big Lottery via Deloitte and Young Minds 'support and development' consultants. Two 'decision-making' workshops have been held on 13 and 30 November with members of the 0-19 Strategy Group and other key decision-makers. An additional stakeholder event was held on 25 November with existing and potential providers and other interested parties (32 participants) which sense checked our developing model and generated further ideas.

11. A Children and Young People's Engagement and Participation sub group has been established with support from a Young Minds consultant. HeadStart 'took charge' of the city's second re-launched Youth Forum event on 7 December and 45 young people from 8 schools and 1 college attended. No Limits, Saints Community and the Council ran mental well-being workshops on key issues of bullying, primary to secondary transition and healthy lifestyles. Further work to test the child's journey through the model will be undertaken by the HeadStart young people's 'shadow board', supported by the Council's newly appointed Participation Worker. This will include a robust phase of co-production with young people to further refine the model and provide a model for co-production moving forwards.
12. An education focused workshop was held on 8 January 2016 with school leaders to test the model with case studies, to clarify the mechanisms to be used and to ensure the right children receive the right intervention at the right time within the programme and how this will relate and add value to the wider 'early help' system. This will ensure clear entry and exit routes and step-up / step-down processes to meet and manage demand during the programme.

IMPROVEMENT OUTCOMES

13. The overall expected outcomes from the HeadStart programme are:
 - Right time, right person, right place;
 - Young people are better able to be engaged in activities they enjoy & learn from;
 - Quality assured and consistently held to account by young people;
 - Children have channels through which they can express themselves and feel heard;
 - Professionals share good practice and ethos.

This will lead to:

- Increased school attendance and attainment;
- Increased well-being, self-esteem and empathy;
- Reduced risky behaviour, reduced bad behaviour;
- Less children feel isolated;
- Community of practice established and further developed. YP involvement strong.

Therefore children:

- Feel happy and supported and thrive;
- Are empowered to make good life choices;
- Have a sense of belonging and interact positively with each other;
- Are confident and ambitious and can pursue their aspirations;

And:

- Everyone in Southampton can talk supportively about mental health (it is destigmatised);
- Communities, schools, parents & children work together to give children the support they need.

KEY MESSAGES FOR THE HEALTH AND WELLBEING BOARD

14. There is already clear synergy across the strategic, service and commissioning plans covering the ongoing transformation of services for children and families in Southampton with the HeadStart programme. The 2015-25 Southampton Connect City Strategic Plan, the 2014-17 Southampton City Council Strategic Plan and the City's Health and Wellbeing Strategy all highlight as priorities the wellbeing of young people and families in a City that provides a positive place for our children and young people to grow up safe, healthy, achieving well, making choices that allow them to face their future prospects with confidence.
15. Our HeadStart proposals will compliment and align with the wider service offer across a range of current activity areas of change. The Health and Wellbeing Strategy 2016-2021 currently under development will reference the critical role we see for creating the environment in our city in which many more of our children get their needs for extra help met early; but where the most vulnerable that still require intensive support get all that they need. We have a good understanding of our population needs, improving schools and colleges, a growing economy and a number of innovative services providers.
16. Our CAMHs transformation (Future in Mind) proposals are well developed, our Prevention and Early Intervention Strategy for children and families align well with our Better Care proposals and our commissioning of a range of services – Southampton Healthy Ambition, Families Matters/Early Help, School Attendance Action Plan and Domestic Violence are better aligned than they have been. Integrated Commissioning arrangements across health and social care are well placed to maintain this strong strategic alignment of our efforts. A number of common issues or themes have or are emerging.
17. The issues are based on stakeholder feedback/discussion, “what works” as interventions in these areas and commonalities across the programme aims and activities. The issues are noted here to ensure joined-up approaches and wider linkages across strategic activity. The issues include:
 - Domestic violence and its impact on children, young people and parenting capacity including in some families familial violence and/or angry, aggressive behaviour in schools.
 - Parenting Programmes that build capacity for more of our families to cope, and help their children to cope with challenging circumstances.
 - Development of behaviour management approaches from universal services upwards that are founded upon Restorative Practice / Restorative Justice principles and models.
 - Prevention and Early Intervention service offers that include earlier identification of CYP and families “at risk” of problems emerging.
 - A better defined vision for the role of Universal Services in wider child & family well-being.

RESOURCE IMPLICATIONS

Capital/Revenue

6. The HeadStart programme provides the city with a significant invest to save opportunity of up to £10M over 5 years and will be delivered with no additional cost to the LSCB. HeadStart phase 3 if successful will result in a

substantial boost in the early help available to young people in a variety of settings; school, family, community and in the ever-increasing digital realm which will increase the city's safeguarding capacity. It will add value but not duplicate existing provision and be an inter-dependent programme as part of the wider early help and safeguarding system.

Property/Other

7. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

8. None.

Other Legal Implications:

9. None.

POLICY FRAMEWORK IMPLICATIONS

10. None.

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	All
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SUPPORTING DOCUMENTATION

Appendices

1.	HeadStart Model
2.	Key issues and needs for children and young people's wellbeing

Documents In Members' Rooms

1.	

Equality Impact Assessment

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

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

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

HeadStart will increase happiness and mental wellbeing for children in Southampton. Communities, families and schools will work together to help children to cope with difficulty, and to thrive in life.

Our ambition is that children and young people

- Feel happy and supported and thrive
- Be empowered to make good life choices
- Have a sense of belonging
- Be confident and ambitious and can pursue their aspirations

And....

- Everyone in Southampton can talk supportively about mental health
- Communities, schools, parents & CYP work seamlessly to give CYP the support they need



LOTTERY FUNDED



Appendix 1

Agenda Item 6

What is HeadStart Southampton going to do?

UNIVERSAL

Ref	What?	How?	Outcomes
1	Emotional wellbeing workforce development for schools & community	Cascade training for staff in schools and members of the community.	Adults working with CYP are confident to identify early stages of problems and offer practical help /make a connection for the child within HeadStart. A Community of Practice is developed.
2	Emotional wellbeing development for all CYP	To be delivered via the PSHE curriculum & existing Emotional Literacy Support Assistants	Children will feel aware of mental health issues and know where to go for help
3	Destigmatising mental health and promotion of HeadStart	Campaign to increase awareness in CYP, adults working with CYP and parents surrounding mental wellbeing. Also promoting 'getting involved'	CYP feel able to talk without stigma and judgement. Adults feel confident to talk to CYP and offer help/make a connection to named worker where needed.
4	3 x HeadStart locality teams work with children & their parents/carers needing extra support	The following staff members shared between 3 locality teams: X3 Apprentices (& Young Inspectors), X3.5 Emotional Well-being Assistants, X1 Mental Health Support Worker, X1 Parent/Carer Navigator and X1 Community Engagement Worker	An appointed person responsible for each child's journey through HeadStart. Staff members in Ref 1 have a person to contact regarding concerns about a child's mental wellbeing. Evaluation is easy to achieve as children are tracked through the programme here.

UNIVERSAL PLUS

Mechanism: teachers & staff - named Inclusion leads – HeadStart locality team

Ref	What?	How?	Outcomes
5	Safe spaces to talk	1:1 counselling in school, online and in the community.	CYP can talk about worries to qualified counsellor within a convenient, confidential environment
6	Safe places to be involved	Positive activities around school and in the community delivered by staff trained in emotional wellbeing as per 1. above.	CYP have the opportunity they wouldn't have had otherwise to participate, have fun, make friends, relax, find talents. Children can talk to staff about any concerns and staff know how to offer help or make a connection within HeadStart.
7	Peer to peer support	Young people trained as peer mentors notice and support other CYP in need	Caring, supportive network and informal 'community of practice' amongst young people (including digital support)
8	Transition support	Transition programmes to support vulnerable CYP with Peer Mentors having a key role	Children identified as vulnerable feel settled, familiar and with friendships before the starting secondary school. Support continues into first year at secondary school.

UNIVERSAL PARTNERSHIP PLUS

Mechanism: SPA locality early help panel

Ref	What?	How?	Outcomes
9	Group work to support parents	Group support peer to peer and parenting-specific courses	Parents feel confident in looking after their own emotional wellbeing and understanding their child's needs.
10	Group work to support children with behavioural problems and ASB	Targeted group work addressing disruptive behaviour	Disruptive behaviour at school and/or the community is halted. Positive behaviours are nurtured (see Ref 6 above)
11	Group work to support children experiencing or witnessing domestic abuse	Tailored group work	Specific support is provided for children who are living with domestic violence which can bring about a variety of problems.

Specialist
i.e. CAMHS
(out of
scope)

Overarching outcome: Children feel happy, supported and thrive

For who?

Children & young people in Southampton aged 10-16 years, with a focus on:

- Children in years 8 and 9 at secondary school
- Children in transition from year 6 (Primary School) to Year 7 (Secondary school)
- All x12 secondary schools and x 4 special schools (Compass - PRU & Polygon – EBD, and children of secondary age at Great Oaks & Cedar Special Schools)

The following geographic areas:

HeadStart will operate on a locality basis with joined up multi-agency provision in 3 areas / 6 clusters. Some provision or elements of the programme will be targeted to identified levels and type of need. This could reach some (but not all) primary schools with particularly high levels of need.

Children identified themselves, professionals, or by friends/family as needing help and support 'to cope' and thus displaying behaviours and feelings associated with reduced emotional well-being or potential risk of emerging mental health problems. The Academic Resilience toolkit will be used to focus on reaching children who:

- Have decreasing educational engagement
- Are potential First time entrants into the Youth Offending Service
- Are living with current or historic domestic abuse

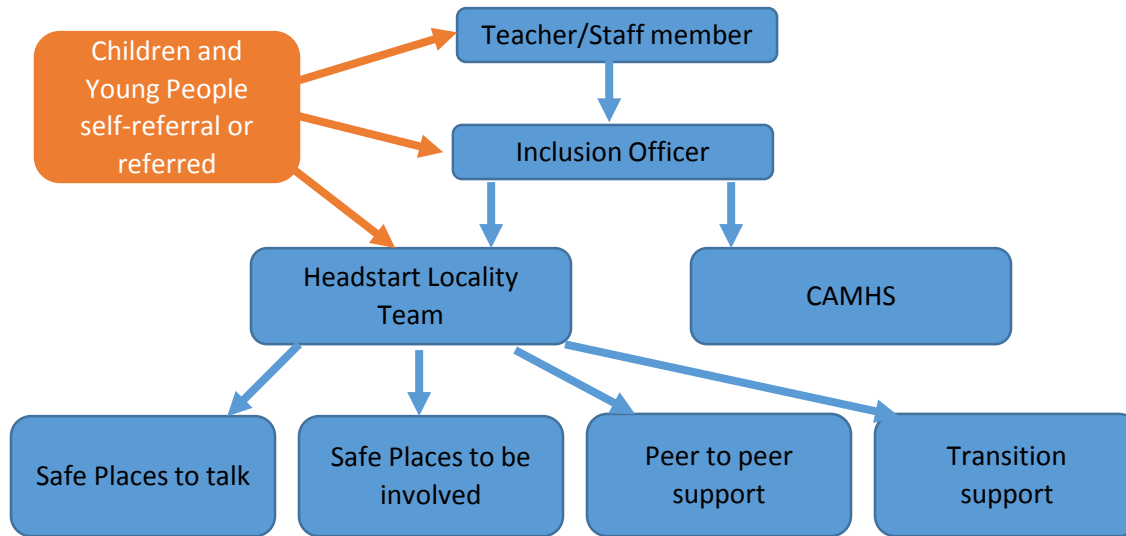
The following geographic areas:

As above

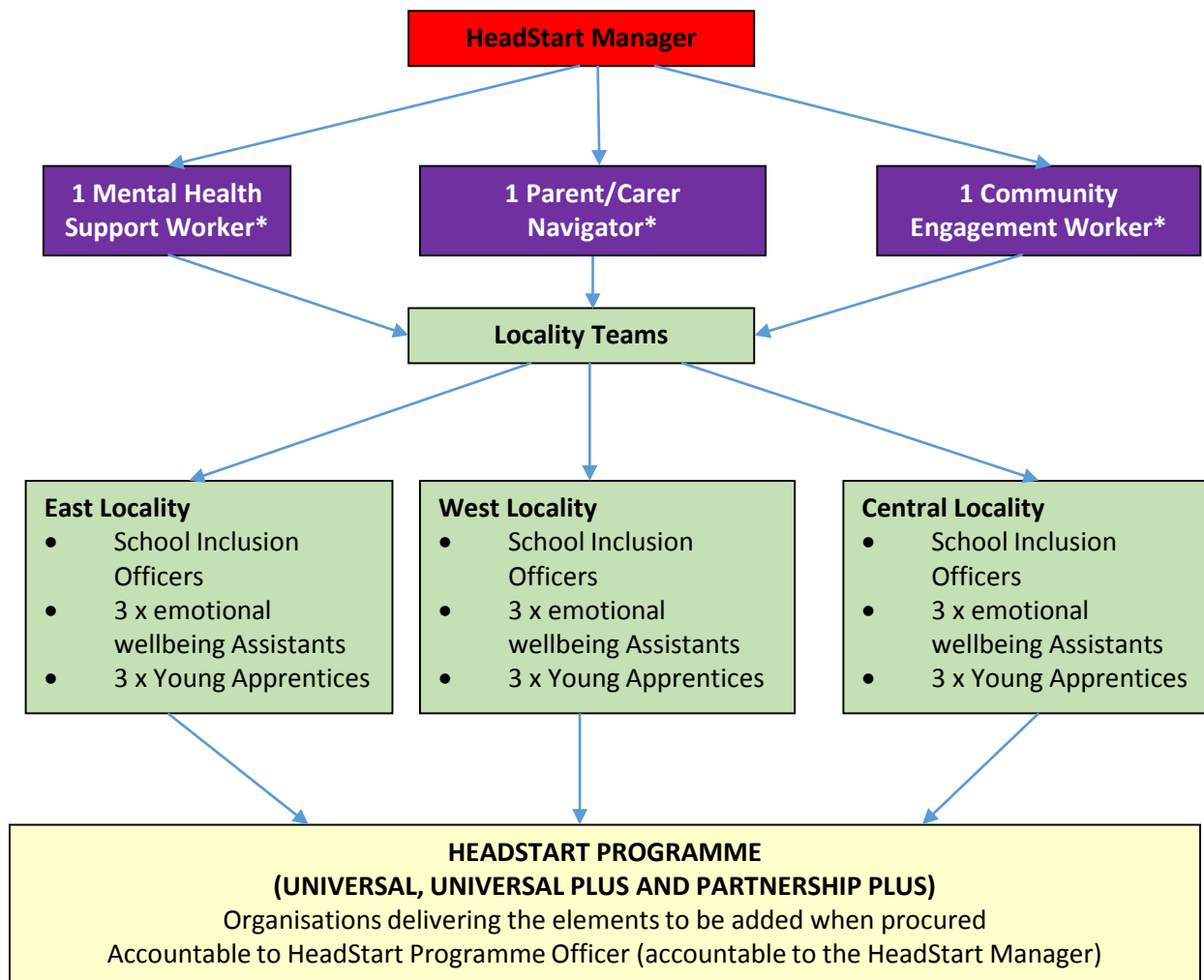
Priority focus will be on reaching children who:

- Are persistently absent, missing or disengaged from school.
- Children living with or have lived with domestic violence and abuse.
- Children demonstrating offending or anti-social behaviour and/or whose behaviour puts them at risk of exclusion and/or family crisis.

Mechanism: 'soft front door' to UNIVERSAL PLUS



How the locality teams would work



*each of the three roles will work within each locality team, however they will also be assigned overall lead to one locality and will be responsible for ensuring that locality meetings are in place, procedures and protocols are adhered to.

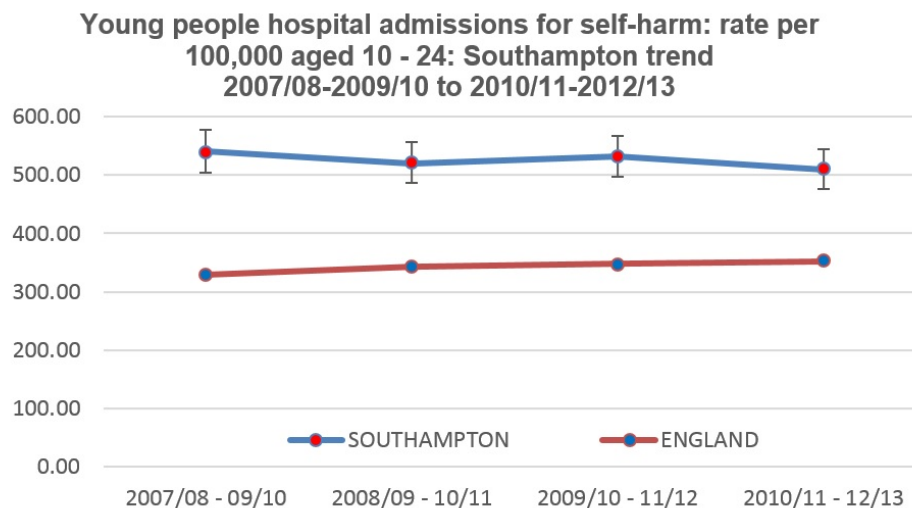
KEY ISSUES AND NEEDS FOR CHILDREN AND YOUNG PEOPLE'S WELLBEING

Our City's Joint Strategic Needs Assessment ([JSNA](#)) shows that nearly 5,500 of our children and young people have mental health problems, two thirds with conduct disorders. The estimated need for children with moderately severe problems requiring attention from professionals trained in mental health (Tier 2) is 3,590 children and young people.

- Evidence suggests that resilience in early life helps to protect against risky behaviour, improve academic results, develop skills to increase employability, increase mental wellbeing and enable quicker and better recovery from illness.
- Mental resilience is the capability to 'bounce back' from adverse experiences, and succeed despite adversity. Exposure to risk factors is more likely to lead to vulnerability, whereas protective factors lead to increased resilience.
- Taking action on well-being and resilience can reduce costs in other areas e.g. reducing truancy can produce a saving of £1,318 per year per child, and reducing exclusion can save £9,748 in public value benefits, 89% of which goes to local authorities.

The directly age standardised hospital admission rate as a result of self-harm for children aged 10 to 24 years in Southampton is 400.9 per 100,000 (2012/13). This is significantly higher than England, and has remained similar from 2007/08 to 2012/13. Crude rates of hospital admissions are shown in figure 1 below.

Figure 1:



Source: PHE Children's and Young People's Mental Health and Wellbeing Profile

Southampton has recently analysed the numbers being seen by the Deliberate Safe Harm (DSH) team in the emergency department but also those seen within the 'one stop shop' service provided by the voluntary organisation 'No Limits'. Figures 2 and 3 are from the DSH team and show that females are presenting to the ED more than males and that 64% are presenting with a medication overdose.

Figures 4-7 are from No Limits and show that the peak age of attending their clinics/drop-in sessions is 14-15 years old (fig 4) but that the frequency (amount of times attended) increases with age, with the 21-24 year olds attending around 50 times a year compared to 10-20 times for 14-15 year olds (fig 5).

Figure 6 looks at ethnicity and frequency of access. The data seems to show that young people of Asian, black, East Asian and mixed race descent are attending significantly less than young people of white descent. This highlights a need to look more in to the outcomes for different young people. Finally figure 7 looks at the postcodes of those attending and highlights the differences across the city and the continued need to undertake in-depth needs analysis of the different cluster areas.

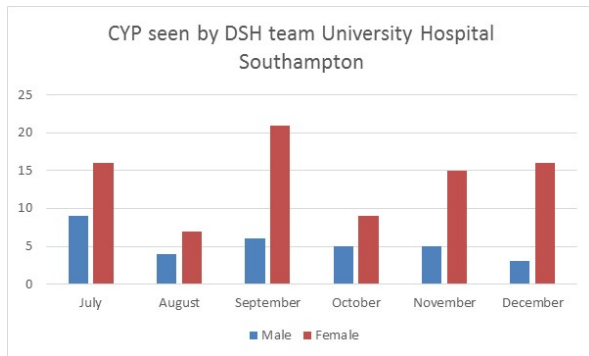


Fig 2

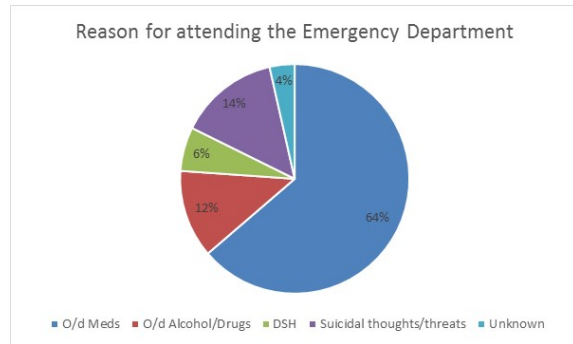


Fig 3

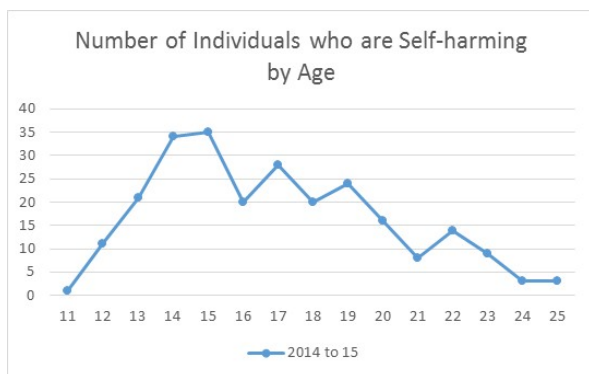


Fig 4

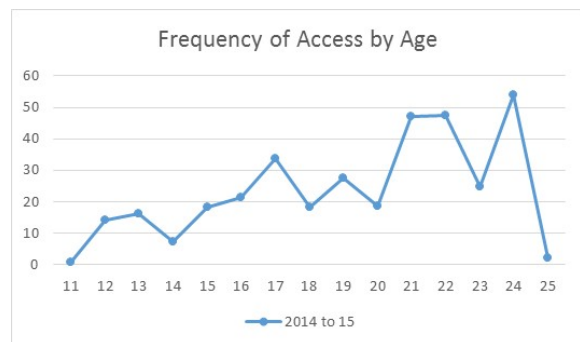


Fig 5

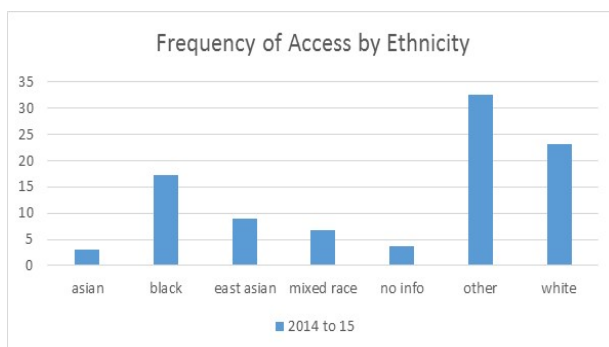


Fig 6

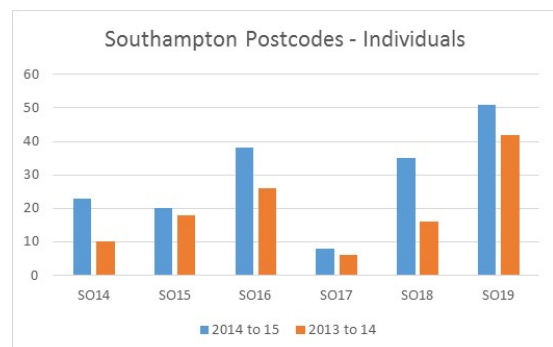


Fig 7

Within our child health profile, Southampton is significantly worse than England for 11 of the 32 indicators, this includes a high rate of looked after children, teenage pregnancy and

hospital admissions for mental health conditions (see [CHIMAT](#) website for more information).

We also know that it is important to prevent the development and accumulation of ill-health at the earliest stage possible. Some 50% of adult mental illness (excluding dementia) starts before age 15, and 75% by age 18. Children and young people from the poorest households are three times more likely to have a mental health problem than those growing up in better-off homes. Furthermore, mental health problems in childhood and adolescence in the UK result in increased costs of between £11,030 and £59,130 per child annually.

20% of children have a mental health problem in any given year at any time. Our local data shows a particular increase in related issues such as post school attendance and exclusions and youth offending peaking in the school years of 8 and 9 (age 12 to 14). Both national and local evidence also highlights a specific point of anxiety for children and young people is in the transition from primary to secondary school (year 6 to 7; age 10 to 12). This transition period was also identified by children and young people as a priority issue and the pupil survey in Southampton 2012 found year 9 and 11 as peak for pupils who worry.

HeadStart needs analysis maps a series of indicators across school, lower super output area (very small geographical areas) and wards. The indicators used include; special educational needs; indicators of deprivation using child indicators, pupil premium data, ethnicity, prior attainment, attendance, late for school, persistent absence, exclusions, Ofsted judgement, safeguarding, youth offending, crime, pupil referral attendees, CAMHs referrals. A weighting was given to some indicators where they reflect more accurate mental health and well-being e.g. SEN, CAMHs. The data was then aggregated geographically and ranked by level of collective need.

This data shows a broad range of needs spread across the City with specific areas evidencing substantially higher needs. The difference across secondary schools in terms of collective needs is much less pronounced than primary schools.

Needs analysis has evidenced that overall the HeadStart target population is;

- Children and young people aged 10 to 16 years.
- Primary (age 10-11) and secondary school pupils, with a particular focus on years 8 and 9 (age 12-14).
- Children making the transition (year 6 to year 7) between primary school and secondary school.
- All children living in Southampton and/or attending Southampton Schools (aged 10 to 16) with greater focus on CYP living in areas or attending school where there are the highest levels of needs.

Priority focus will be on reaching children who:

- Are persistently absent, missing or disengaged from school.
- Children living with or have lived with domestic violence and abuse.
- Children demonstrating offending or anti-social behaviour and/or whose behaviour puts them at risk of exclusion and/or family crisis.
- Children identified themselves, professionals, or by friends/family as needing help and support 'to cope' and thus displaying behaviours and feelings associated with reduced emotional well-being or potential risk of emerging mental health problems.

Headstart will operate on a locality basis with joined up multi-agency provision in 3 areas / 6 clusters. Some provision or elements of the programme will be targeted to identified levels

and type of need. This could reach some (but not all) primary schools with particularly high levels of need.

Outcomes will be monitored using the baseline data gathered for the needs analysis.

Agenda Item 7

DECISION-MAKER:	HEALTH AND WELLBEING BOARD		
SUBJECT:	CARERS STRATEGY		
DATE OF DECISION:	27 JANUARY 2016		
REPORT OF:	DIRECTOR OF QUALITY AND INTEGRATION, INTEGRATED COMMISSIONING UNIT SOUTHAMPTON CITY CCG/SOUTHAMPTON CITY COUNCIL		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Kirsten Killander	Tel: 023 8091 7832
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STATEMENT OF CONFIDENTIALITY			
None.			

BRIEF SUMMARY

The Southampton Carers Strategy 2016-20 refreshes the previous Carers Strategy which ended in December 2015. Unlike the previous strategy this one was co-produced by: carers; key statutory providers & commissioners of health and social care; and voluntary sector providers. Carers and representatives from these organisations have worked under the auspices of the Carers Strategy Group to develop the strategy. The group will continue to meet during 2016 and 2017 to oversee the implementation of the Strategy.

The Strategy is an overarching document which promotes organisations to make 'pledges' and 'action plans' based on the priorities within the Strategy. Some organisations have already made pledges; these and future pledges, can be seen on Carers in Southampton's web site <http://carersinsouthampton.co.uk/>.

2016 will see a launch of the strategy (March 2016). Subsequent action plans will be used to guide organisations and promote their work during key events such as Carers Week and Carers Rights Day.

Endorsement of the Carers Strategy from the Health and Wellbeing Board will provide valuable recognition to carers and support to organisations in its implementation.

RECOMMENDATIONS:

- (i) For the Health and Wellbeing Board to endorse the Southampton Carers Strategy 2016-20.

REASONS FOR REPORT RECOMMENDATIONS

1. Carers are a large group of citizens, of between 20-30,000 Southampton residents, who provide millions of pounds worth of support to their friends and family members every year. In order for them to continue in their caring role they need to keep emotionally, physically and mentally well. This strategy will

be used by organisations to

- (i) understand what carers have said will help them keep well and
- (ii) overcome the barriers to identification of carers and their access to services by guiding commissioners and providers to deliver carer friendly services.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. Not to refresh the previous strategy was considered and rejected as there would be no provision of a universal platform, influenced by carers, for organisations to use to support carers.

DETAIL (Including consultation carried out)

Background

3. The Carers Strategy has been developed over the last year and the work has been co-ordinated by Carers in Southampton. It is jointly owned by carers and the organisations who are members of the Carers Strategy Steering Group, namely: Solent, UHS, Mind, Southern Health, CCG, SCC, Young Carers (SVS), and Carers in Southampton.
4. The Strategy will guide and support the development of pledges and action plans for all of the participating members of the steering group, who will also encourage other providers of health and social care services to write them.
5. The action plans will be based on one or more of the priorities described in the Strategy:
 - carer identification and recognition;
 - information and advice;
 - collaborative and innovative support;
 - support in maintaining health, wellbeing and safety;
 - planned and unplanned breaks from caring;
 - young carers protected and supported to learn and thrive.
6. A number of stakeholder events have been held which have, in the main, been attended by a wide variety of organisations in the public and voluntary sector. Some carers also attended but additional consultation was carried throughout the summer of 2015 to engage as many carers as possible through attending established groups and talking to carers at an individual level.
7. An earlier draft version was presented to stakeholders in November 2015 and comments received were incorporated into this final version.
8. Earlier versions, and this final version, have been presented to carers and senior managers of participating organisations.
9. The Carers Strategy will be presented to the joint Council Management Team (SCC) and the Senior Management Team (CCG) meeting in February for formal ratification of both organisations to their involvement in the development of the Strategy and commitment to implementing it within their organisations through Action Plans.

RESOURCE IMPLICATIONS

Capital/Revenue

10. None through the Strategy itself, however both SCC and CCG will develop Action Plans which may need resourcing. The latter will be approved independently by each organisation, through appropriate channels, before publication.

Property/Other

11. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

12. None.

Other Legal Implications:

13. The Carer Strategy and subsequent action plans will support the implementation of the Care Act 2014.

POLICY FRAMEWORK IMPLICATIONS

14. The Carers Strategy supports both the Joint Strategic Needs Assessment (JSNA) and Southampton's Joint Health and Wellbeing Strategy. The JSNA highlights the 'need to support carers to care' as a specific challenge that needs addressing. Whilst the Health and Wellbeing Strategy contains an action to 'Offer an annual health check to carers and promote support networks for carers across the City'.

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	All
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SUPPORTING DOCUMENTATION

Appendices

1.	Southampton Carers Strategy 2016-20
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Documents In Members' Rooms

1.	None
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Equality Impact Assessment

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

Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	No
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Other Background Documents

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

Title of Background Paper(s)

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



Southampton Carer Strategy 2016-2020

*'Highlighting what is needed to support Family and Friends
who care'*

A Joint Strategy from Southampton Community partners

Southampton Carer Strategy 2016-2020

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Foreword

Southampton has had a variety of support services for both adult and young carers for many years, which have been provided by a range of voluntary and public sector organisations. In the last few years some important strides forward have been made and we sense that the voice of carers is being heard and acted upon. The Strategy gives some detail of the work currently happening which includes: increasing identification of carers through GPs; bringing together a range of services under one roof 'Carers in Southampton', and responding to requests from carers a Carers Assessment Service is being established through the voluntary sector. All of the organisations on the Strategy Steering Group provide important support to carers of all ages, as do many other voluntary and statutory groups in the city.

These are challenging times for the NHS, children and adult social services and in the current financial climate some difficult decisions are having to be taken. In this type of environment it is even more important that we take into account and value the views of all our carers.

We really welcome, therefore, the publication of the Carers Strategy for Southampton, formed by so many local carers and agencies, which provides the basis on which we can build appropriate Action Plans over the next year. We also look forward to the production of a refreshed National Strategy in 2016/17 which the work in Southampton can link into.

Lastly we would like to pay a huge vote of thanks to carers, 'The Silent Army' of 20-30,000 family members and friends living in Southampton, who provide millions of pounds worth of unpaid care. We'd also like to thank all of the agencies who contributed to this Strategy, particularly those who make Pledges and develop Action Plans. Lastly thanks go to Carers in Southampton for facilitating the development of the Strategy.

Clr Dave Shields

Southampton City Councillor
Portfolio Holder for Health &
Adult Social Care

Dr. Sue Robinson

Chair of Southampton City
Clinical Commissioning
Group

Joint Chairs of the Health & Wellbeing Board

For more
information,
please visit

[http://www.
southampton.
gov.uk/
carersstrategy](http://www.southampton.gov.uk/carersstrategy)

Acknowledgements

The Southampton Carers Strategy Steering Group are grateful for the help and support it received in building the strategy. Thanks to all of the carers, professionals and community members who have been involved in this journey to create a more carer friendly Southampton. Your input has helped to develop and inform a strong Carers Strategy for the City of Southampton.

Thanks also to Cares in Southampton for all the work they have done to co-ordinate the development of the Strategy from facilitating meeting through to collating all of the information and preparing the Strategy for publication.

Finally thanks go to Milton Keynes for permission to share their succinct summary of legislation relating to carers.

This strategy has been built in collaboration with the following organisations:



"My wife suffers from Bipolar Disorder. She has had times of unbridled energy and drive (Highs) and other times of exhaustion and misery (Lows). Trying to cope with this has often been stressful for me, which has been one of the contributing circumstances to the struggles I've sometimes had with my own mental health.

Despite being a natural loner, it has been the support I have received from people (such as those in the church I belong to and a carers worker with whom I am regularly in contact) that has been very important in making life work for me, not just in terms of surviving but also in making a contribution.

Life may not be like I once expected it would be, but in learning through the experience I find something unexpectedly good and encounter opportunities I would never otherwise have had."

- Andy (Husband & Carer)

Aim

The Southampton Carers Strategy 2016-2020 highlights the needs and issues of people who are giving support and providing care to either family and/or friends as a carer.

The aim of the strategy is to identify what is needed to improve the lives of carers now and in the future, and to change services to meet those needs.

By reviewing key national legislation, and with input from local carers & professionals working with carers, six priorities have been identified and developed to better understand what is needed to set us on the journey to improve the lives of carers.

Initially identifying their promises through pledges, key health and social care providers, including the City Council, will develop Action Plans. Other local organisations in the voluntary sector as well as the statutory sector will be able to develop their services to meet needs based on these priorities. All Action Plans submitted to the Southampton Carers Strategy Steering Group, will be monitored by them. Carers are always welcome to become a part of this group, and are encouraged to get in touch if interested, by contacting Carers in Southampton.



Carers and Caring

The Care Act 2014 defines a carer as 'someone who helps another person, usually a relative or friend, in their day-to-day life. This is not the same as someone who provides care professionally, or through a voluntary organisation.' The person being cared for may need help because, for example, they are ill, frail, disabled or have a mental health or substance misuse problems.

This strategy sees the need for recognising both carer and cared for as Expert Partners of Care to work towards providing person-centred support.

As a carer:

You may be caring for or supporting your husband or wife, your mother or father, your son or daughter, your brother or sister, your neighbour or friend, or quite often, you may be caring for more than one person, like your mother and your son.

You may be caring for someone who lives with you, who lives down the road, or who lives in another part of the country or the world. The latter two are known as remote or distance caring.

You may be helping with food preparation, assistance with eating and drinking, shopping, laundry and cleaning or other domestic tasks, or you may take this person to appointments or provide other transport, help with medication, bathing or other personal care needs, or you may provide emotional support or ensure safety.

You may support someone who is frail or elderly, who has learning or physical disabilities or sensory impairments, has a mental health condition or substance misuse issues, or any number of other health situations where the person requires additional support. The person you care for may not fall into the eligibility threshold for benefits or additional support for themselves, but you may still provide a great deal of support.

You may have been caring for a long time, or be a new carer, or your caring role may be ending or may have recently changed or come to an end.

You may be a hidden carer. A hidden carer is someone who may not be known to services as a carer and is hard to reach for support. You may not recognise that what you do for a loved one makes you a carer. You may also be experiencing other barriers to recognising and accessing information, advice and support.



“Caring for my son is rewarding,
I like it very much”

- Southampton Carer

Local Snapshot

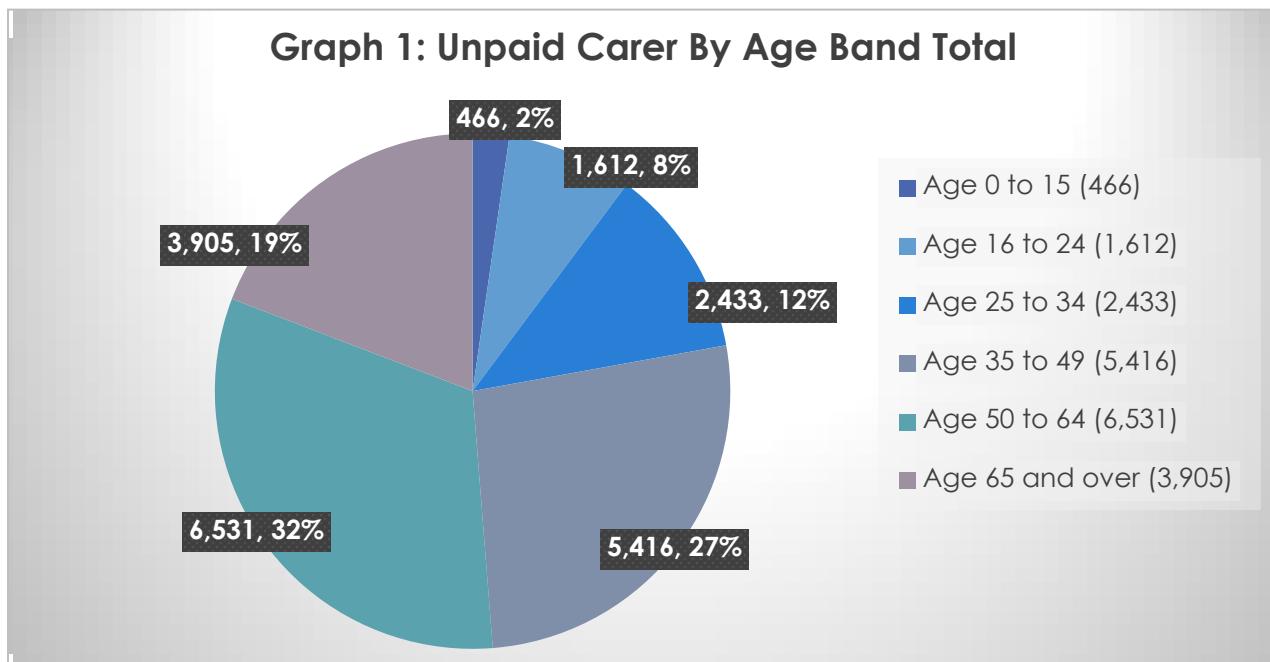
From the 2011 Census we can see that over 20,000 family members and friends living in Southampton provide unpaid care.

The Census gathers information that is self-reported, therefore we can expect there are a great deal more carers who have not self-declared as carers on the Census, and who may not see themselves as carers, despite having a caring role in some form.

Overall, CarersUK estimates that 1 in 8 people provide unpaid care, (12.5% of the population). In mid-2014, Southampton City Council estimated the population of the city to be just over 245,000 people. Including young carers, who are less likely to self-identify as carers, the actual number of carers living in Southampton is estimated to be just over 30,000 people (calculated as 12.5% of the population).

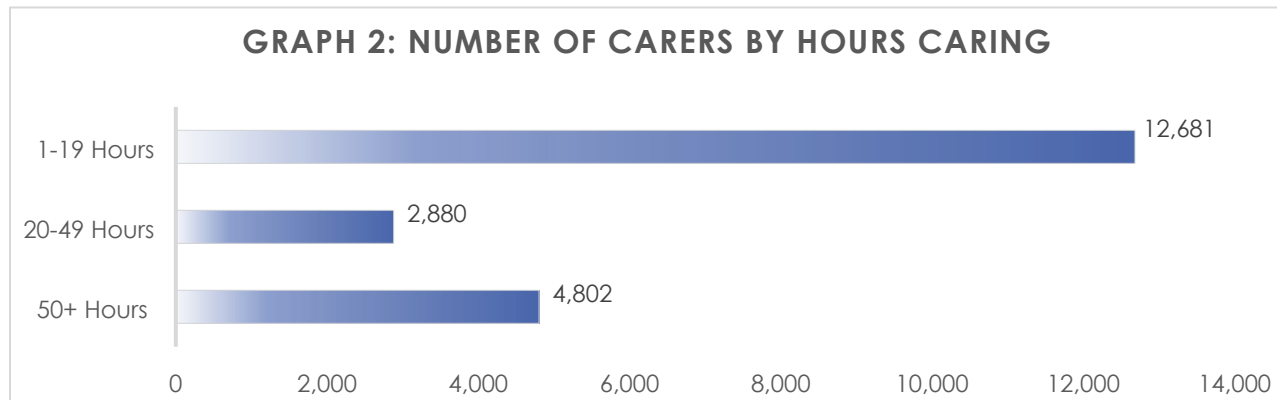
The 2011 Census provides some detailed information; however, it only gives us information on carers who have declared themselves and does not include those who do not identify themselves as carers, nor those who have taken on a care and support role since the Census.

The most common age of a carer living in Southampton is between 35 and 65 years of age, however there are just over 2,000 young carers under 25 years of age.



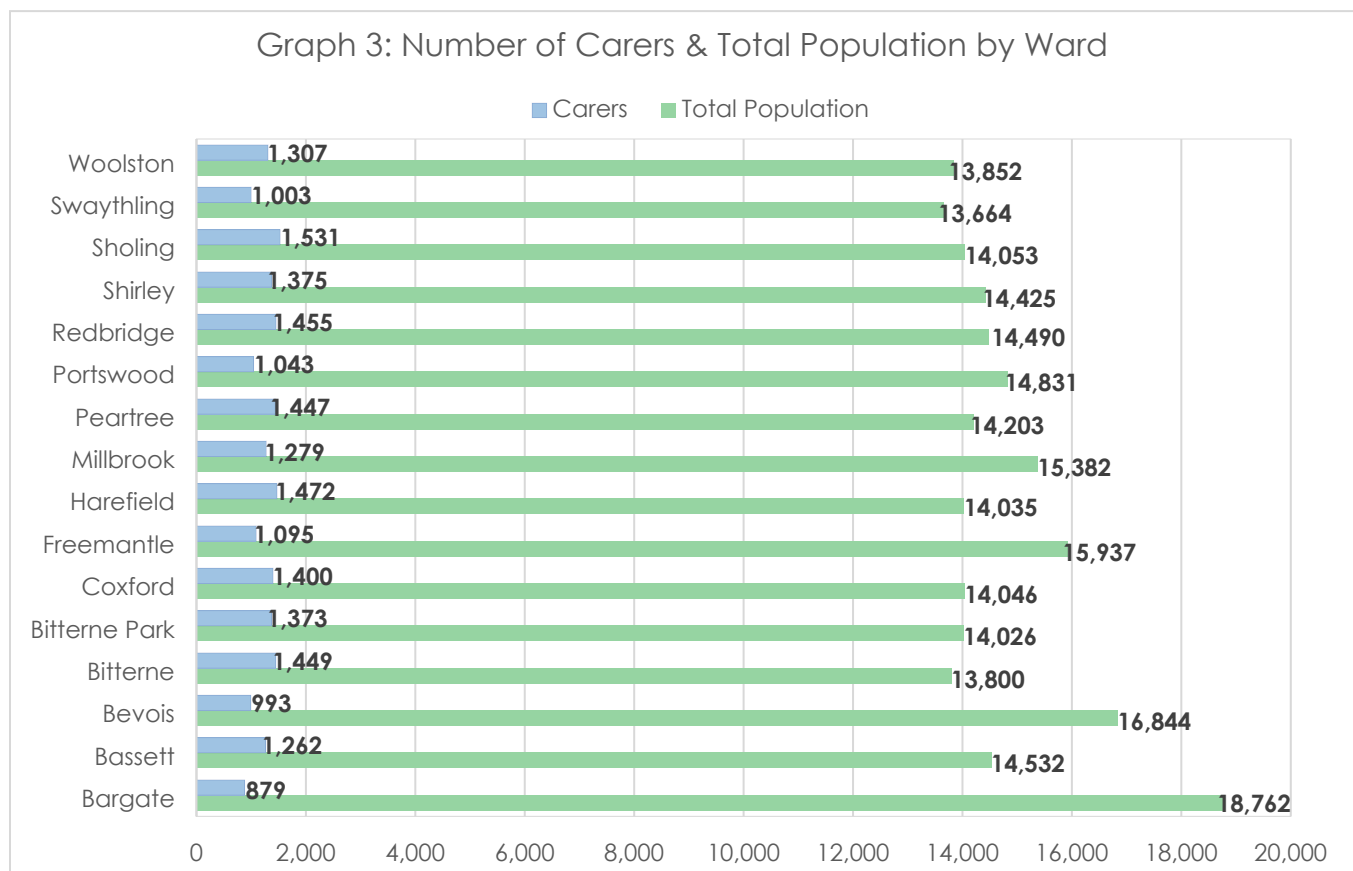
Source: Census 2011

The 2011 Census has also shown us that in Southampton, most carers provide between 1 and 19 hours of care per week; however, **almost one quarter of Southampton's carers provide over 50 hours per week of care and support.**



Source: Census 2011

Carers live in all areas of Southampton, although in the 2011 Census, **more carers have been identified (over 1,400 each) in the wards of Bitterne, Coxford, Harefield, Peartree, Redbridge and Sholing.** For perspective, Graph 3 compares carer population with the total population per ward.

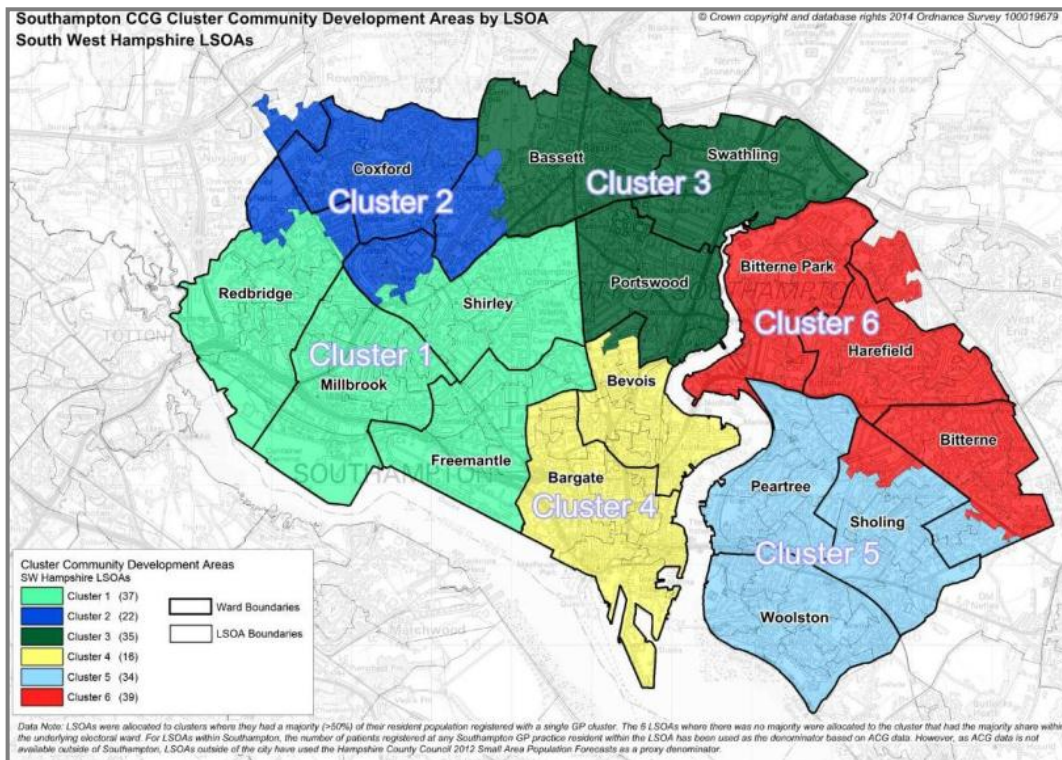
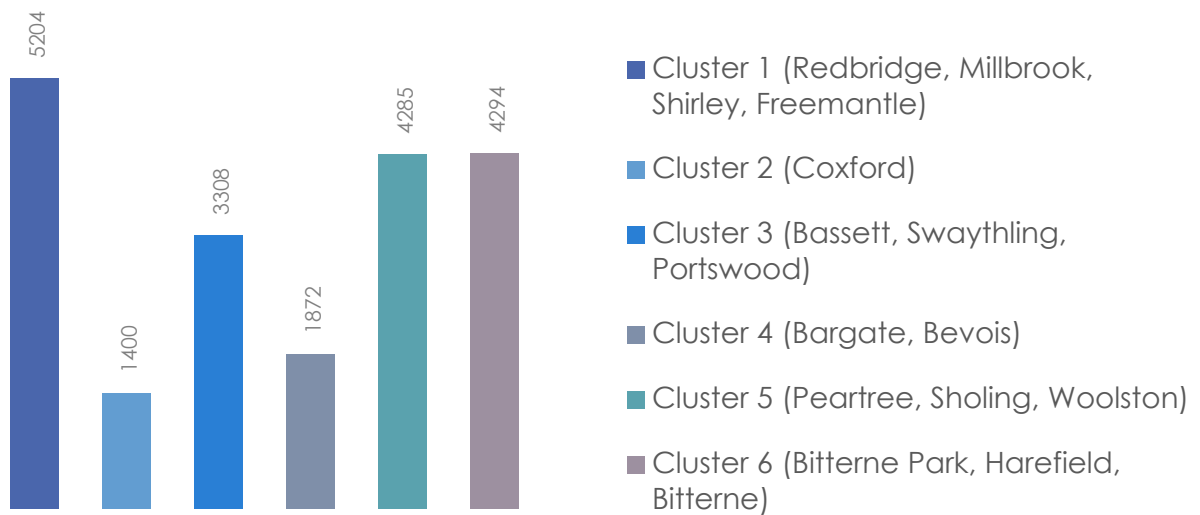


Source: Census 2011

In Graph 4, the city's population has been grouped into the six Better Care clusters. Better Care in Southampton involves developing joined-up services that puts patients at the centre of their care, taking a more holistic approach to care. The idea is to join up elements of health, social care and voluntary sector services to provide the care needed using a co-ordinated approach. There is a focus on prevention and early intervention, building on the role of individuals to manage their own health and wellbeing, and putting them at the centre of planning their care. **Clusters 1, 5, and 6 have the highest number of carers** according to the Census data.

Source: Census 2011

GRAPH 4: NUMBER OF CARERS BY BETTER CARE CLUSTERS



National Government Support for Carers

Nationally there has been significant work on how best to support carers. This is a useful starting point, and Southampton's Carers' Strategy will build on national work by looking at the specific local needs of carers in Southampton whilst taking into account national priorities and commitments as appropriate. The key national legislation and publications relating to carers are as follows:

The Care Act 2014

The Care Act 2014 has introduced new rights for carer and new duties for local authorities to provide support for carers. In particular:

- The Care Act puts the promotion of wellbeing at the heart of all delivery of care and support for both the cared for person and the carer.
- Local authorities will have a duty to assess a carer's need for support based on apparent need as well as in response to requests for an assessment.
- A carer's assessment will include an assessment of whether a carer is willing and able to provide care (now and in the future), the outcomes the carer wishes to achieve in day to day life and to what extent the provision of support could contribute to the achievement of those outcomes.
- A local authority must have regard to whether a carer works or wishes to work, or participates in, or wishes to participate in education, training or recreation.
- A local authority will have to meet a carer's need for support where this meets the proposed national eligibility criteria.

For young carers, the Care Act and Children and Families Act 2014 gives:

- The right to an assessment.
- Assessments are a requirement based on the appearance of need.
- Appropriate links between children's and adult's legislation.
- A whole family approach to assessing and supporting adults.
- A clear legislative framework.

Children and Families Act 2014

One of the key changes that was introduced by the Children and Families Act 2014 is that parents of a disabled child have the same right to support as carers who look after an adult. There is a new duty on local authorities to offer a carer's assessment to any parent of a disabled child under the age of 18 years. Parents are no longer required to request an assessment and do not have to prove that they provide regular and substantial care for their disabled child.

For many years young carers have been slipping through the gap between children's and adult's support services which has prompted amendments to The Children and Families Act 2014. When a child is identified as a young carer, the needs of everyone in the family will be considered. This will trigger both children's and adults' support

services into action – assessing why a child is caring, what needs to change and what would help the family to prevent children from taking on this responsibility in the first place.

NHS Commitment to Carers 2014

The NHS published its *Commitment to Carers* document in May 2014

NHS England has developed 37 commitments around the following eight priorities:

1. Raising the profile of carers
2. Education, training and information
3. Service development
4. Person-centred, well-coordinated care
5. Primary care
6. Commissioning support
7. Partnership links
8. NHS England as an employer

The majority of the commitments are focused on actions to be taken nationally however local health providers will take account of them in their Action Plans as appropriate.

Hidden from view: the experiences of young carers in England

For young carers the publication in 2013 from the Children's Society '*Hidden from view*' examines young carers caring responsibilities, the socio-economic characteristics of their families, young carers' educational attainment and their chances of being in training or paid work.

The Children's Society's publication '*Hidden from View*' reveals that:

- Young carers are still no more likely than other children to be in contact with social services and educational welfare services.
- Young carers are lagging behind in school and missing out on their childhoods because of the demands placed on them. Young carers achieved GCSE grades equivalent to nine grades lower than their peers. Young carers are more likely to be not in education, employment or training between age 16 and 19 and young carers are more likely to be in lower skilled employment at age 20/21.

'*Hidden from View*' states there are 166,363 young carers in England, according to latest Census data released on 16 May 2013. The Children's Society believes this could be just the tip of the iceberg. Many young carers remain hidden from official sight for a host of reasons, including family loyalty, stigma, bullying and not knowing where to go for support. Some young carers are as young as five years old.

National Carers' Strategy 2008

The Government's vision for carers was outlined in the 2008 publication '*Carers at the heart of 21st-century families and communities*'

Carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individuals' needs, enabling carers to maintain a balance between their caring responsibilities and a life outside of caring, while enabling the person they support to be a full and equal citizen.

This publication highlighted the five most desirable outcomes as:

1. Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role.
2. Carers will be able to have a life of their own alongside their caring role.
3. Carers will be supported so that they are not forced into financial hardship by their caring role.
4. Carers will be supported to stay mentally and physically well and treated with dignity.
5. Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive and to enjoy positive childhoods.

Nationally over 4,000 carers were consulted on these outcomes to see what they thought was the most important. This led to the publication of a National Carers' Strategy in 2008.

In 2010 The Coalition Government set out a plan for its work with carers and carers' organisations – this is known as '*Recognised, valued and supported: next steps for the Carers' Strategy*'. National Government set out 4 priority areas, in which they will direct their efforts to achieve the five outcomes:

1. Identification and recognition of carers
2. Realising and releasing potential
3. A life outside caring
4. Supporting carers to stay healthy

The Government is set to launch an updated National Carers' Strategy in 2016, which will aim to better reflect the priorities outlined in The Care Act 2014.

Human Rights Act 1998 and Equality Act 2010

Legislation exists to protect the rights of individuals and promote equality of opportunity for all and so protects carers from discrimination or harassment. In particular the Equality Act protects carers from direct discrimination and harassment

at work that could occur because of a caring role; offers protection for carers when buying goods or using services, and protection against victimisation. This is because carers are associated with someone who is protected by law because of their age, disability or condition.

The Human Rights Act 1998 outlines that every individual has:

The right to life. This means that your life is as important as anyone else's

The right to respect for private and family life. This means the right to live as a family

The right to dignity and being part of the community. This means that you should get the care and support you need to have a good life. You should also be able to join in with things in your community along with everyone else.

Mental Health Act 1983 (2007)

The Mental Health Act is a law about detaining (holding) and treating people with a mental disorder in England and Wales.

Carers of people with mental health problems have a number of rights under this act, including to:

- be included on service user's Care Plan;
- be given general information about the condition of the person cared for, though not specific information if the service user does not consent;
- be given a copy of the service users care plan if (a) the service user consents or (b) issues of duty of care or risk override the service user objections; and
- (where the carer is the nearest relative):
 - request a Mental Health Act assessment of the person cared for;
 - be informed of the patient's detention, and the nearest relative's right to discharge the patient, before application under Section 2 – application for assessment;
 - seek to have the patient discharged from hospital (giving 72 hours' notice), though the doctor in charge of the patient's care can prevent this action;
 - express his/her point of view when the patient's detention is reviewed by tribunal or hospital managers;
 - be told when the patient is due to be discharged from hospital, unless the nearest relative or patient has instructed that this information should not be disclosed; and
 - request advocacy visits for the person cared for.

What we have achieved so far

Southampton has a long history of providing support to carers, however until 2014 adult services were funded on an annual basis and project by project. This gave uncertainty to the sustainability of services and an uncoordinated approach. This changed in 2014 when the City Council and Southampton City Clinical Commissioning Group (CCG) jointly contracted Carers in Southampton to deliver a 'One Stop Shop' service to adult carers. A Young Carers Project has been provided within the city since 1996 and has been commissioned by the City Council since 2000: it was last recommissioned in 2014. Both contracts run until 2017 at which point future services will again take into account the needs of all carers, the progress achieved through local providers and both local and national strategies.

Currently, Southampton has:

- ✓ *Carers in Southampton*; a service that focuses specifically on providing information, advice and support to adult carers through a variety of activities including groups, training, 1:1 support workers and drop-in sessions at venues across the city;
- ✓ *Young Carers Service*, recognising and supporting young carers living in Southampton;
- ✓ online training tools *Carer Aware* and *Young Carer Aware* to help raise awareness of and respect for carers, available to anyone on the Southampton Information Directory website at http://www.southampton.gov.uk/carers_aware/ and <http://www.southampton.gov.uk/young-carer-aware/>;
- ✓ explored how a *Carers Assessment Service* can be delivered by a group of voluntary sector organisations in association with the City Council;
- ✓ a rolling programme of publicity to promote awareness and encourage Carers to register with their GP;
- ✓ regularly scheduled *Caring with Confidence* sessions delivered at University Hospital Southampton NHS Foundation Trust (the General Hospital); and
- ✓ *Memory Cafes* run by Admiral Nursing service, available in different areas of the city for carers of people with dementia to learn and socialise.



"I worry about the future!"
- Southampton Carer

Participation in the strategy

Carer voices are a central vein running through and feeding life into Southampton's Carers Strategy. We are grateful for the wide participation from carers and professionals who have made this possible.

Summaries of feedback gathered can be found on the Carers in Southampton website: <http://carersinsouthampton.co.uk/the-directory/carers-strategy/>

Carers & Cared-For

Carers were approached and encouraged to provide feedback at various events, groups, and through an online survey as well as alongside stakeholders at larger workshops and events. Wherever possible, the cared-for person was encouraged to provide additional feedback, as they often have a unique understanding of carer needs and issues. As well, cared-for concerns often have a direct impact on the family and friends who support them.

Consideration has also been given to issues and needs of carers who have not been able to provide feedback, giving a voice to the often voiceless hidden, vulnerable and hard to reach carers.

We will continue to gather feedback as the different Action Plans are developed and implemented by key health and social care providers within both the public and voluntary sectors. Friends and family providing care and support are welcomed and encouraged to get involved however and whenever is suitable for them.

Stakeholders

At broader stakeholder events and workshops, participants were asked for feedback on what works well, what doesn't work well, and what needs to change regarding support and services for carers who are caring for a Southampton resident or are a carer living in Southampton. A wealth of information was fed back from representatives and professionals working in adult social care, children's services, several different areas of healthcare and public health, as well as among the various voluntary organisations that work daily with carers and the people they look after.

Steering Group

A group of carers and paid staff were gathered to build the strategy and lead it to implementation. The Steering Group included a number of carers with a wide range of caring and life experiences and staff from Southampton City CCG, Southern Health NHS Foundation Trust, Solent NHS Trust, Southampton City Council, Children and Young Peoples Public Health Nursing Service, Admiral Nursing Service, Solent Mind, SVS Young Carers Service, and Carers in Southampton. A number of the paid staff who belong to the group have also identified themselves as carers, providing an enriched input while wearing many hats.



"Noah was sleeping on the floor. This was happening because he wanted to be near his daddy.

Tony, as you know, has ME. I've previously had depression and OCD. I think that has caused some of his anxiety. Obviously wanting to be near his dad. I don't think he will ever stop being anxious.

When Tony and I are both ill, it is very difficult to get help and support with the children."

- *Family with mutual caring roles & young carer*



Key Priorities

The Steering Group has examined feedback alongside current provision, needs and priorities of carers in the context of national legislation and local demographics. This has led to the identification of six key priorities to improve lives and support of Southampton's carers.

- ✓ *Carer Identification and Recognition*
- ✓ *Information and Advice*
- ✓ *Collaborative and Innovative Support*
- ✓ *Support in Maintaining Health, Wellbeing and Safety*
- ✓ *Planned and Unplanned Breaks from Caring*
- ✓ *Young Carers Protected and Supported to Learn and Thrive*

Statutory, voluntary, community and commercial organisations are encouraged to submit pledges and develop action plans, agreeing to work towards the six priorities identified in this strategy.

Common Themes from Priorities

While each priority has specific importance and value, a number of issues for carers present themselves across several priorities. These common overlapping themes are worth noting, as their recurrence isn't coincidental, and show how interlinked the priorities are.

Identification and Recognition

Identification of carers and recognition of their needs and skills as a carer by: professionals; carers themselves, the cared-for person; and the general public, plays a major role in effectively promoting support for carers across all priorities. Identification enables access to services within the other priorities, as appropriate. As a result, other more complex issues and needs can begin to be addressed. Carers should be recognised as an expert of care when addressing issues across all key priorities.

Need for Education of Carers, Professionals, and Community

An enhanced understanding of who carers are, what their unique needs are, how to best meet those needs while providing care and support that also meets the needs of the cared-for person requires a great deal of continuous learning. This underlines the need for education not only for professionals, but also for carers to encourage continuing the support they give and their own wellbeing. So whilst a service might need training in identifying and supporting carers, carers themselves may benefit from increasing their computer skills to keep in touch with friends and family, or information on the condition the person they care for has.

Collaboration

Just as support needs will not be developed overnight, so too will they not be developed effectively by any one individual, group, or organisation. A joined up approach for addressing concerns and developing services has been a consistent theme in feedback from everyone, particularly carers. Without collaboration the priorities will not knit together to give a holistic approach: collaboration is necessary to implement a strong strategy.

Time for yourself

The importance of a carer being able, and recognising the need, to have time for themselves, is highlighted in the priority *Planned and Unplanned Breaks from Caring*. Without being identified as a carer, information on how and where to get 'time out' from may not be easily available, and the support might not be made available to take time out, demonstrating the overlap across the other priorities. The impact on carers' wellbeing, with or without time for themselves, makes this an important theme for all carers.

Young Carers

All key priorities relate directly and indirectly to young carers. The Steering Group wants to ensure that young carers are not overlooked. They are included in all priorities as well as being represented in a section focusing on their particular needs.

Priority 1 Carer Identification and Recognition

Aim: For services to develop effective means of carer identification; increase awareness of their issues and needs; as 'Expert Partners of Care' involve them in shaping services.

- ★ Increase awareness within the community of the variety of caring roles, carer's needs and issues and availability of services. This will help and encourage friends and family members providing support to recognise themselves as carers.
- ★ Services need awareness and understanding of who a carer is to identify them. Knowledge of their needs is required to appropriately deliver person-centred support.
- ★ Carers may have more than one primary caring role: all caring roles should be recognised and considered when planning support.
- ★ All carers, particularly those that are considered hard-to-reach should be recognised and respected by professionals, organisations, and the community as 'Experts in Care' as well as people with needs in their own right.

Hard-to-reach may refer to a carer experiencing stigma or unwelcome labelling of them or their cared-for person. They may be experiencing barriers to accessing support due to language, cultural differences, isolation or distance. They may also be new carers, young carers or working carers; or may be caring for individuals belonging to any of the following populations: black, Asian minority, ethnic and refugee (BAMER); lesbian, gay, bisexual, transgender (LGBT), older adults, those living with mental health or substance misuse conditions.

Priority 2 Information and Advice

Aim: Signpost to appropriate services and facilities, and provide access to important information and advice in a variety of formats to ensure ease of access.

- ★ Everyone working with carers, or clients with carers, have a responsibility to maintain an up-to-date knowledge of how best to support and direct carers e.g. know key organisations that provide information and advice. This should include consideration of any children or young carers.
- ★ Contact points for appropriate information and advice for carers should be diverse and easily accessible. Services should consider the rights and needs of carers to exercise how they choose to access and be involved in services, including receiving information and advice. Carers will have varying abilities of understanding / accessing information due to, for example language, mental capacity or sensory impairment. Provision of information in a variety of formats and languages should therefore be on offer, or a central point to direct carers to.

- ★ Services should recognise that carers are not always aware of what support is available and would benefit them.
- ★ Whenever written information and advice is developed, the needs of young carers should be considered and incorporated.

Priority 3 Collaborative and Innovative Support

Aim: For services to work in partnership and plan collaboratively ensuring easy access to the right support for both carers and the people they care for. Services will work with carers to develop and appropriately provide support mechanisms.

- ★ All professionals and agencies have a responsibility to encourage an understanding of how best to meet the needs of carers in their own right and as Expert Partners of Care.
- ★ Organisations need to create and agree a plan of how to work together, in a way that works with and for carers and recognises them as partners.
- ★ New technologies and other methods should be used for interactions between organisations and with carers, to provide support and share knowledge.
- ★ Ingenuity and flexibility is needed when working to support and address the needs of carers, particularly those experiencing isolation, who have limited or no access to the internet, or may be restricted from leaving their homes due to their caring roles or their own health and social care needs.
- ★ It is important that carers have continued contact and appropriate support. Carers have said they feel 'dropped' after a crisis is resolved or initial contact.
- ★ Carers should be engaged with as part of care planning, where the cared-for person gives permission. This should include the identification and recognition of carer needs.
- ★ All carers, adult and young carers, should be offered a Carers Assessment and signposted accordingly.
- ★ There is a recognised need for services to collaborate in order to support young carers effectively. They should be considered and engaged with as a part of the family and in so doing provide support through a 'Whole Family Approach'.

Priority 4 Support in Maintaining Health, Wellbeing and Safety

Aim: Encourage carers to take care of their own health and wellbeing with support from services where needed.

- ★ Acknowledge a carer's right to have, and support them to achieve, a life of their own outside of caring, and a right to feel safe and well.
- ★ Continuous and appropriate contact available to carers, with information and encouragement to look at the ways they can maintain their own health,

wellbeing, and safety through a range of activities, services and development of support networks. This may include a focus on housing, nutrition, physical and mental health, employment and training, leisure and social activities, and personal pride and self-recognition. This is especially important where a carer is isolated.

- ★ Support carers to recognise their rights to health, wellbeing and safety, including an understanding of how they can work and access support to meet their personalised needs as an individual, both during their caring role and after it finishes.
- ★ Work to change attitudes in the community to value carers, and their role, more highly.
- ★ Young carers will need additional help and support to maintaining health, wellbeing and safety.

Priority 5 Planned and Unplanned Breaks from Caring

Aim: Provide high quality and appropriate replacement care.

Breaks can be found in a range of formats (with or without cared-for, in or away from home, alone or with others), timescales (a few hours, overnight, multiple days or weeks, regularly, or ad-hoc), and accompanied by a range of provision for cared-for person (no provision, paid carer visits, residential respite provision, voluntary provision, help from family members, friends or neighbours).

- ★ Develop easy processes for accessing breaks which give consideration to suitable timing, availability, and choice for carer and cared for. This should include building capacity and planning for cared-for people, especially those who may not meet the eligibility criteria for formal replacement care packages, such as looking to community and family networks.
- ★ Raise awareness in the community to encourage support of carers, which can in turn help carers to recognise for themselves the benefits of having a break.
- ★ Work with families and young carers to enable them to identify and access services that offer a break for Young Carers.
- ★ Carers should be encouraged to write a 'Contingency Plan' for periods where they are unexpectedly unable to care, taking into account it could be a short or long period of time. The plan could also consider planned breaks.

Priority 6 Young Carers Protected and Supported to Learn and Thrive

Aim: To identify young carers, provide support and enable them to understand their rights and entitlements.

- ★ Increases awareness of the existence of young carers to all schools and colleges in Southampton and encourage them to proactively identify young carers and promote their wellbeing.
- ★ Any assessment of, or initial provision of a service to, somebody needing care and/or support should include questions that identify young carers.
- ★ All services should promote the wellbeing of children when somebody the child cares about has, or develops, care and support needs.
- ★ All children have a right to learn and thrive.
- ★ Young carers families should be signposted to appropriate support services. Up-to-date information can be found here:
<http://www.southampton.gov.uk/health-social-care/carers/young-carers.aspx>
- ★ Young carers are recognised as having a right to be considered and included in each of the above priorities.

“Caring is difficult when it's for your husband... you are not appreciated.

A lack of money and no breaks are always at the back of my mind.

I try to keep smiling!”

- Southampton Carer



Pledges and Action Plans

The Strategy's Steering Group have often been asked: *How will this strategy make a difference? And how will you know it is making a difference?*

The Southampton Carers Strategy 2016-2020 has been created with these questions in mind. The strategy has pulled together national legislation, local data, carer and professional feedback to generate a summary of need in Southampton.

To demonstrate support for carers and the strategy, pledges have been encouraged from any and all individuals, groups and organisations. These pledges are a promise to work towards and support carers, and are personalised to the individual or organisation submitting them.

You can find an up-to-date Pledge Page on the Carers in Southampton Website:

www.carersinsouthampton.co.uk/carers-strategy

Following the development of pledges, the Steering Group will support key organisations to develop a corporate and/or service specific Action Plan that reflects relevant priorities. These organisations, and any others which wish to write an Action Plan, will be invited to register them with the Steering Group who will monitor their implementation. Some organisations will cover areas larger than Southampton, and may need to have a plan that reflects more than one local carers' strategy.

It is the responsibility of each local organisation or network of organisations, to develop their own action plans based on the six priority areas highlighted in the strategy.

At the time of this Strategy's publication the following organisations have given pledges and agreed to develop an Action Plan and implement it during 2016 and beyond:

- **Health Care: Southampton City CCG, Solent NHS Trust, Southern Health NHS Foundation Trust, University Hospital Southampton NHS Foundation Trust**
- **Southampton City Council**
- **Voluntary Organisations: Solent Mind, Southampton Voluntary Services Young Carers Project, Carers in Southampton**

The Strategy Steering Group will also work with the following sectors to gain pledges and develop and implement Action Plans as appropriate:

- **Statutory, voluntary and community organisations**
- **Schools and Colleges**
- **Businesses**
- **Individuals, Families and Friends: pledges are welcome but Action Plans are not expected to be developed**

Agenda Item 8

DECISION-MAKER:	HEALTH AND WELLBEING BOARD		
SUBJECT:	BETTER CARE SOUTHAMPTON UPDATE AND QUARTER 2 PERFORMANCE		
DATE OF DECISION:	27 JANUARY 2016		
REPORT OF:	Stephanie Ramsey, Director of Quality and Integration		
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STATEMENT OF CONFIDENTIALITY			
None			

BRIEF SUMMARY

This paper has been prepared for the Health and Wellbeing Board to provide an update on progress against the Southampton Better Care plan which is coming to the end of its first year. It highlights performance to date and recommendations for developing Better Care going forward as we prepare for 2016/17 and beyond.

Policy guidance has recently been published for the Better Care Fund (BCF) in 2016/17. This states that the Better Care Fund will be increased to a mandated minimum of £3.9 billion (for Southampton the minimum requirement has increased from £15.325m (revenue funding) to £15.892m) with additional funding being made available to local authorities from 2017/18 equating to £1.5 billion by 2019/20.

The policy guidance signals a clear direction of travel towards system wide health and social care integration, noting the Government's Spending Review requirement to produce a whole system integration plan for 2017. Better Care is seen as a first step in achieving this.

The policy guidance also highlights the importance that BCF plans are aligned to other programmes of work including the new models of care as set out in the NHS Five Year Forward View and delivery of 7 day services.

Final detailed guidance is still awaited in the NHS Technical Planning Guidance but known changes for 16/17 include:

- Removal of the payment for performance element (linked to the reduction in NEL hospital admissions) – although reducing non elective admissions will remain a target.
- Two new national conditions requiring local areas to fund NHS commissioned out of hospital services and to develop a clear focused action plan for managing delayed transfers of care (DTOC).

Better Care plans for 2016/17 are required to be agreed by Health and Wellbeing

Boards and signed off by the relevant local authority and clinical commissioning group (CCG).

A first cut submission is due 8 February 2016 with the final submission due 16 March 2016. This will need to include a short, jointly agreed narrative plan, confirmed funding contributions, a scheme level spending plan and quarterly trajectory for the national metrics.

RECOMMENDATIONS :

- (i) To note the progress with implementation of Better Care Southampton which is coming to the end of its first year.
- (ii) To consider the future of Better Care Southampton for 2016/17 and beyond, noting the policy context towards whole system integration of health and social care.

REASONS FOR REPORT RECOMMENDATIONS

1. From 1 April 2015 local authorities and CCGs were required to establish a pooled fund under Section 75 of the NHS Act 2006 for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authority. Policy guidance for 2016/17 builds on this requirement and overall direction of travel towards whole system integration. Local Authorities working with CCGs are required to submit a 2016/17 first draft plan for developing their Better Care plans by 8 February (alongside CCG Operating Plans), with a second submission required by 16 March 2016. Health and Wellbeing Boards are responsible for finalising and signing off the final Better Care Plans by 20 April 2016.
2. Southampton, through the Integration Board, has recently undertaken a review of progress against its Better Care Plan and taken stock of priorities moving forward. This review has led to a draft Blue Print for the future which will inform the plan for 2016/17. Key priorities identified by the Blue Print are outlined for consideration by the HWBB in this report.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. Not applicable

DETAIL (Including consultation carried out)

Background

4. In January 2015, Southampton City Council Cabinet and Southampton City CCG Governing Body approved entering into a S75 of the National Health Service Act 2006 Partnership Agreement pooled fund to bring together approx. £60m of health and social care community resources to deliver 3 schemes in line with the national requirement for CCGs and local authorities to pool budgets and agree an integrated spending plan for how they will use their Better Care Fund allocation. These schemes were:
 - Support to carers (£1.334m)
 - Cluster teams (£30.634m)
 - Rehabilitation/Reablement and supported discharge (£26.015m).

In doing so, Southampton took the decision to go above and beyond the national minimum requirement, reflecting its ambition to integrate at scale and completely transform the delivery of health and social care services, ultimately seeking to pool over £130m of health and social care resource.

Southampton's vision for Better Care is to completely transform the delivery of care in Southampton so that it is better integrated across health and social care, delivered as locally as possible and person centred. Better Care has the following overarching aims:

- **To put Individuals at the heart of their own care**
- **To focus on prevention and early intervention.**
- **To build community capacity**
- **To help people to retain and regain their independence**

The key principles are:

- **Efficient and consistent** - care planning and assessment may be undertaken by any agency using a common trusted tool
- **Integrated and seamless** - services will be delivered in an integrated way at all levels wherever possible with a focus on local care
- **Round the clock** - out of hospital care will be a 7-days-a-week service and will be consistent both in and out of hours
- **Community-led** – the vast majority of people's needs will be managed in the community by the local cluster teams. Community services will be the first port of call for people seeking help for themselves or others

5. **Progress to date**

As part of implementation regular reporting has to be made to NHS England and the national Better Care Support Team. The Quarterly returns form part of the overall accountability framework for the BCF as set out in the national guidance (Guidance for the Operationalisation of the BCF in 2015-16) issued in March 2015.

The quarterly submissions report progress against delivery of the Better Care national conditions and performance against the national metrics. Below is a summary of performance as at the Q2 return:

- **Non Elective (NEL) hospital admissions** have reduced in 2015/16 compared to 2014/15 and are on target (as at Q2 monitoring) to achieve plan. This reduction is mainly in the 65+ population (2% reduction at M7) which has been the focus of this year's Better Care programme. Conversely hospital admissions have increased (7% increase at M7) in the working age adult population - this will need attention going forward.
- **Delayed transfers of care** are above target (12% over plan at M7) but have reduced significantly compared to the previous year (16% reduction at M7) which is testimony to the significant work being done through the integrated discharge bureau and the complex discharge action plan. The daily number of delayed transfers of care has reduced from around 30-40 in 2014/15 to around 20-30 this year. This will remain a key area of focus going forward.
- **Permanent admissions to residential and nursing homes** are above target (21% over plan at M7) and have fluctuated this year with residential admissions high at the beginning of the year but now reducing; nursing home admissions have remained higher than last year. There has been a general increase in complexity. Action to reduce permanent admissions this

year has included the use of a CQUIN (Commissioning for Quality and Innovation) scheme with Solent NHS Trust to provide targeted support to residential home staff to better enable them to manage people's health needs and prevent escalation - however this has been a small scale pilot in a few homes and will need to be rolled out further to have an impact. Investment in the integrated rehabilitation and reablement service in 2016/17 accompanied by greater use of extra care housing is also expected to reduce reliance on residential care. An audit has been carried out into residential home admissions (final report due shortly) to better understand the reasons for permanent admission and how they might be addressed. This remains a key area of focus.

6. The table below summarises progress in terms of each of the key work streams:

Carers:	An assessment service has been procured from the voluntary sector and went live (June 15). The use of a pooled fund for this service has enabled the CCG and City Council working together to procure a single service against a single specification and budget. The City Council is the lead commissioner for this service. Performance monitoring is showing a significant increase in numbers of carers identified. 748 carers have registered on the database as at 30 Sept 2015. 73 carers assessments have been completed between the start of the service in June 2015 and 30 Sept 2015.
Rehabilitation, Reablement and supported discharge:	The integrated health and social care service will go live from January 2016. There are proposals to implement a revised model of bed based and domiciliary based care from 1 June 2016, subject to approval by Cabinet in February. The integrated service will formally bring together staff teams, systems and processes (e.g. assessment, care planning) and management structures to provide a streamlined redesigned service capable of better responding to crisis and supporting timely discharge, with a greater focus on promoting and maintaining independence in people's own homes to reduce hospital admissions and admissions to residential and nursing homes.
Clusters:	Six clusters have been established across the city for integrated working, based around groups of GP practices. These include frontline staff from community nursing, older people's mental health services, supported housing, social care and primary care along with representation from the community and voluntary sector, led through 6 cluster leadership teams. A workforce development programme is in place funded by Health Education Wessex. Local performance data is available through cluster performance dashboards and risk stratification. The lead professional role and multidisciplinary case management is being trialled. Development of these teams has progressed at differing paces across the city as follows: <ul style="list-style-type: none"> • Cluster 1 – strong focus upon complex case management

	<p>in the older person, open to becoming a trial area for new telecare approaches and of course expanding the work possible through community navigation.</p> <ul style="list-style-type: none"> • Cluster 2 – Strong focus upon linking up communication methods between services, including the relaunching of the ‘low tech’ patient held single record. • Cluster 3 and 4 – These groups have moved past relationship building and begun to provide a step up multidisciplinary complex case approach for those cases which the current practice level teams have been unable to fully meet the individuals planning needs. • Cluster 5 – This group is expanding the current practice level MDTs to promote a wider range of persons and knowledge involved in problem solving with complex cases. They have also promoted the new approach of ‘low tech’ single health record. • Cluster 6 – continues to develop their plan around complex case management, having spent a significant amount of time on relationship building and promoting the single health record concept.
Community Solutions:	<p>All clusters have undertaken a community workshop with voluntary and community sector and statutory health and care providers attending. These workshops have generated a range of themes in each area which will form the basis for individual cluster community solutions work. The overarching community solutions group will aim to pull together any learning and successes from across the clusters. Examples of the common themes are as follows:</p> <ul style="list-style-type: none"> • Loneliness and isolation – with consideration of embracing the work already done by neighbourhood watch schemes and ‘timebank’ • Access to information – providing a wealth of feedback to inform the information, advice and guidance review underway in qtr 4 1516 and qtr1 1617. • Accessible transport – review underway by Age UK Southampton of community provision informing this challenging area. • Engagement with faith communities and groups – seeking a broad understanding of health and wellbeing approach of the varied cultural groups within the city and informing service provision.

7. **Integration Support bids**

In October 2015, the Better Care Support Team invited local areas to bid for a share of £500k to support implementation of integrated care. The funding was offered in two tranches – 6 November and 11 December. In the first tranche 35 bids were received with a total value of £1.6million, of which £465,000 was awarded. Given the scale of interest, the BCST increased the size of the fund to £1m, with at least another £500,000 available in tranche 2. and a further £580k was awarded.

Southampton was successful in two bids:

- £25k to promote organisational development. The proposal builds upon a bottom up approach to bringing staff together in each cluster to get to know each other's roles, learn together and shape the new ways of working, promoting the organic development required to support new organisational formats.
- £46k to develop a whole system demand and capacity tool to inform future planning.

8. **Future Planning**

The focus of the programme during 2015/16 has initially been older people aged 65+. In planning for Year 2 of Southampton's Better Care programme, the Integration Board has taken the opportunity to reflect on progress to date and consider priorities for the future, aided by the Better Care Support Team self-assessment tool published in November 2015.

A new "Blueprint for integrated care in Southampton" is currently being developed which will substantially increase the scale and pace of integration across the city and will set the direction for the Better Care programme for the next 5 years. In particular, this recognises the need to embrace opportunities across the system for better integrating health and social care, in particular, taking account of the new models of care outlined in the NHS 5 Year Forward View and the following local developments:

- the Multispecialty Community Provider (MCP) fast follower programme, led by Solent NHS Trust in partnership with SCC, primary care and the voluntary sector, which is exploring alternative organisational forms to deliver the Southampton Better Care vision.
- Southampton City's primary care strategy which is seeking to develop more sustainable models of primary care and improved access. As from 2016/17, it is expected that new legislation will be passed to enable primary care funding to be included within Better Care pooled funds. This, alongside delegated responsibility to the CCG for primary care budgets in 2016/17, creates new opportunities for integrating resources and provision further.
- The Devolution agenda and development of the Southampton Health and Wellbeing Board.

9. In particular, the Blueprint sets out the need for:
- **More rapid expansion of the integration agenda across the full life-course** – in particular to address pressures within the working age adult client group (where NEL hospital admissions continue to increase, particularly for those with long term conditions and social complex circumstances) and within children's services where the numbers entering the care system have been rising exponentially at a rate which is now 75% higher than the England average.
 - **A much stronger focus on prevention and early intervention** – this is central to transforming the health and social care system and achieving financial balance. However, with the pressures on budgets and particularly reductions in the Public Health grant, this will need a more long term whole systems view to planning which sees investment in prevention and early intervention as a priority for all partners across the system, regardless of where the benefits of a particular investment falls. Work has commenced in developing a commissioning programme for prevention and early intervention to support this ambition.
 - **A more radical shift in the balance of care out of hospital and into the community** – much has been made of this over the past 20 years, with some progress, but more of a shift in practice is needed. Future development of cluster working and integrated rehabilitation and reablement and hospital discharge are key to the success of this ambition.
 - **Significant growth in the community and voluntary sector** - to achieve the focus on prevention and early intervention required and divert people away from public funded services by building resilience, promoting independence and access to community resources. Some progress has been made through the community solutions group. However, Southampton remains far behind some of the leading cities in this area e.g. Leeds, Lambeth and Southwark, Derby. A strengthened community and voluntary sector is required but this will need investment and support in its infrastructure to allow it to develop and thrive. Work is currently underway as part of the Prevention and Early Intervention (PEI) commissioning programme to determine the best way of doing this.
 - **Development of new organisational models which better support the delivery of integrated care and support, joined up patient/client record systems, joint use of estates and greater use of technology solutions to drive efficiencies** - Southampton's MCP fast follower status provides an opportunity to progress this at pace.
 - **New contractual and commissioning models which enable and incentivise the new ways of working described above** - this includes lead provider arrangements to support MCP or other integrated provider models, alliance contracts based around single service specifications and outcomes frameworks, longer term contracts to provide stability to enable providers to work differently and introduction of different currencies based around needs or pathways as opposed to units of care delivered by a single organisation -e.g. capitated budget; total place budgeting.

10. Plans for the Better Care fund in 2016/17 will take account of these priority areas and it is recommended that the pooled fund is increased to include:
- a new scheme focussed on the development of prevention and early intervention underpinning the PEI commissioning programme referred to above.
 - a new scheme focussed on the development of telehealthcare
 - a new scheme focussed on bringing together health and social care resources for adults with learning disabilities
- Consideration should also be given to the benefits of potentially extending the pooled fund to other client groups, e.g. children and families.

RESOURCE IMPLICATIONS

Capital/Revenue

11. The minimum requirement for the Better Care Fund has increased in 2016/17 from £15.325M Revenue to £15.892 Revenue. The capital requirement for 2015/16 was £1.526M and is expected to remain broadly unchanged for 2016/17. The majority is existing funding sources included within either the Council or CCG budget. This funding is not new to the Health and Social Care system. However, under the conditions of the Better Care Fund, additional funding of £600,000 from within the pool should be provided to help meet the responsibilities of the Council required by the Care Act 2014.
12. The current value of Southampton's Better Care pooled fund is approx. £60m with plans to increase this further in 2016/17 with the potential addition of the 3 schemes identified above. Further detail on these potential additional 3 schemes is currently being worked up and will be presented to the Commissioning Partnership Board for consideration.

Property/Other

13. Not applicable

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

14. Section 75 of the National Health Service Act 2006.
The pooled fund agreement will cover governance and technical aspects including accountability, financial reporting and the handling of overspends, underspends and savings requirements.

Other Legal Implications:

15. The Health and Social Care Act 2012 places a duty on Health and Wellbeing Boards to encourage and support integrated working. This is being delivered through guidance for the Operationalisation of the BCF in 2015-16.

POLICY FRAMEWORK IMPLICATIONS

16. The decision sought is wholly consistent with the Council's Health and Wellbeing Strategy and other policy framework strategies and plans.

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	All
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SUPPORTING DOCUMENTATION

Appendices

1.	None
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Documents In Members' Rooms

1.	None
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Equality Impact Assessment

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

Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	Yes/No
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Other Background Documents

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

Title of Background Paper(s)

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

1.	None	
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