

Health Overview and Scrutiny Panel

Thursday, 30th June, 2022
at 6.00 pm

PLEASE NOTE TIME OF MEETING

Conference Room 3, Civic Centre

Members

Councillor Professor Margetts (Chair)
Councillor Bunday
Councillor Guest
Councillor Houghton
Councillor Noon
Councillor W Payne
Councillor White

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PUBLIC INFORMATION

ROLE OF HEALTH OVERVIEW SCRUTINY PANEL (TERMS OF REFERENCE)

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

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

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

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

PUBLIC REPRESENTATIONS

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

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

Southampton: Corporate Plan 2020-2025 sets out the four key outcomes:

- Communities, culture & homes - Celebrating the diversity of cultures within Southampton; enhancing our cultural and historical offer and using these to help transform our communities.
- Green City - Providing a sustainable, clean, healthy and safe environment for everyone. Nurturing green spaces and embracing our waterfront.
- Place shaping - Delivering a city for future generations. Using data, insight and vision to meet the current and future needs of the city.
- Wellbeing - Start well, live well, age well, die well; working with other partners and other services to make sure that customers get the right help at the right time

CONDUCT OF MEETING

BUSINESS TO BE DISCUSSED

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

RULES OF PROCEDURE

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

QUORUM

The minimum number of appointed Members required to be in attendance to hold the meeting is 2.

DISCLOSURE OF INTERESTS

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

DISCLOSABLE PECUNIARY INTERESTS

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

- (i) Any employment, office, trade, profession or vocation carried on for profit or gain.
- (ii) Sponsorship
Any payment or provision of any other financial benefit (other than from Southampton City Council) made or provided within the relevant period in respect of any expense incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
- (iii) Any contract which is made between you / your spouse etc (or a body in which the you / your spouse etc has a beneficial interest) and Southampton City Council under which goods or services are to be provided or works are to be executed, and which has not been fully discharged.
- (iv) Any beneficial interest in land which is within the area of Southampton.
- (v) Any license (held alone or jointly with others) to occupy land in the area of Southampton for a month or longer.
- (vi) Any tenancy where (to your knowledge) the landlord is Southampton City Council and the tenant is a body in which you / your spouse etc has a beneficial interests.
- (vii) Any beneficial interest in securities of a body where that body (to your knowledge) has a place of business or land in the area of Southampton, and either:
 - (a) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body, or
 - (b) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you / your spouse etc has a beneficial interest that exceeds one hundredth of the total issued share capital of that class.

OTHER INTERESTS

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

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

PRINCIPLES OF DECISION MAKING

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

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

In exercising discretion, the decision maker must:

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

DATES OF MEETINGS: MUNICIPAL YEAR 2019/2020

2022	2023
30 June	9 February
1 September	6 April
20 October	
8 December	

AGENDA

1 APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)

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

2 ELECTION OF VICE-CHAIR

To elect the Vice Chair for the Municipal Year 2022/23.

3 DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS

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

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

4 DECLARATIONS OF SCRUTINY INTEREST

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

5 DECLARATION OF PARTY POLITICAL WHIP

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

6 STATEMENT FROM THE CHAIR

7 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)

(Pages 1 - 2)

To approve and sign as a correct record the minutes of the meeting held on 7 April 2022 and to deal with any matters arising, attached.

8 SOUTHAMPTON SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2020/21

(Pages 3 - 40)

Report of the Independent Chair of the Southampton Safeguarding Adults Board (SSAB) asking the Panel to consider the SSAB Annual Report and present any questions on the content.

9 ADULT SOCIAL CARE PERFORMANCE AND TRANSFORMATION ROAD MAP
(Pages 41 - 84)

A report of the Executive Director – Wellbeing requesting that the Panel consider and scrutinise information on adult social care performance figures and the transformation road map.

Wednesday, 22 June 2022

Director of Legal and Business Services

SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL
MINUTES OF THE MEETING HELD ON 7 APRIL 2022

Present: Councillors Prior (Chair), Bogle (Vice-Chair), Guest and Professor Margetts

Apologies: Councillor Stead

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

RESOLVED: that the minutes for the Panel meeting on 10 February 2022 be approved and signed as a correct record.

30. **SOUTHERN HEALTH NHS FOUNDATION TRUST - CARE QUALITY COMMISSION INSPECTION REPORT AND TRUST RESPONSE**

The Panel considered the report of the Chair requesting that the Panel consider the attached appendices on Southern Health NHS Foundation Trust's CQC inspection report and response, and the progress update on the Stage 2 Independent Investigation report and discuss the issues with the invited representatives from Southern Health NHS Foundation Trust.

Ron Shields – Chief Executive, Southern Health was in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of points including:

- The recent CQC inspection on the Southern Health Trust and its findings. It was noted that the Trust had been assessed and compared with other providers of mental health care. It was explained that the Trust had accepted that there was work to do to improve services but were disappointed to have received a rating of requires improvement.
- How the majority of the actions suggested by the CQC had been addressed and that it was expected that the full list would be completed by the end of July.
- Specific issues relating to the staffing of Antelope House and the Beaulieu Ward on the Western Site.
- The Stage 2 Independent Investigation report: "Right first time" status. It was noted that the Trust had been working hard on how it communicated issues with both patients and their families and how they were working on getting an early resolution to queries and complaints.
- The pressures on the Trust in relation to staffing levels and how the high level of vacancies affected all aspects of how the trust operated. The Panel were briefed on some of the measures being undertaken to combat the high level of vacancies within the Trust.

RESOLVED that Panel requested that any progress made by the Trust with regards to recruitment and retention is reviewed by the Panel at a future meeting.

31. **INTEGRATED CARE SYSTEM DEVELOPMENT AND PLACE-BASED ARRANGEMENTS IN SOUTHAMPTON**

The Panel considered the report of the Hampshire and Isle of Wight Integrated Care System providing the Panel with an update on the structure of the Hampshire and Isle of Wight Integrated Care Partnership, the Integrated Care Board and the 'Place' of Southampton.

James House – Managing Director, Southampton, Dr Sarah Young – Clinical Director, Southampton, Ros Hartley, Director of Partnerships, Hampshire and Isle of Wight Integrated Care System, Paula Johnston - Head of Quality, Governance and Professional Development, Adult Social Care and Tom Sheppard – Head of Communications, ICS were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of points including:

- The progression of statute through Parliament and how this impacted on the timescales in regard to the new structure.
- That the white papers had set out the intention that the provision of health and care would be place driven.
- How the metrics used to judge the success of the new structures would be taken from the existing Southampton Health and Care Strategy (2020 – 2025). It was noted that provision of financial resource would not change and that the aim was to support place based systems and approaches as the new structures developed.
- Structure and governance – The composition of the ICS board would be determined shortly. The Panel questioned how the role of the accountable person for a 'Place' would work. The Panel were informed that this had only recently been included in the forthcoming legislation and that no decision had been taken on how this position would be decided locally.
- How social care provision would fit into the structure of the ICS.

RESOLVED that the Panel are kept updated on appointments to the ICS Board and key ICS timescales/milestones.

Agenda Item 8

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	SOUTHAMPTON SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2020/21
DATE OF DECISION:	30 JUNE 2022
REPORT OF:	INDEPENDENT CHAIR OF THE SOUTHAMPTON SAFEGUARDING ADULT BOARD

CONTACT DETAILS			
Independent Chair	Title	Independent Chair of the Southampton Safeguarding Adults Board	
	Name:	Deborah Stuart-Angus	Tel: 023 8083 2468
	E-mail	Safeguarding.partnershipsteam@gov.uk	
Author:	Title	Southampton Safeguarding Partnership Manager	
	Name:	Debbie Key	Tel: 023 8083 2468
	E-mail	Debbie.key@southampton.gov.uk	

STATEMENT OF CONFIDENTIALITY	
None	
BRIEF SUMMARY	
<p>The Annual Report provides the Panel with an update on the work of the Southampton Safeguarding Adults Board (SSAB) during 2020/21. The Annual Report is a requirement of the Care and Support Guidance, the Care Act 2014.</p> <p>The attached SSAB Annual Report was published in December 2021. The Panel is asked to consider the SSAB Annual Report and present any questions on the content.</p>	
RECOMMENDATION:	
	(i) That the Panel receive the Southampton Safeguarding Adults Board Annual Report to inform the work of the Panel.
REASONS FOR REPORT RECOMMENDATIONS	
1.	To ensure the information contained in the report is used to support the scrutiny function.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	None
DETAIL (Including consultation carried out)	
3.	The SSAB 2020/21 Annual report, attached as Appendix 1, was published in December 2021. The Independent Chair of the Partnership will be in attendance at the meeting to answer questions from the Panel relating to the contents of the report and the SSAB.
RESOURCE IMPLICATIONS	
Capital/Revenue	

4.	None
<u>Property/Other</u>	
5.	None
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
6.	The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.
<u>Other Legal Implications:</u>	
7.	The Annual Report is a requirement of the Care and Support Guidance, the Care Act 2014.
RISK MANAGEMENT IMPLICATIONS	
8.	Consideration of the 2020/21 SSAB Annual Report will help to target the work of the Scrutiny Panel to ensure that focus is directed at improving safeguarding outcomes for adults in Southampton.
POLICY FRAMEWORK IMPLICATIONS	
9.	Supporting the effectiveness of the political scrutiny of adult safeguarding will help contribute to the following outcomes within the Council Strategy: <i>Start well, live well, age well, die well; working with other partners and other services to make sure that customers get the right help at the right time.</i>

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	None
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	SSCP Annual Report 2020/21

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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Data Protection Impact Assessment

Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	No
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Other Background Documents:

Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be exempt/confidential (if applicable)
1.	None



Southampton Safeguarding Adults Board

Annual Report 2020 – 2021



Find out how to **spot the signs and speak out** here: southampton.gov.uk/SpeakOut or call 023 8083 3003



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Independent Chair Foreword

It gives me great pride to share the Southampton Adult Safeguarding Board's Annual Review for 2020-2021.

Having joined the Board as Independent Chair in January 2020, our Safeguarding Adult Partnership has been on quite a journey, having encountered numerous unprecedented challenges, posed by the shared pressures of the Covid-19 pandemic and assuring that we still delivered to those in most need. As a result of those pressures, you will find less reporting herein, on the achievements of our Partnership. This is simply because of the remaining and current demands on our teams, and the capacity of our staff.

We all have our Covid story of loss, death, tragedy, isolation, poor health, financial difficulty - and trying to keep our services going, where-ever possible and no matter what. The journey that our partnership has shared – is exactly that - it was totally shared. We have worked very closely, as one team, with a connected spirit, and managed to maintain a high degree of safeguarding assurance, aware at times that this been affected in some ways, by a lack of capacity, however this is perhaps the biggest achievement, that I as Chair, could have hoped for.

In April 2020 we issued a Safeguarding Assurance Framework to all statutory partners and on its completion, just a matter of weeks later, partners were able to provide our Board with the insight of what was being achieved – for example, Hampshire Constabulary deploying a robust police response to Covid, dealing with increased domestic abuse, and sometimes at the acknowledged expense of other safeguarding issues; our orchestrated and shared local resilience planning, assisting with homelessness; Adult and Children's Social Care retaining front line services and triage, whilst protecting many, with early intervention; our Clinical Commissioning Group creating designated bed spaces for Covid patients, in various landscapes; our Fire and Rescue Service continuing to provide a service and going the extra mile, to produce a local Fire Safety Framework – for all practitioners, now having gained national access and acclaim; the dedication of our NHS and Care Home staff, working many long, difficult and selfless hours, to save lives, and last but never least, the huge efforts of our voluntary sector; of Healthwatch; of Faith groups and of our City Council. All of this work was underpinned by very regular, increased levels of connectivity across the statutory arrangements; increased contact and planning, and very regular safeguarding and Covid assurance 'check-in' governance.

I could go on, as this is by no means an exhaustive list of the unsung achievements, that this year has seen - and it is this - and the sheer dedication of so many, that makes me proud to be part of Southampton's Safeguarding Partnership efforts - which this year have focused on the preservation of life.

In this Report you will find some reference to the aforesaid – but nothing that will serve justice on the Partner's efforts. You will also be able to access information about our progress, our forward planning (Appendix 2) and our annual statistics in relation to safeguarding activity, as well as the outcomes from a Safeguarding Adult Review and a serious case review.

You will denote, our ongoing theme at Board level of 'local solutions for local needs' - with a contextual approach to adult safeguarding in our City. You will also note that we still retain strong partnership connections with our three partner Boards: Hampshire; Isle of Wight and Portsmouth – but going forward, there will be a revised and more focused brief.

We are, despite the negative impact of Covid, now in a very positive position, to embed our agreed, strategic aims, of Prevention, Quality and Learning - as following a very successful partner consultation in 2020-21, our statutory partners agreed to create financial sustainability for Southampton's Safeguarding Adults Board. This will now, enable us to focus on delivery planning and widen the learning and development lens, allowing us to have the capacity to create partner wide, accessible learning; deliver on lessons learned from Southampton (and national) Safeguarding Adult Reviews, and continue to deploy the outcomes from the contribution we made, to the National SAR Analysis research, and embed the recommendations made for all Boards across England.

The dedication of our Board Members and Partners; the excellent practice within our Case Review Group and the support given to our City by this safeguarding partnership is second to none.

Thank you will never be enough.

A handwritten signature in blue ink, appearing to read 'Deborah Stuart-Angus', written in a cursive style.

**Deborah Stuart-Angus, BSc(Hons) CQSW Cert.Ed. Dip.App.SS
The Independent Chair, Southampton Safeguarding Adults Board**

What is the role of Southampton Safeguarding Adults Board?

The Southampton Safeguarding Adults Board (SSAB) is a statutory partnership, working together to prevent both the risks and experience of abuse or neglect, for people with care and support needs. The SSAB is not involved in operational practice, the main functions of the SSAB are to:

- Provide strategic oversight of safeguarding activity in Southampton
- Fulfil the statutory functions as outlined in The Care Act 2014 and the related Statutory Guidance
- Help to protect the rights of people who live in Southampton, to live a life free from harm, abuse and neglect.

The SSAB follows and endorses the six safeguarding principles outlined in the Care Act 2014, Care and Support Guidance, which are:

Empowerment - People are supported and encouraged to make their own decisions and informed consent:

"I am asked what I want as the outcomes from the safeguarding process, and this directly inform what happens."

Prevention - It is better to take action before harm occurs:

"I receive clear and simple information about what abuse is. I know how to recognise the signs, and I know what I can do to seek help."

Proportionality - The least intrusive response appropriate to the risk presented:

"I am sure that the professionals will work in my interest, and they will only get involved as much as is necessary."

Protection - Support and representation for those in greatest need:

"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."

Partnership - Services offer local solutions through working closely with their communities. Communities have a part to play in preventing, detecting, and reporting neglect and abuse:

"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."

Accountability - Accountability and transparency in delivering safeguarding:

"I understand the role of everyone involved in my life and so do they."

The SSAB has three core duties, and must:

- Develop and publish a strategic plan setting out our safeguarding priorities, and how we will meet our objectives
- Publish an annual report reflecting how effective work has been
- Commission Safeguarding Adult Reviews (SARs) for any cases which meet the legal criteria.

The SSAB has key responsibilities, which are to:

- Provide strategic direction for safeguarding adults at risk across our partnership
- Develop and review multi-agency safeguarding policy, procedures and guidance
- Monitor and review the implementation and impact of both strategy and policy

- Promote multi-agency safeguarding adults training
- Undertake Safeguarding Adult Reviews, share the lessons learned from their outcome and develop appropriate action plans for improvement
- Hold partners to account and gain assurance of effectiveness of safeguarding arrangements.

The SSAB is chaired by Deborah Stuart-Angus, the Independent Chair. The SSAB is supported by the Safeguarding Partnerships Team, which also supports the work of Southampton Safeguarding Children's Partnership. The team consists of a Partnership Manager, two Safeguarding Partnership Coordinators and two Safeguarding Partnership Assistants.

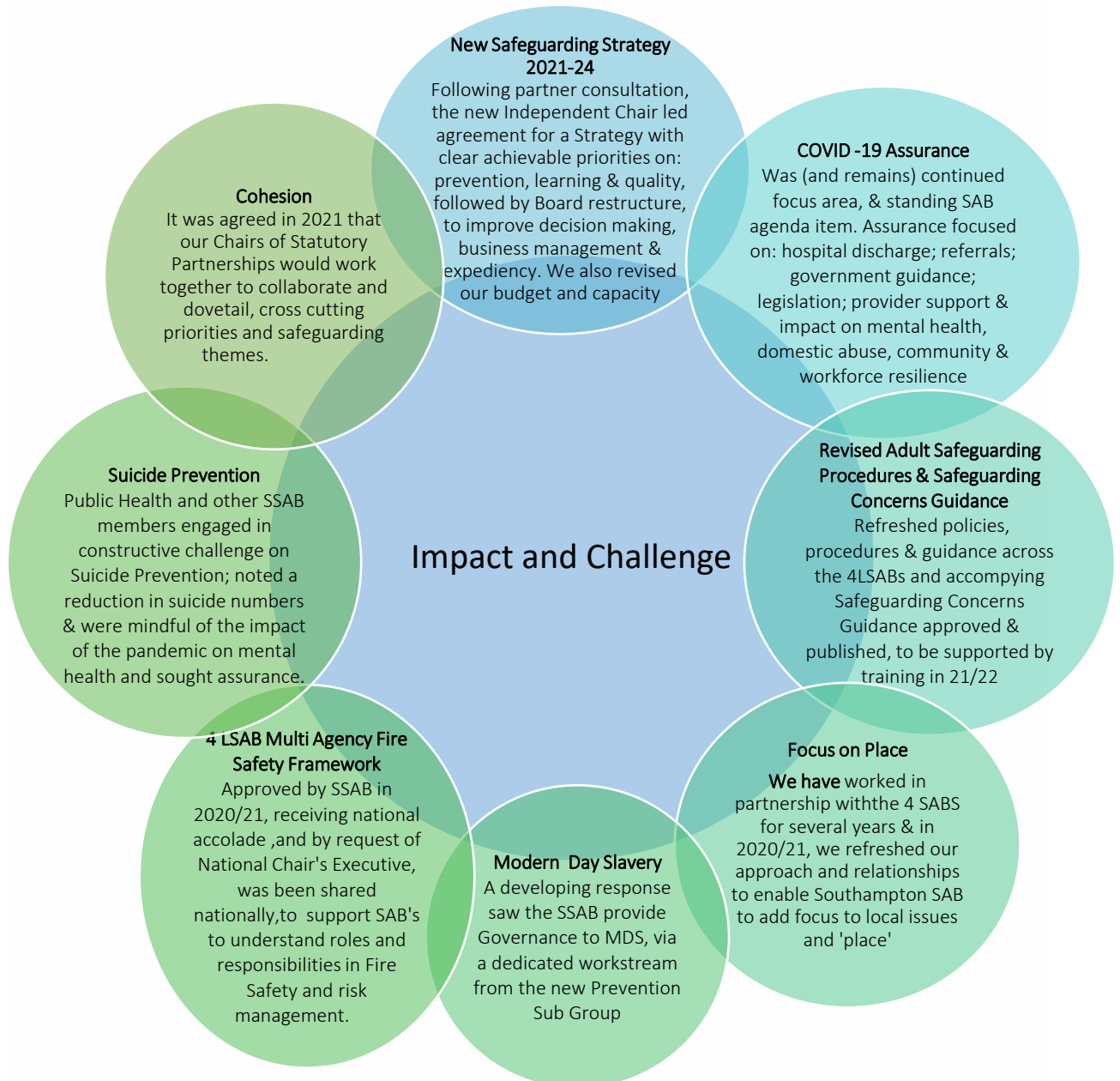
This report details:

- Impact and challenge
- Safeguarding Adults at Risk information
- The structure of the SSAB and the activity completed through subgroups of the SSAB and 4LSAB arrangements
- The findings of Safeguarding Adult Reviews and Learning Reviews which have concluded in the reporting year; implementation of lessons learned, and ongoing reviews
- National Safeguarding Adult's Week
- The SSAB's income and expenditure
- The SSAB strategic priorities for 2021-2024

Impact and Challenge

“it is important that SSAB partners feel able to challenge each other and other organisations where it believes that their actions or inactions are increasing the risk of abuse or neglect. This will include commissioners, as well as providers of services.” (Care and Support Statutory Guidance)¹

The SSAB has been able to demonstrate impact and challenge in several areas:



¹ [Care and support statutory guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statutory-guidance/care-and-support-statutory-guidance)

COVID-19 Assurance

The COVID-19 pandemic impacted all of our lives in different and significant ways. As attention turned to managing the resultant operational pressures, Safeguarding Adult Review work was paused for a number of months, although referrals continued to be received. Some safeguarding adult training was postponed and restarted online. Considerable and creative efforts were made to ensure adults with care and support needs were safe. Contingency planning was put in place for services and for the work of the SSAB.

It is testament to the commitment of partner agencies and the Chair, that the work of the SSAB largely continued. The Independent Chair and all statutory partners met regularly safeguarding assurance meetings during the first lockdown to consider the impact on adults at risk and the supporting services. Agencies involved in safeguarding adults were invited to a safeguarding adults' network meeting monthly as a collaborative, problem solving space, this continued during 2020/21. Participants found this useful and informative as a mechanism to touch base and share.

Agencies provided assurance updates in relation to the impact of the pandemic at all SSAB meetings, enabling partners to share context and system pressures whilst exploring shared emerging issues, and able to identify mitigation of risk. Monitoring of referrals to the Safeguarding Adult Case Review Group identified referrals where COVID-19 was identified as a contributing factor

Learning during this time has developed real partnership in Southampton; and a spirit of working together with increased mutual respect for each partner's challenges. Virtual meetings proved very successful.

SSAB Strategic Partners

The Southampton SAB brings together partner agencies with responsibility for adult safeguarding, such as Hampshire Constabulary, Southampton City Council, and the Clinical Commissioning Group, to work together, in order to:

- assure that local safeguarding arrangements are in place and work effectively
- prevent abuse and neglect from happening
- support people who have experienced neglect or abuse to recover
- raise awareness of safeguarding adults at risk and how communities can help

We also work closely with other SABs and partnerships including, the Southampton Safeguarding Children's Partnership, the Safe City Partnership and the Health and Wellbeing Board, to share priorities, prevent duplication and are working to address cross cutting themes.



Developing Southampton Safeguarding Adults Board Safeguarding Strategy

This was a year of transition for the SSAB, developing and strengthening local safeguarding arrangements and activity, and managing the impacts of the pandemic. Appendix 1 provides a 'Red, Amber, Green' rated overview, of the original 2019-2021 strategic plan, from which outstanding priorities areas were brought into the new strategic plan for 2021-2024, (attached at Appendix 2). The new strategy was built by consulting with all partners in relation their safeguarding priorities and concerns for our City, and how, as a Board we could help, and be as constructive as possible, with tight resources. A wealth of evidence from our partners was shared, which following analysis by the Independent Chair, resulted in the development of clear themes, now translated into our Adult Safeguarding priorities. The Southampton Safeguarding Adult Board Strategy 2021-24 was thus developed, approved and supported by our partners, and can be found [here](#).

Our Priorities

Priority 1 – Prevention

We will work together, in partnership, to prevent abuse and neglect, fully deploying our statutory responsibilities to protect the most vulnerable in our City. We will raise awareness; promote multi-agency risk management, and early intervention and detection to enable the people of Southampton to live safer lives.

Priority 2 – Quality

We will assure our work; we will learn from local experience and that of others, and we ensure our processes aim to continuously improve safeguarding practice. We will seek to assure that safeguarding arrangements are lawfully compliant and meet the statutory obligations set out within the 4LSAB Multi-Agency Adult Safeguarding Policies and Procedures.

Priority 3 – Learning

We will share lessons learned from safeguarding practice and Safeguarding Adult Reviews with transparency, across our partnership, and we will proactively promote the need for a modern, competent, skilled, and shared workforce. We will enable access to learning, for our partners, deploying local, regional, and national experience to improve our safeguarding practice.

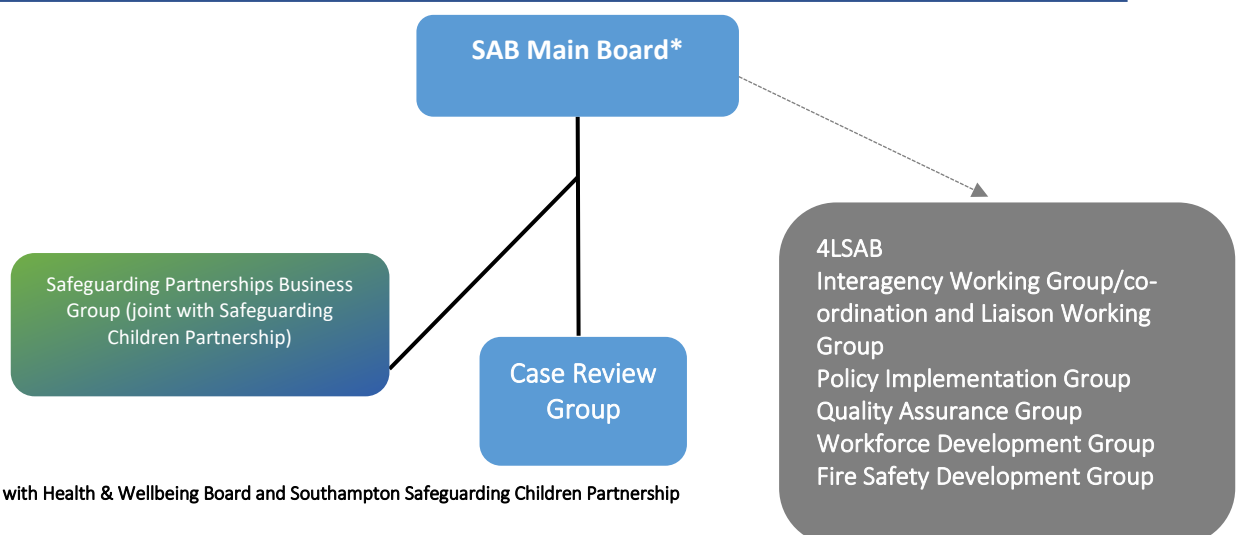
The Safeguarding Adult Partnership Strategy is also supported by a comprehensive **Business Plan**, which can be found at Appendix 2. The Business Plan has formulated the basis of our future delivery.

The SSAB arrangements and structure

During 2020/2021 the SSAB met 4 times. During the year the SSAB:

- monitored the work of the Case Review Group for Safeguarding Adult Reviews
- approved Safeguarding Adult Review Overview Reports and SAR Learning reviews
- set strategic priorities for 2021-24
- confirmed board arrangements to support the strategic priorities
- approved relevant work of the 4LSAB groups
- confirmed 4LSAB arrangements for 2021 onwards

Southampton Safeguarding Adult Board Structure 2020



*links with Health & Wellbeing Board and Southampton Safeguarding Children Partnership

Southampton LSAB Functions -2020

The **Main Board** is attended by panel of senior officers from all safeguarding partners in the city. Together they form the core decision making body for the partnership, supported by a Constitution detailing their responsibilities. The **Business Group** incorporates members of Children's & Adults Boards, attended by senior representatives from the three statutory safeguarding partners (Police, Health and Local Authority) plus Independent Chairs from both Boards. The Business Group plans for Main Board meetings, receives reports on progress from each of the Subgroup Chairs; monitors progress and controls the budgets for each Board. The **Case Review Group** receives referrals for Safeguarding Adult Reviews (SARs) and determines whether they meet criteria for a SAR, and initiates and monitors other types of review. The group ensures that resultant learning is shared with partners and action plans for improvement, are deployed to hold partners to account, to try and prevent the circumstances occurring again, and to embed improvement in practice.

The **4LSAB** coordinated work includes: a merged Chair/Strategy Group, a Quality Assurance Group which is closely aligned to other 4LSAB subgroups, a Policy Implementation Group, and a Workforce Development Group, which is looking at merging adults' workforce development.

Board Structure, Business and Delivery Review

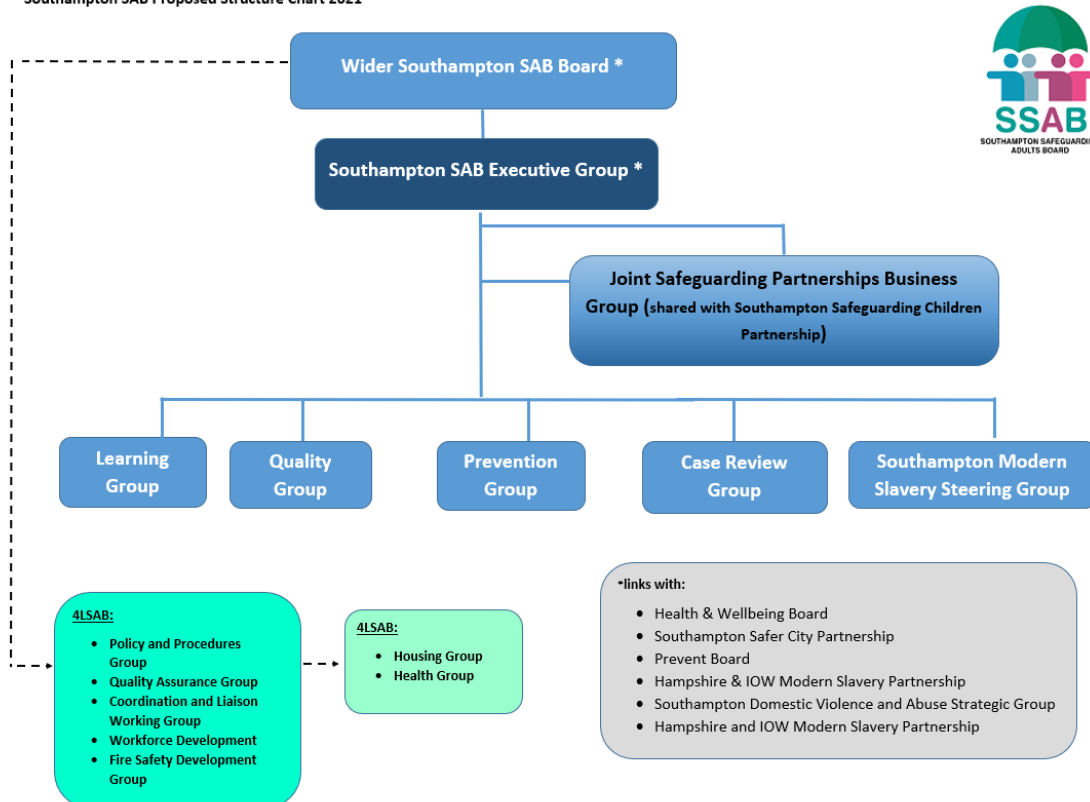
The structure of the Board was reviewed during 2020, to develop a local focus on Southampton, its specific profile and demography. This approach was very well supported by partners, led by the Independent Chair. As a consequence, an Executive Team was set up, made up of the Independent Chair, the three Statutory Partners and The Partnership's Manager. This team was set up to enhance decision making and develop expedient routes for recommendations to be made to the full Board Membership. In order to ensure that local delivery meets the Safeguarding Adult Strategic objectives, and to increase local focus on local need, three new sub-groups were proposed and agreed by members:

- Prevention Sub Group
- Quality Assurance Sub Group
- Learning and Development Sub Group

(in addition to The Case Review Group which was already in place). Future work will focus on the population of these groups with multi-agency staff, agreed Terms of Reference and local delivery planning. The following diagram demonstrates the changes made:

Southampton Safeguarding Adults Board Structure 2021/22

Southampton SAB Proposed Structure Chart 2021



Contributions to the Annual Report

We have invited agencies across SSAB to contribute to the Annual Report and the following are some representative examples, given that this has been exceptional year, in terms of partner's facing unprecedented challenge, due to the pandemic:

Department of Work and Pensions (DWP)

During 2020, DWP introduced teams to lead work on its approach to supporting vulnerable customers. As part of this, a network of over 30 Advanced Customer Support Senior Leaders (ACSSLs) were appointed, providing an escalation route for all DWP colleagues to refer to when a customer requires some form of advanced support, ensuring that these customers are signposted or referred to the support that they need. The ACSSLs work with a range of external partners within their own geographical area, aligning support for vulnerable customers wherever possible. The DWP recognise the positive impact that a collaborative approach can have when supporting vulnerable customers. DWP will continue to work across all internal teams and with our external partners to help to provide the support that customers require.

Hampshire Constabulary

Hampshire Constabulary have made use of the Police Surge Fund 2020-2021, as an £830,000 Home Office Grant to maintain four police officers in Southampton, focussing on serious violence, drug related harm and related crime. A significant proportion of funding was granted to Southampton District to ensure continued support of this work and the Constabulary continued to work with Violence Reduction Units, Public Health Services, and other key agencies. There has also been a

revision of the National Referral Mechanism (NRM) to improve the quality of safeguarding to vulnerable and exploited adults.

Domestic Abuse has been raised as a strategic priority, with several initiatives created to improve the quality of life of those affected and Operation Fortress continues, where activity focuses on solving drug related harm with both victims and offenders. In terms of data and performance information that demonstrates how Hampshire Constabulary has improved adult safeguarding outcomes in Southampton during 2020 – 2021, the following examples were shared:

- Increase in the total number of Police Safeguarding Notification referrals to Adult Social Care in Southampton
- Increase in the number of Right to Know and Right to Ask Requests, under Clare’s Law, referencing Domestic Abuse
- Increase in the number of ancillary orders, e.g., Domestic Violence Protection Notices (DVPN) and Domestic Violence Protection Orders (DVPO)
- Increase in the focus on both targeted and supportive action regarding victims of drug related harm

Hampshire Constabulary have identified key areas of concern with regards to safeguarding adults in Southampton:

- Reduced focus on adults at risk, through a combination of factors, such as prioritising children during the pandemic and the need to provide a COVID-19 policing response
- Austerity and associated impacts
- Police Force and Violence Reduction Unit (VRU) locality reports - now being used to identify Wards that experience social inequality, affecting crime and other high harm factors, within the population
- Targeted support, required through commissioning services and national support
- Increase in neighbourhood officers
- Modern Day Slavery (MDS), substance misuse, mental health, serious violence (including domestic abuse) and neglect - all high concern areas for Southampton, and some issues competing for resources in the face of other demands and pressures.
- Review of outside pressures will be required to support further targeted work, however District priorities are set to incorporate risks, linking into the Safer City Partnership Strategy.
- Transitional safeguarding group (18-24 year olds) is often placed at heightened harm, and a 4LSAB Task and Finish group is currently working on bridging gaps.

Southampton Voluntary Services (SVS)

In response to the pandemic SVS commissioned the compilation of bereavement support information and provided an online course for frontline staff and volunteers, who have to deal with the impact of bereavement in their jobs, frequently inclusive of death and the restrictions on family interactions, during the early stages of the COVID-19 pandemic. This resource has been shared nationally. SVS also commissioned the development of an online video based on safeguarding awareness for informal volunteers and mutual aid groups. SVS identified the cumulative impact of lockdown, financial concerns, and debt, on local people - leading to a steep increase in mental health issues, as well as seeing a profoundly negative impact on carers - during the initial COVID emergency.

SVS also ran 3 safeguarding awareness sessions for trustees and staff from organisations with Black and Minority Ethnic (BME) leaders, as part of capacity building courses and in response to Black Lives Matter.

Safeguarding Adults at Risk in Southampton

It is important to understand the data in relation to Safeguarding Adults at Risk in Southampton, which exists as a foundation to enable the SSAB to measure effective safeguarding outcomes. The SSAB receives this information annually and 2021/22 will see the establishment of a SSAB Quality Group, (as previously mentioned), where this data will be further utilised in relation to the planned SSAB quality assurance mechanisms.

Safeguarding Concerns

In 2020/21 **5092** safeguarding concerns were triaged by Adult Social Care (ASC), showing a 30.8% increase from the **3894** reported in 2019/20. The increase is primarily due to (a) changes in practice introduced following the 2018 Local Government Association Peer Review and (b) continued increase in referrals to Adult Social Care: largely from increased referrals from Police, the South Central Ambulance Service and the NHS; as well as a reflection of demographic and social welfare trends in the City. (It is worth advising that, the majority of these referrals do not meet the Care Act s42 criteria for a full Safeguarding Enquiry to be required, and whilst many are directed to other actions/organisations, a large number of the referrals may not have needed to have been referred for Safeguarding consideration).

In 2018 Practice was changed to ensure that all relevant referrals were triaged, decision making was documented and automatic assumptions that a referral did not constitute a safeguarding concern, were not made.

The following table shows the number of safeguarding concerns in the South East region in 2019/20 (this is currently the last year for which national and regional comparisons will be available).

Nationally, the average number of concerns per 100,000 population was 1070 compared to the regional average of 1041. The increase in safeguarding concerns in 2019/20 resulted in Southampton having 1937 concerns per 100,000 population:

Table 1. Benchmarking 2019/20 Concerns

Population	no. of concerns	no. of concerns per 100,000 pop
England	475560	1070
Buckinghamshire County Council	9140	2185
Southampton City Council	3895	1937
Slough Borough Council	1985	1865
Isle of Wight Council	1975	1688
Brighton & Hove City Council	4010	1667
Milton Keynes Council (Unitary)	2920	1455
Royal Borough of Windsor & Maidenhead	1535	1315
Portsmouth City Council	2225	1300
West Sussex County Council	8265	1202
Surrey County Council	10425	1118
East Sussex County Council	4465	990
Wokingham Borough Council	1280	979
Oxfordshire County Council	5115	938
Kent County Council	10450	844
Reading Borough Council	960	769
West Berkshire District Council	925	753

Bracknell Forest Borough Council	700	743
Medway Council	1565	733
Hampshire County Council	3230	294

*Please note that published figures are rounded to the nearest 5 so will differ to actual submissions²

Action taken

- The process of triage and safeguarding recording will be reviewed by Adult Social Care (ASC) to ensure that it follows best practice and appropriate information is recorded and further analysis will be required to identify the sources of increase in concerns . Additional guidance will be provided to staff in ASC to support the triage process.
- The [Brief Guide to Making Safeguarding Referrals](#) was developed and published by SSAB
- Work completed in 2020 by SSAB, producing to develop the '*Brief Guide to Safeguarding Concerns*', providing clear advice to partners about referral criteria.

Enquiries

In 2020/21 there were **821** safeguarding enquiries, **619 Section 42 enquiries** and 202 other /discretionary enquiries. This is a 12.0% increase from 2019/2020 (733 total enquiries). The proportion of section 42 enquiries as a total of all enquiries is 75.4% which is a decrease from 79.4% in 2019/20. (It has been identified by Adult Social Care that internal recording errors caused of a number Enquiries not to be recorded as full S42 Enquiries; this practice has been corrected).

Due to changes in the recording of the safeguarding concerns, there has been an impact on the conversion rate from concern to enquiry. The conversion rate has reduced from 18.8% in 2019/20 to 16.1% in 2020/21.

Table 2 shows the South East region 2019/20 conversion rates. There is large variability depending on how local areas interpret and apply legislation and guidance. The comparative data for 2019/20 shows significant changes in practice in three of the Councils listed below, where the rate of recording concerns increased greatly, so that their conversion rate also fell greatly.

Action taken

Adult Social Care reviewed local practice in assessing the need to carry out full S42 enquiries. In the first four months of 2021/22 this resulted in in the number of recorded concerns remaining static when compared to 2020/21. However, the number of enquiries has risen to 445 in this period, an average of 111 per month. If this improvement continues throughout 2021/22, the conversion rate will rise to 27%.

Table 2 2019/20 Concerns to Enquiry Conversion Benchmarking

Population	conversion rate from concern to enquiry
England	37%
Surrey County Council	71%
Kent County Council	63%
West Berkshire District Council	58%
Reading Borough Council	57%
Medway Council	54%
Isle of Wight Council	49%

² Source: <https://digital.nhs.uk/data-and-information/publications/statistical/safeguarding-adults/2019-20>

East Sussex County Council	45%
West Sussex County Council	44%
Wokingham Borough Council	38%
Royal Borough of Windsor & Maidenhead	38%
Hampshire County Council	29%
Oxfordshire County Council	24%
Brighton & Hove City Council	20%
Milton Keynes Council (Unitary)	20%
Southampton City Council	19%
Bracknell Forest Borough Council	16%
Slough Borough Council	14%
Portsmouth City Council	14%
Buckinghamshire County Council	7%

In England the average is 37% compared to an average of 39% in the South East.

Section 42 Enquiries

In 2020/21 there were 619 Section 42 Enquiries and 202 discretionary enquiries, an increase of 12% compared with 2019/20. Table 3 shows Section 42 benchmarking for the South East:

Table 3 Section 42 Enquiry Benchmarking 2019/20

Council	no. of section 42 enquiries per 100,000 pop	proportion of Sec 42 enquiries
England	364	91%
West Berkshire District Council	440	100%
Reading Borough Council	435	100%
Royal Borough of Windsor & Maidenhead	494	100%
Brighton & Hove City Council	336	100%
Oxfordshire County Council	224	100%
Surrey County Council	790	99%
Milton Keynes Council (Unitary)	285	100%
Wokingham Borough Council	360	98%
Isle of Wight Council	793	97%
West Sussex County Council	507	97%
Hampshire County Council	84	97%
Portsmouth City Council	172	94%
Bracknell Forest Borough Council	107	91%
Buckinghamshire County Council	140	90%
East Sussex County Council	397	89%
Medway Council	340	86%
Slough Borough Council	218	84%
Kent County Council	416	79%
Southampton City Council	289	79%

Counts of Individuals involved in Section 42 Enquiries by Gender and Ethnicity

Demographics - Gender	2016-17	2017-18	2018-19	2019-20	2020-21
Male	146	163	147	226	242
Female	202	225	187	253	306
Unknown	0	0	0	0	0

Demographics - Ethnicity	2016-17	2017-18	2018-19	2019-20	2020-21
White	307	315	294	393	442
Mixed / Multiple	2	1	1	5	3
Asian / Asian British	9	10	8	25	17
Black African / Caribbean / British	3	3	6	7	8
Other ethnic group	2	2	4	3	12
Refused	1	1	0	0	2
Undeclared / Not Known / Unable to respond	24	56	21	46	64

Count of Concluded S42 Enquiries by Location and Source of Risk

Location of Concern	2016-17	2017-18	2018-19	2019-20	2020-21
Own Home	218	291	237	271	341
Care Home - residential	117	93	94	98	91
Hospital - acute	1	8	26	62	64
Care Home - nursing	2	71	26	48	47
In the community (excluding community services)	10	17	34	70	47
Other	11	14	17	34	20
In a community service	4	18	7	16	16
Hospital - mental health	1	1	0	4	4
Hospital - community	7	4	1	1	0
Total number of concerns	371	517	442	604	630
Source of Risk					
Service Provider / Social Care Support	178	265	244	223	230
Other - known to individual	175	221	161	298	319
Other - unknown to individual	18	31	37	83	81
Total number of concerns	371	517	442	604	630

Notes – These figures count cases not people. Locations can be double counted if there is more than one source of risk. The 2016/17 submission counted most nursing home locations as care home locations, this has been rectified in subsequent submissions.

Counts of Concluded Section 42 Enquiries where a Risk was Identified, What Was the Outcome

Where Risk Identified What Was The Outcome	2016-17	2017-18	2018-19	2019-20	2020-21
Risk Remained	15	29	47	65	64
Risk Reduced	201	246	240	321	323
Risk Removed	92	143	64	100	108
Total number of concerns	308	418	351	486	495

Other Enquiries

In 2020/21 there were 202 'Other Enquiries' which is an increase of 33.8% from 2019/2020 (151 enquiries). These enquiries are frequently about adults at risk who have mental capacity but whose needs/risks are the result of addiction/homelessness/and or mental health and or may experience coercion. Recording 'other' enquiries is being developed more in 2021/22. This is significant in the City, as it reflects broader needs and local demography. Compared to the South East region Southampton undertakes the highest proportion of Other Enquiries per 100,000 population (see Table 4).

Table 4 2020/21 S42 and discretionary enquiries by type of abuse.

Type of Abuse	Number	Proportion
Neglect and Acts of Omission	309	36%
Finance or Material	153	18%
Physical Abuse	104	12%
Self-neglect	84	9.5%
Domestic Abuse	75	8.7%
Psychological Abuse	73	8.5%
Organisational Abuse	23	3%
Sexual Abuse	23	3%
Sexual Exploitation	10	1%
Discriminatory Abuse	4	<0.5%
Modern Slavery	3	<0.5%
Total	861	

Data Quality Issues

Work has continued, both in the ways noted above and within data analysis and checking to best ensure accurate and complete recording of all Safeguarding Adults Collection fields. Manual checks continue to be carried out. This also is being carried out to best ensure full and accurate records will be transferred to the Council new recording system, Care Director, which is to come into use later in 2021. A number of updates were made to the Southampton City Council (SCC) data recording fields, to improve recording of the Mental Capacity of Adults.

Safeguarding Adult Case Examples

John

John is a 65-year-old male resident of Southampton, who lives in a private owned semi-detached property and had a previous career in finance.

John is an individual who was presenting risks for self-neglect including the neglect of his home environment. There were multiple burn marks in carpets, furniture, bedding and John's clothing from discarded cigarettes. Due to John's alcohol consumption and poor mobility, there were concerns for his ability to react to a potential fire situation and to evacuate in the event of a fire. John's nutrition and health were poor due to only eating convenience "snack foods".

John was known to SCC Adult Services, various Care Provider agencies, Hampshire & IOW Fire and Rescue Service, Hampshire Constabulary and South Central Ambulance Service.

As a result of multi-agency involvement, John had smoke detection installed throughout his property, fire retardant bedding and sofa coverings were provided, and telecare was installed which was interlinked to the smoke detection. Carers were also provided to support John with his personal care and meal provisions.

In 2020, unfortunately, a discarded cigarette caused a pile of paperwork to catch alight. Hampshire and IOW Fire and Rescue Service were alerted to the fire by the Telecare company after they received notification that the smoke detector had activated. Due to concerns for John's escalating fire risks; his lack of ability to safely respond to a fire situation, and the ongoing concerns for self-neglect, a Section 42 Safeguarding Enquiry was initiated.

As part of the safeguarding enquiry, a capacity assessment in regard to fire safety was conducted jointly between SCC Adult Services and Hampshire and IOW Fire and Rescue Service. John was assessed to have capacity with his understanding and decision making for fire safety. John informed all agencies that he wished to continue smoking, however wanted to do so in a safer manner. John also wanted to reduce his alcohol intake as he was aware of the health and fire risk implications this was presenting.

The Safeguarding enquiry also resulted in; fire buckets and sand being obtained and provided to enable John to discard of his cigarettes safely; replacement fire retardant bedding and throws provided; and Fire Suppression systems explored for John's property. Care assessments and plans were updated to incorporate fire risks and the ongoing control measures required in order to suitably reduce the fire risks.

The safeguarding enquiry was closed after a few months due to a successful reduction in risk and improved safety, whilst at the same time ensuring the primary focus of the enquiry centred on John's wishes and decisions regarding how he wanted to live his life.

Ms T

The Hospital Discharge Team (HDT) received a referral from Ward Staff for a female patient, Ms T, who had herself identified that she was self-neglecting. This was to such a degree that she was unable to use her home effectively and carry out everyday personal care activities.

The extent of the hoarding in her home was extreme. She was unable to wash and dress, couldn't get to her kitchen and had to climb over belongings. She would sleep on the top of her hoarded possessions, curling up on top of belongings to sleep. When her home was deep cleaned, the cleaning company found that the bottom of the pile of belongings was "mush". So the impact on her health and wellbeing was clear and risks were high. She was said to have "significant muscle wastage."

The HDT engaged with a provider to deep clean the home, the initial cost estimate was in over £10,000. A smaller cost was negotiated, by taking a gradual approach to first tackle key areas of Ms T's home. However, this cost could not be negotiated to a lower level and the social worker and her manager redeveloped the approach in discussions with Ms T, developing a targeted, gradual approach, focussing on a step-by-step approach where short term goals were put in place and gradually achieved.

Ms T had a rehabilitation placement followed by a short stay in a care home, both to enable her to build up her health and to allow time for the clean-up to begin. Contact was made with a specialist Charity, Dehoarding South West, who carried out further deep-cleaning and decluttering. They will continue to work closely with Ms T to support her to move forward and address her hoarding behaviours. This continues to be a positive and successful support intervention and it is anticipated that Ms T will have regained much of her independence, both physically and psychologically.

The charity described the property as being an "Extreme hoard". They were concerned that the effective approach needed to be twofold, to sort out the hoard, and to support Ms T to move forward and sustain the changes. The cost from cleaning charity was £3500.

The HDT are looking into further use of this organisation, given the success of their support for Ms T.

David

David is a 41-year-old male resident of Southampton, who lives in flat provided by a Housing Association and has a diagnosis of Post-Traumatic Stress Disorder, Psychosis, anxiety and depression.

David's first interaction with Hampshire Police was in 2006 and was linked to 19 reports until December 2020. In the following four months he was linked to 40 incidents including assault, public order, threats to life, weapons offences, harassment and antisocial behaviour. This caused considerable concern and disruption to neighbours and following allegations, David was arrested on 8 separate occasions and received HDLS assessments. Officers raised concerns for David's mental health and on occasions he was sectioned under the Mental Health Act for assessment and returned to the community shortly afterwards.

The first Multi-Agency Risk Management (MARM) meeting was held at the end of January and was attended by the Adult Mental Health Team, Community Mental Health Team, Housing Associations, Southern Health, NHS Mental Health nurse, and Hampshire police and an initial Risk Management (protection) plan was agreed. He was described as an impending risk to himself and others with a Doctor stating he had serious concerns if professionals did not act. Professionals worked closely for a

further four months to address the risks. Housing sought an injunction to address David's behaviours that were impacting neighbours which was granted in June 2021 lasting 12 months. Police completed engagements with neighbours through regular patrols and dealt robustly with criminal matters.

From a police perspective, the MARM process and professional network around it facilitated timely and productive information sharing to ensure changes in risk were identified and addressed by the appropriate agency. After assessment in the late spring David was detained under Section 3 of the Mental Health Act, where professionals reported good progress after his presentation was stabilised. During this period Police and Housing engaged with residents and reassurance provided.

David returned to his home address later in the summer. Professionals had implemented a number of mechanisms and supports around David and in the subsequent seven months, no incidents have been reported to police. The active police management was closed in September 2021 and an agreed police response plan is in place should there be incidents in the future.

Safeguarding Adult Reviews

The Care Act 2014 requires Safeguarding Adults Boards to conduct Safeguarding Adult Reviews (SARs) when an adult with care and support needs it the area dies or experiences serious abuse or neglect (whether known or suspected), and there is concern that partner agencies could have worked more effectively to protect the adult. However, the SAB can also conduct a SAR on a discretionary basis, where it is believed either learning or good practice can be gained.

The purpose of a Safeguarding Adult Review is to learn lessons and for the SSAB to gain assurance from partner agencies that organisational learning and improvement is consequently put into place to prevent similar harm occurring in the future. Organisations are held to account by the SSAB via evidence-based action planning and ongoing assurance monitoring. The Independent Chair developed a Safeguarding Adult Review Quality Assurance Framework, which following review, was agreed and adopted by the SAB Membership and the Case Review Group for piloting. This provided a comprehensive structure to ensure that the Case Review Group and our Independent Reviewers can follow a robust structure, set out with quality assurance standards. The National SCIE Quality Markers were taken into account in the development of the framework.

During the year, the Case Review Group:

- Met 5 times
- Commenced one SAR
- Completed one SAR and one Learning Review

SAR 'Brenda'

The [full overview report](#) for this case has been published on the Southampton LSAB website along a [6-step briefing](#) designed to summarise the review.

Learning Report 'Adult W'

A [learning briefing](#) has been published.

Moving forward the Case Review Group will:

- Pilot the new SAR quality framework
- Monitor SAR action plans
- Explore different ways of sharing learning from SARs

Additional Learning

[Learning from Reviews 2020 - 2021](#) is also available on the SSAB website. This combines key learning and messages for practitioners from the work of the Case Review Group, who also published a one-minute guide to [Professional curiosity](#) due to learning from reviews, where professional curiosity is described as:

"the need for practitioners to practice 'respectful uncertainty' through enquiring deeper using proactive questioning and challenge to understand one's own responsibility, to know when to act, not to make assumptions or take things at face value."

4LSABs, Portsmouth, Hampshire, Isle of Wight, and Southampton SABs

The SSAB works collaboratively with other Safeguarding Boards locally in a 4LSAB arrangement. This includes Hampshire, Portsmouth, Isle of Wight and Southampton SABs.

4LSAB Inter-Authority Working Group/Inter Authority Co-ordination and Liaison Working Group.

The terms of reference for this group were reviewed during this year. This group comprises of the Chairs of the SABs, plus statutory partners and Board Managers. The group confirms priorities for collaborative working across the 4LSAB, either through established subgroups or task and finish groups.

4LSAB Safeguarding Adults Policy & Procedure Subgroup

This group produced a refreshed [4LSAB Safeguarding Adults Policy & Procedure](#) which was approved by Southampton SSAB in June 2020. The 4LSAB Policy & Procedure document is separated into four sections:

- **Policy & Procedures** – sets out the lawful legal responsibilities of practitioners under the Care Act 2014, including key legislation for safeguarding adults at risk.
- **Adult Safeguarding Practice** – advises on how agencies should work with an adult at risk in order to support their best interests, as well as managing adult safeguarding enquiries and concerns, whilst managing other statutory duties
- **Adult Safeguarding Process** – sets out detailed guidance from early recognition of abuse, through to concluding a safeguarding enquiries, and post-abuse support. It includes issues relating to section 42 enquiry decisions and working to reduce the risk of abuse and neglect.
- **Glossary of Terms** – Explanation of terminologies used in Adult Safeguarding

The group also reviewed and updated the [Multi-Agency Risk Management \(MARM\) Framework](#) in June 2020. This is where the criteria for an adult safeguarding enquiry (section 42) are not met. The guidance is designed to support professionals working to safeguard adults at risk of harm, but not experiencing abuse and neglect.

In February 2021, Portsmouth Safeguarding Adults Board published a [podcast](#) as part of the Multi-Agency Risk Management framework. Work also began in relation to developing a Safeguarding in Transitions Framework, for young people aged over 18 - where concerns remain and there is no existing transition pathway into support from adult services. This will be completed in 2021/22

4LSAB Workforce Development Group

The 4LSAB Workforce Development sub-group have been meeting regularly and have revised and refreshed the 4LSAB Workforce Development Strategy. In addition, they have produced and published a [Self-Neglect Learning Briefing](#). This was designed to provide greater awareness to practitioners about identifying self-neglect. Self-neglect has been a common theme in Southampton's recent Safeguarding Adult Reviews.

Self-neglect “covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case-by-case basis. A decision on whether a response is required under safeguarding will depend on the adult’s ability to protect themselves by controlling their own behaviour. There may come a point where they are no longer able to do this, without external support.”³

4LSAB Fire Safety Development Group (FSDG)

The role of the FSDG is to co-ordinate work across the 4LSAB area. The group aims to ensure fire safety and risk management is embedded into the day-to-day work of partners. The group also

³ Care & Support Statutory Guidance, Care Act 2014

maintains oversight of fire incidents and deaths involving adults with care and support needs. Partner agencies are required to review the identified learning, consider their own agency procedures, ensure this learning is fully embedded within their organisations and develop internal mechanisms to identify, support and effectively manage fire risks for all individuals across the 4LSAB areas. The FSDG have focused on defining best practice and developing a Multi-Agency Fire Safety Framework, where it is defined as:

‘Think...Person, Behaviour and Environment’

SSAB is advised that the most effective way to assess a person’s vulnerability to fire is to identify the individual risk factors which impact upon their health, safety and wellbeing. This includes: the person, physical or cognitive impairments; behaviours (such as unsafe cooking practices or carelessness with smoking materials) and their environmental considerations (such as hoarding, trip hazards or blocked escape routes). The more risk factors identified the greater their vulnerability.

Care Plans and Person-Centred Risk Assessments

The group advises that where individuals are in receipt of a social care service, the management of their fire safety should be risk assessed and embedded within their individual care plans. Ensuring an individual is kept safe from the risk of fire must be a key consideration in their overall care provision. Ensuring smoke detection systems are tested weekly, fire retardant bedding is in use or the individual has an ability to summon assistance in case of an emergency are simple steps that will greatly increase a person’s safety if a fire should occur in the home. As with all care plans, an individual’s vulnerability to fire should regularly be reviewed and documented. Should the vulnerability increase, so too should the fire safety control measures in place, to appropriately manage and mitigate the risk.

Risk Management

The group also advises that there are situations where an individual may be presenting ‘significant’ fire risks to themselves and others, but they choose not to engage with support services or adhere to the fire safety advice provided. In such cases, and where the concern does not engage a statutory safeguarding framework (e.g. a Section 42 Enquiry), it is essential that agencies work together and consider the Multi Agency Risk Management Framework (MARM) as a method of fully understanding the risks being presented. This will ensure that an effective, co-ordinated, and multi-agency response can be provided to these ‘critical few’ cases and assist in the development of an action plan to mitigate the impact of the individual’s actions of which may be compromising their safety and the wellbeing of others.

2020/21 saw the development of the [4LSAB Multi Agency Fire Safety Framework](#) which will be formally launched in 2021/22. This is accompanied by a helpful [video guide](#).

Financial Contributions to the SSAB

Partner Contributions	19/20	20/21
Southampton City Council	37,086	51,586
Clinical Commissioning Group	29,013	29,605
Hampshire Constabulary	11,072	11,298
Total	77,171	92,489

The majority of this funding supports, costs arising from statutory obligations such as Safeguarding Adult Reviews, staffing and learning

Following a very successful partner consultation, led by the Chair, in relation to developing a sustainable and developmental future, 2021/22 will now see a significant increase in the funding made by all three statutory partners. This will not only enable sustainability but increase the SSAB capacity to provide learning and development and to strengthen Southampton's local safeguarding adult board arrangements, and consequent delivery. It also very much supports the 2021-24 SAB Safeguarding Adults Strategy.

National Safeguarding Adults Week 2020

The partnership is active on social media, both through SSCP and SSAB, and via a Twitter account: @SPSouthampton – managed by the Safeguarding Partnerships team. In partnership with the SABs in Portsmouth, Hampshire and Isle of Wight and with local safeguarding agencies, National Safeguarding Adult Week was held, focusing on themes highlighted by the impact of COVID-19 to include:



- Mental health
- Loneliness and social isolation
- Fraud, scams and cybercrime
- Family approach
- Homelessness

The 4LSAB Co-ordination and Liaison Working Group were able to access reporting, evidencing the reach and effectiveness of the campaign.

Appendix 1 - [Southampton Safeguarding Adult Board Strategy](#).

Appendix 2



Southampton Safeguarding Adults Board – Business Plan 2021-24

The SSAB Business Plan for 2021/24 provides information on actions and target timescales required to deliver the SSAB's priorities. Progress in relation to the plan will be reviewed at each SSAB meeting with updates from Subgroups. A Blue/ Red/Amber/Green rating is used to assess progress in relation to each action.

BRAG index

Blue action- complete

Green – Action on track and progressing to plan

Amber- Some problems or delays with the action but expected to recover

Red – Major problems and issues threatening the action, behind schedule and not expected to recover

Priority 1: Prevention and Awareness

We will work together, in partnership, to prevent abuse and neglect, fully deploying our statutory responsibilities to protect the most vulnerable in our City. We will raise awareness; promote multi-agency risk management, and early intervention and detection to enable the people of Southampton to live safer lives.

“I want to live safely; I know what abuse is and I know how to get help”

What	How	Who	Success metrics	When	RAG status and comments
<p>1.1 Agencies with safeguarding obligations have clear processes in place to deliver the 4LSAB Multi- Agency Adult Safeguarding Policy & Procedures, and safeguarding activity is effective to prevent abuse, crime, neglect, self-neglect, modern slavery and exploitation.</p>	<p>Work collaboratively with 4LSAB arrangements and deliver the outcomes from the Self-Assessment, Framework Audit to review safeguarding systems and practice; information sharing; safeguarding training & MCA and DoLS practice and activity.</p>	<p>SSAB Quality Subgroup</p>	<p>90% of partners will complete the audit</p> <p>Analysis, outcomes learning, and recommendations will be reported to the March 2022 SSAB</p> <p>Partners will achieve an overall compliance score of 80%</p> <p>A SMARTER Action plan will be in place in each agency to aim for 100% compliance.</p>	<p>Oct 21 Organisational Self-Assessment Audit Tool to partners</p> <p>Feb 22 Analysis of outcomes</p> <p>March 22 Findings Report to SSAB with recommendations</p> <p>May 22 Agency action plans in place</p> <p>June 22 Random agency sample (30% of cohort) to assure RAG rated action plans</p>	

<p>1.2 We will work together and collaborate, to maximise multi-agency risk management and improve the lives of the people of our City.</p>	<p>The Modern Slavery Task and Finish Group will ensure that 4LSAB aims are implemented locally and that a clear view of MDS in Southampton is available, with recommendations for strategic and operational improvement, and will report into the SSAB Prevention Subgroup</p> <p>Promote use of Multi Agency Risk Assessment Framework & Learning from SARS (e-learning resource)</p> <p>Work jointly with 4LSAB partners and Southampton's Children's</p>	<p>Prevention Subgroup</p> <p>Subgroups for Quality Assurance & Learning & Development</p> <p>4LSAB Policy and</p>	<p>Awareness is raised about MDS</p> <p>Development and publication of SSAB MDS Guidance for Practitioners.</p> <p>MDS Training offer & attendance is increased</p> <p>Where an MDS concern exists, safeguarding activity is monitored in relation to care and support needs.</p> <p>Tracked agency use with outcomes from Integrated Score Card</p> <p>Accessible multi-agency on-line training provided on learning from SARS</p>	<p>March 2022</p> <p>Quarter 1, 2022</p> <p>Quarter 2, 2022</p> <p>Quarterly reporting</p> <p>Dec 21</p> <p>March 2022</p>	
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	Arrangements to develop a Safeguarding in Transition Framework.	Procedures Group	Agreed framework and SSAB dissemination in place.	March 2022	
1.3. We will raise organisational and public awareness about abuse, neglect and self-neglect; what can be done to help and demonstrate how and where we seek assurance and accountability.	<p>Work collaboratively with 4LSAB partners to promote and activate the National Safeguarding Adults Awareness Week Campaign 2021.</p> <p>Arrange and implement Awareness Raising actions e.g. by partners holding a free awareness conference; by partners hosting pop up stands in supermarkets; by working with banks; by trying to create City safe places businesses.</p> <p>Quarterly SSAB Newsletter providing updates on SSAB activities & regional & national updates</p> <p>Use of social media to raise awareness</p>	<p>SSAB Prevention Group</p> <p>Safeguarding Partnership Team, Independent Chair & Prevention Sub Group</p> <p>Safeguarding Partnerships Team & Prevention Subgroup</p>	<p>A working Impact Report to be developed and shared with SSAB and 4LSAB Co-ordination and Liaison Working Group</p> <p>Increase and evidence reach, compared to 2020 efforts.</p> <p>Quarterly SSAB newsletters will be in operation</p> <p>A Social Media comms plan will be in place</p>	<p>Campaign - Nov, 21</p> <p>Report – Feb 2022</p> <p>Reach – Dec,2021</p> <p>January 2021</p> <p>December 2021</p>	

1.4 We will ensure that the voices of adults at risk are sought, heard, listened to and acted upon, and that we engage with our local communities.	Establish a system to ensure adults at risk and or their lived experience influences SSAB Policy, Procedure and business.	Prevention Subgroup, Southampton Healthwatch, Southampton Connect, Independent Chair	System established and agreed across stakeholders	July 2022	
	Set out a delivery plan in accordance with the TOR and the Board Business Plan	All Sub-Groups	All Delivery plans will be in place for all Subgroups	December 2021	
	Engage with local communities through community leaders e.g. City Church; Southampton University; Southampton Connect		The Prevention Sub Group Delivery Plan will reflect actions that address how views of safeguarding and awareness raising in local communities will be addressed.	December 2021	

Priority 2 – Learning We will share lessons learned from safeguarding practice and Safeguarding Adult Reviews with transparency across our partnership, and will proactively promote the need for a modern, competent, skilled and shared workforce. We will enable access to learning for our partners, deploying local, regional and national experience to improve our safeguarding practice. ‘I am confident in the people who help me and they will be confident in how to effectively safeguard’					
What	How	Who	Success Metrics	When	RAG status and comments
2.1 We will seek assurance that all statutory agencies have training in place to deliver their adult safeguarding obligations to prevent abuse, crime, neglect, self-neglect, exploitation and modern slavery.	See 1.1	L&D Sub-Group Partnerships Team			
2.2 We will seek assurance that agency training is aligned with the 4LSAB Multi-Agency Adult Safeguarding Policy & Procedures; local and national learning.	See 1.1	L&D Sub-Group Partnerships Team			
2.3 We will ensure that, having sought evidence from those	Conduct a Training Needs Analysis across the partnership.	L&D Subgroup	SSAB Training Strategy & Training Plan	April 2022	

<p>with lived experience, that this makes a positive impact on learning and development.</p>	<p>Develop a SSAB Training Strategy and associated Training Plan, ensuring that learning reflects research outcomes; the voice of the adult & family feedback from SARs.</p> <p>Ensure the SSAB Training Strategy matches the current safeguarding priorities such as:</p> <ul style="list-style-type: none"> MCA LPS Legal Literacy Modern Day Slavery Self-Neglect Mental Health Suicide Awareness Transitional Safeguarding 		<p>overseen and agreed by agreed by SSAB</p>		
<p>2.4 We will share lessons learned from Safeguarding Adult Reviews, hold agencies accountable and seek evidence that organisational improvements are made, where necessary.</p>	<p>See 1.2 Develop e-learning and additional resources about learning from SARs. (OMG/6 Step Briefings)</p>	<p>Case Review Group L& D Subgroup Independent Chair Partnerships Team</p>	<p>Procurement of E-learning authoring tool</p> <p>Plan for modular development</p> <p>Prioritisation of training needs</p> <p>Resources developed to promote learning from SARs</p>	<p>Dec 21</p> <p>Dec 21</p> <p>February 2022</p> <p>March 2022</p>	

			Feedback mechanisms built into on-line learning systems to assure future proofing	March 2022	
			Numbers of staff trained will increase and be evidenced by the authoring tool that is procured and the supportive Local Management System.	December 2022	

Priority 3

We will assure our work; learn from local experience and that of others and ensure that our processes aim to continuously improve safeguarding practice. We will seek to assure that safeguarding arrangements are lawfully compliant and meet our statutory obligations, set within the 4LSAB Multi-Agency Adult Safeguarding Policies and Procedures.

'I am confident that the people who work with me and with each other, help me to achieve my outcomes in the best possible way'

What	How	Who	Success Metrics	Timescale	RAG status and comments
3.1 We will ensure that agencies are held accountable for their quality outcomes in relation to safeguarding	SSAB will seek assurance from commissioners and regulators about the safety and quality of care provision in Southampton by:	SSAB Quality Subgroup	Integrated score card in operation and inclusive of data as described	QTR 4 2021, 22 and 23	

activity; and request assurance that partners evaluate outcomes & share with SSAB.	<p>analysing quarterly data from Integrated Scorecard</p> <p>bi-annual updates and assurance from all statutory services</p> <p>annual update and assurance from Care Quality Commission</p> <p>and see 2.1</p>		<p>Bi -annual reports from statutory partners</p> <p>Annual CQC update</p> <p>Outcomes from Self-Assessment QA Framework and random evidence selection</p>	<p>Quarters 2 and 4, 21, 22 and 23</p> <p>Quarter 4 ,21, 22 and 23</p>	
3.2 We will ensure that our own performance is reviewed and evaluated.	<p>Annual report demonstrates assurance against statutory functions and effectiveness of SSAB</p> <p>SAR Quality Assurance Framework established</p>	<p>Safeguarding Partnership Team Independent Chair</p> <p>Case Review Group</p>	<p>Annual report scrutinised and challenged by SSAB Membership; Healthwatch; SCC Health & Scrutiny Committee and the Health & Wellbeing Board</p> <p>SAR QA Framework piloted</p> <p>SAR QA Framework established</p>	<p>Dec-21, 22 and 23</p> <p>Quarter 4, 21</p> <p>Quarter 1, 22</p>	
3.3 We will ask agencies to gain feedback those with lived	Established consistent approach to seek adult's views at the end of s.42	SSAB Quality Assurance Subgroup	Research effective practice and learning from other areas and deploy where appropriate.	Dec-21	

<p>experience and seek evidence that learning is put into practice to improve safeguarding outcomes for our population.</p>	<p>enquires to test Making Safeguarding Personal</p> <p>See 1.4</p>				
<p>3.4 We will work to ensure that safeguarding practice is lawfully compliant, and practice is made personal at every opportunity.</p>	<p>We will continue to commission Safeguarding Adult Reviews and each SAR will deploy MSP principles and ensure families views are reflected and where possible, that the voice and views of the adult at risk is heard.</p> <p>We will share the learning from SARs as widely as possible and note learning from other SARS in other areas.</p> <p>See 2.3 and 3.3</p> <p>We will assure lawful compliance of practice from the organisational Safeguarding Self - Assessment Framework and SAR outcomes</p>	<p>Case Review Group</p> <p>Partnerships Team</p>	<p>Quarterly Reports to SSAB</p> <p>Self-Assessment Framework & Audit</p> <p>SAR Action Plans and their outcomes</p>	<p>QTRLY</p>	

Key to abbreviations:

Board / LSAB:	The full board of the Local Safeguarding Adult Board
LSB	Collective name for Local Safeguarding Board / team in Southampton – working across the adults and children’s safeguarding boards
Exec	The joint business group for LSCB and LSAB in Southampton
QA:	Quality Assurance
WFD:	Workforce Development
4LSAB:	Hampshire, Isle of Wight, Portsmouth & Southampton Local Safeguarding Adults Boards
HWBB:	Health & Wellbeing Board
DVA:	Domestic Violence and Abuse
HBV:	‘Honour’ Based Violence
FGM:	Female Genital Mutilation
FM:	Forced Marriage
MSP:	Making Safeguarding Personal

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	ADULT SOCIAL CARE PERFORMANCE AND TRANSFORMATION ROAD MAP
DATE OF DECISION:	30 JUNE 2022
REPORT OF:	EXECUTIVE DIRECTOR – WELLBEING (HEALTH AND ADULTS)

<u>CONTACT DETAILS</u>			
Executive Director	Title	Executive Director - Wellbeing (Health & Adults)	
	Name:	Guy Van Dichele	Tel:
	E-mail	Guy.VanDichele@southampton.gov.uk	
Author:	Title	Director of Operations - Adult Social Care	
	Name:	Vernon Nosal	Tel: 023 8254 5600
	E-mail	Vernon.Nosal@southampton.gov.uk	

STATEMENT OF CONFIDENTIALITY

None

BRIEF SUMMARY

At the request of the Chair, the Executive Director – Wellbeing has been asked to brief the Panel on the performance figures for adult social care and to provide an update on the transformation road map for the service.

Details on both the performance figures and the transformation road map are available in Appendices 1 and 2 attached.

RECOMMENDATIONS:

- | | | |
|--|-----|---|
| | (i) | That the Panel consider and scrutinise the attached information from the Executive Director – Wellbeing on adult social care performance figures and the transformation road map. |
|--|-----|---|

REASONS FOR REPORT RECOMMENDATIONS

- | | |
|----|--|
| 1. | To enable the Panel to scrutinise adult social care performance and the implementation of the transformation road map. |
|----|--|

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED
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- | | |
|----|--|
| 2. | No alternative options have been considered. |
|----|--|

DETAIL (Including consultation carried out)
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- | | |
|----|--|
| 3. | Detail relating to the information requested is attached as Appendix 1 (adult social care performance) and Appendix 2 (transformation road map). |
|----|--|

RESOURCE IMPLICATIONS

<u>Capital/Revenue</u>

- | | |
|----|----------------|
| 4. | Not applicable |
|----|----------------|

<u>Property/Other</u>	
5.	Not applicable
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
6.	The duty for local authorities to undertake overview and scrutiny is set out in Part1A Section 9 of the Local Government Act 2000.
<u>Other Legal Implications:</u>	
7.	None
RISK MANAGEMENT IMPLICATIONS	
8	The management of risk as it relates to performance is a key consideration for the Council risk register, internal audit and ASC quality assurance. Scrutiny from this Panel also provides further assurance.
POLICY FRAMEWORK IMPLICATIONS	
9.	None

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	None
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Adult Social Care performance figures
2.	Transformation Road map

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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Data Protection Impact Assessment

Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	No
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Other Background Documents

Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	Adult Social Care Pressures briefing paper to HOSP – 10/02/22 https://www.southampton.gov.uk/modernGov/documents/s54704/Appendix%201%20-%20ASC%20pressures%20briefing%20paper.pdf.pdf

ASCOF (Adult Social Care Outcomes Framework) 2021/22



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Appendix 1

ASCOF Figures 2021/22

Areas of Improved Performance

- Overall satisfaction of people who use services with their care & support
- Carer –reported & users of services quality of life has improved
- Increase in carers reporting they are included in discussions about person they care for
- People using services & carers have reported it easier to find information
- Increase in people using services & carers reporting they have as much social contact as they want
- People receiving services feel safer and have more control over their life
- Less older people placed into long term residential/nursing placements
- Proportion of people living independently who were discharged from hospital into reablement services has increased
- Increase in people in secondary mental health in paid employment and settled accommodation

ASCOF Figures 2021/22

Areas of Decreased Performance

- The proportion of people offered reablement from hospital discharge has decreased
- Reduction in the proportion of people receiving a direct payment
- Carers have reported an overall reduction in satisfaction with social services
- Slight decrease in the number of people not requiring long term services after a short term service to maximise independence
- Slight decrease in number is people with a Learning Disability in settled accommodation (their own home or with family)
- Overall care-related quality of life has reduced for people receiving long term services

Changes in Activity 2020/21 to 2021/22

Measure	2020-21	2021-22	Change	% Change
DOLS applications	862	1,101	+ 239	+ 27.7 %
DOLS authorisations in place at 31 st March	334	403	+ 69	+ 20.7 %
Safeguarding Enquiries	821	1,109	+ 288	+ 35.1 %
New requests for Support	11,837	12,662	+ 825	+ 7.0 %
Admissions of Older People	238	219	- 19	- 8.0 %

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Power BI Reporting

- Data Warehouse has been built which stores data from PARIS (previous Case Management System) and CareDirector (new Case Management System)
- Power BI is the tool to visualise and access underlying data with ability to link directly into Care Director

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A suite of Power BI dashboards have been created and published for managers and senior practitioners to access data

- Data includes activity levels, data quality, timeliness and financial data
- A dashboard to measure ASCOF KPI's and local indicators to be launched next month
- Dashboards refreshed nightly to provide latest data

Power BI Reporting

- **Function Based Dashboards created**

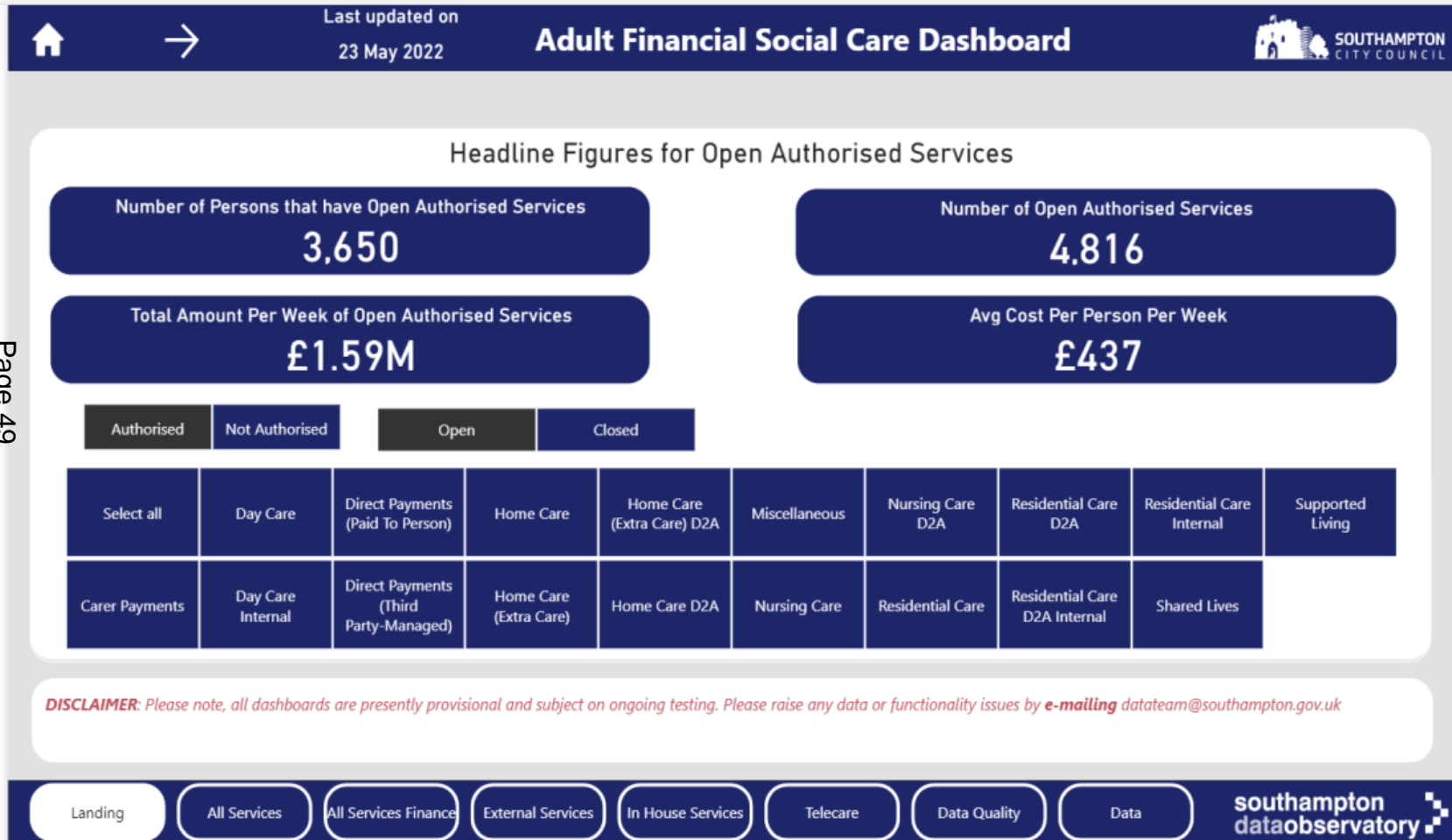
- Contact
- Assessment
- Review
- Safeguarding
- DoLS
- Services

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- **Further dashboards are currently being developed**

- Reablement
- Caseloads
- Cases awaiting allocation
- Occupational Therapy
- AMHP
- Professional Intervention

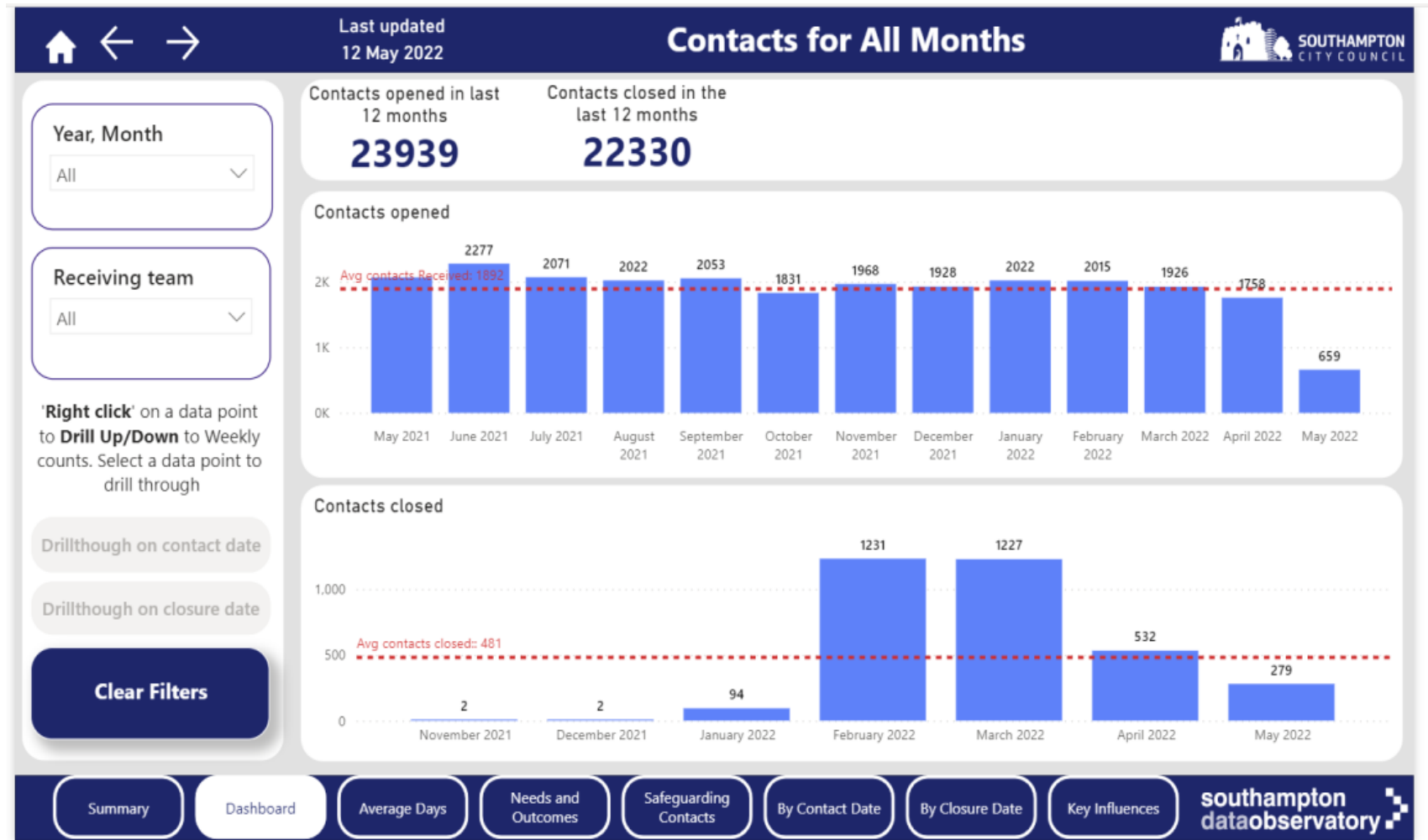
Example Power BI Dashboard



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Example Power BI Dashboard

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Draft ASCOF 2021/22

Areas of Improved Performance and Better than or similar to National average

ASCOF Ref	Indicators	Good performance is	Southampton 2021-22 Draft Score	Southampton 2020-21 Final Score	Southampton 2019-20 Final score	Southampton 2018-19 Final Score	Change (usually 2020-21 to 2021-22)	Latest Available England average (usually 2020-21)
1B	Proportion of people who use services who have control over their daily life	↑	79.0		77.3		1.7	77.3
1C part 1a	Adults receiving self-directed support (service users only)	↑	93.5	90.8	82.3		2.7	92.2
1D	Carer-reported quality of life	↑	7.49			7.00	0.49	7.50
3A	Overall satisfaction of people who use services with their care and support	↑	66.6		63.1		3.5	64.2
3D2	The proportion of carers who find it easy to find information about services	↑	63.4			58.7	4.7	62.3
4B	Proportion of people who use services who say that those services have made them feel safe and secure	↑	88.4		86.4		2.0	86.8
1A	Social care-related quality of life	↑	18.9		18.8		0.1	19.1

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Draft ASCOF 2021/22

Areas of Improved Performance though Lower than National average

Indicators	Good performance is	Southampton 2021-22 Draft Score	Southampton 2020-21 Final Score	Southampton 2019-20 Final score	Southampton 2018-19 Final Score	Change (usually 2020-21 to 2021-22)	Latest Available England average (usually 2020-21)
Permanent admissions of older people (aged 65 or over) to residential and nursing care homes, per 100,000 population	↓	621.0	700.5	770.5		-79.5	498.2
Proportion of Older people (65+) who were still at home 91 days after discharge from hospital into reablement and rehabilitation services (effectiveness of the service)	↑	75.2	72.4	74.5		2.8	79.1
Proportion of carers who report that they have been included or consulted in discussion about the person they care for	↑	62.0			59.6	2.4	69.7
The proportion of people who use services who find it easy to find information about services	↑	64.5		63.9		0.6	68.4
Proportion of people who use services who feel safe	↑	67.8		67.0		0.8	70.2

Draft ASCOF 2021/22

Areas of Improved Performance though Lower than National average

Indicators	Good performance is	Southampton 2021-22 Draft Score	Southampton 2020-21 Final Score	Southampton 2019-20 Final score	Southampton 2018-19 Final Score	Change (usually 2020-21 to 2021-22)	Latest Available England average (usually 2020-21)
Proportion of adults in contact with secondary mental health services in paid employment	↑	5.9	4.0	4.0		1.9	9.0
Proportion of adults in contact with secondary mental health services living independently, with or without support	↑	54.9	26.0	17.0		28.9	58.0
The proportion of people who use services who reported that they have as much social contact as they would like	↑	39.6		38.1		1.5	45.9
The proportion of carers who use services who reported that they have as much social contact as they would like	↑	30.3			22.2	8.1	32.5

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Areas of Declining Performance but Better than National average

Indicators	Good performance is	Southampton 2021-22 Draft Score	Southampton 2020-21 Final Score	Southampton 2019-20 Final score	Southampton 2018-19 Final Score	Change (usually 2020-21 to 2021-22)	Latest Available England average (usually 2020-21)
Proportion of adults with Learning disabilities who live in their own home or with their family	↑	81.9	82.2	82.0		-0.3	78.3
Proportion of Older people (65+) who were discharged from hospital into reablement and rehabilitation services (offered the service)	↑	3.8	4.6	4.9		-0.8	3.1
The outcome of short-term services: sequel to service	↑	82.5	83.3	79.4		-0.8	74.9

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Areas of Declining Performance and Lower than National average

Indicators	Good performance is	Southampton 2021-22 Draft Score	Southampton 2020-21 Final Score	Southampton 2019-20 Final score	Southampton 2018-19 Final Score	Change (usually 2020-21 to 2021-22)	Latest Available England average (usually 2020-21)
Adults receiving direct payments (service users only)	↑	14.4	14.5	16.1		-0.1	26.6
Adjusted Social care-related quality of life-impact of Adult Social Care Services	↑	0.383		0.407		-0.024	0.401
Overall satisfaction of carers with social services	↑	31.6			37.1	-5.5	38.6

Draft ASCOF 2021/22

Similar Performance to 2020/21

Indicators	Good performance is	Judgement	Southampton 2021-22 Draft Score	Southampton 2020-21 Final Score	Southampton 2019-20 Final score	Southampton 2018-19 Final Score	Change (usually 2020-21 to 2021-22)	Latest Available England average (usually 2020-21)
Carers receiving self-direct support	↑	No change but is better than the national average	100.0	100.0	100.0		0.0	87.1
Carers receiving direct payments	↑	No change but is better than the national average	100.0	100.0	100.0		0.0	75.3
Permanent admissions of younger adults (aged 18-64) to residential and nursing care homes, per 100,000 population	↓	No change but is better than the national average	12.0	12.0	11.9		0.0	13.3
Proportion of adults with Learning disabilities in paid employment	↑	Performance did not change but is worse than the national average	3.1	3.1	4.1		0.0	5.1

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ASC Roadmap – Progress and Improvement Update

Vernon Nosal – Director of Operations, Adult Social Care
June 2022



Agenda Item 9
Appendix 2

Statement from 2021 Roadmap:

It remains during all development work that residents are ‘people’ – not service users, not clients, not a number, it is important we understand this relationship that exists – continue to remind ourselves of this.

Vision

- To enable people to live active and fulfilling lives.
- To empower, protect and promote wellbeing and inclusion and to support people across the wider health and care system including carers.
- To have a highly skilled, capable and confident workforce.
- To provide or commission high quality care and support for the residents of Southampton.
- To embrace the wider opportunities we have in a thriving ambitious city.
- To do all of the above within the statutory framework set out in legislation.

Context

- Southampton is ranked the 55th most deprived authority (of 317, IMD 2019)
- Southampton has 19 Lower Super Output Areas within the 10% most deprived in England (IMD 2019)
- Currently a reactive demand driven service moving to strengths-based approach
- Increasing complexity of need and increase in younger adults requiring care and support
- Higher number of younger adults in placements compared to statistical neighbours
- Higher number of younger adults in residential care than statistical neighbours
- Limited (coordinated) prevention offer across the city
- Statistically higher number of safeguarding (80% more concerns than the national average)
- Poor performance of completing Deprivation of Liberty Safeguard assessments for a number of years but an improving picture
- Significant impact and recovery of covid-19 (Demand)
- Development of ICB's (July 2022)
- **Legislative changes ahead for the next 18 months through ASC Reforms have changed a number of priorities for the ASC sector as we move forward.**

ASC Reforms

- There has been significant policy development around ASC during 2021 / 2022 since the last update – the landscape is once again changing.
- The policy in view and incoming will govern and set out the funding for ASC / Health / wider partners for the next three to ten years.
- ASC departments have the largest spend area in Councils.
- Development of the reforms are in discussion and will change / drive some of the priorities for the sector moving forward.

Key documents outlining the Reform:

- NHS Long Term Plan (updated Aug 2019)
- Integration and Innovation: working together to improve health and social care for all (Feb 2021)
- Market Sustainability and the Fair Cost of Care Fund (16/12/21)
- Health and Care Act (Bill July 2021 / Act April 2022)
- Charging Reform – Care Cap (Sept 2022)
- Levelling up the United Kingdom (02/02/22)
- Impact Statement: ASC System Reform (Feb 2022)
- People at the Heart of Care – ‘System Reform’ (last update 18/03/22)
- Build Back Better (last update 22/03/22)
- National Adult Social Care Workforce Summary
- ASC Pressures and risks 2022/23

(The reforms apply to England only as adult social care is fully devolved in Scotland, Wales, and Northern Ireland.)

Timeline

Implementing the reforms stemming from the Act and from major policy developments, requires a substantial amount of input and resources from council's and its partners.

The Act, the white papers on ASC reform, health and care integration and levelling up, and the forthcoming paper on disparities will be underpinned by regulation and statutory good practice which will require implementation.

Understanding the timing requirements of the reforms is crucial however, this is an evolving timeline as set by Department for Health and Social Care (DHSC).

People at the Heart of Care

This paper outlines a ten-year Government vision for adult social care, 3 main objectives:

1. People have choice, control and support to live independent lives.
2. People can access outstanding quality and tailored care and support.
3. People find adult social care fair and accessible.

Themes of person-centered care, promotion of independence, emphasis on the care act focus on wellbeing (continuation of the Care Act legislation).

This document is divided into eight chapters

- People seeking care and support and informal carers
- A ten-year vision for ASC
- The legislative foundations to the paper
- The right care in the right place at the right time
- Empowering people who access services and their carers
- The strategy for the social care workforce
- Supporting Local Authorities to deliver social care reform
- Next steps

Priorities for Health and Social Care

- Putting people, their families and their carers who use our services centre stage.
- Investing in our workforce (permanent, valued, trained, agile) to deliver high quality services.
- Development and implementation of the changes as laid out throughout the ASC Reforms /wider legislative changes.
- A step change on inequalities and population health (data and evidenced based).
- Creating lasting sustainable change for social care (strengths based practice).
- Embedding and accelerating digital change (ensuring inclusion).
- Reshaping our relationship between residents, communities and our services (localities).
- Integrating health and care where this makes sense for residents.
- Sectors remain in recovery from and continue to adjust to living with Covid-19.

Key Priorities: 2020 to 2025 (outlined within the roadmap during 2021).

1. Complete Senior Leadership restructure and develop detailed ASC structures in line with a revised operating model;
2. Advance the technology improvements, primarily Care Director implementation and Cold Harbour (Urgent Response Service);
3. Strengthen and further develop integrated working with health colleagues;
4. Advance approach to provider redesign and modernisation;
5. Strengthen approach to key areas of statute;
6. Develop a robust plan for housing with Care options for the future;
7. Review Adult Social Care Charging policy.

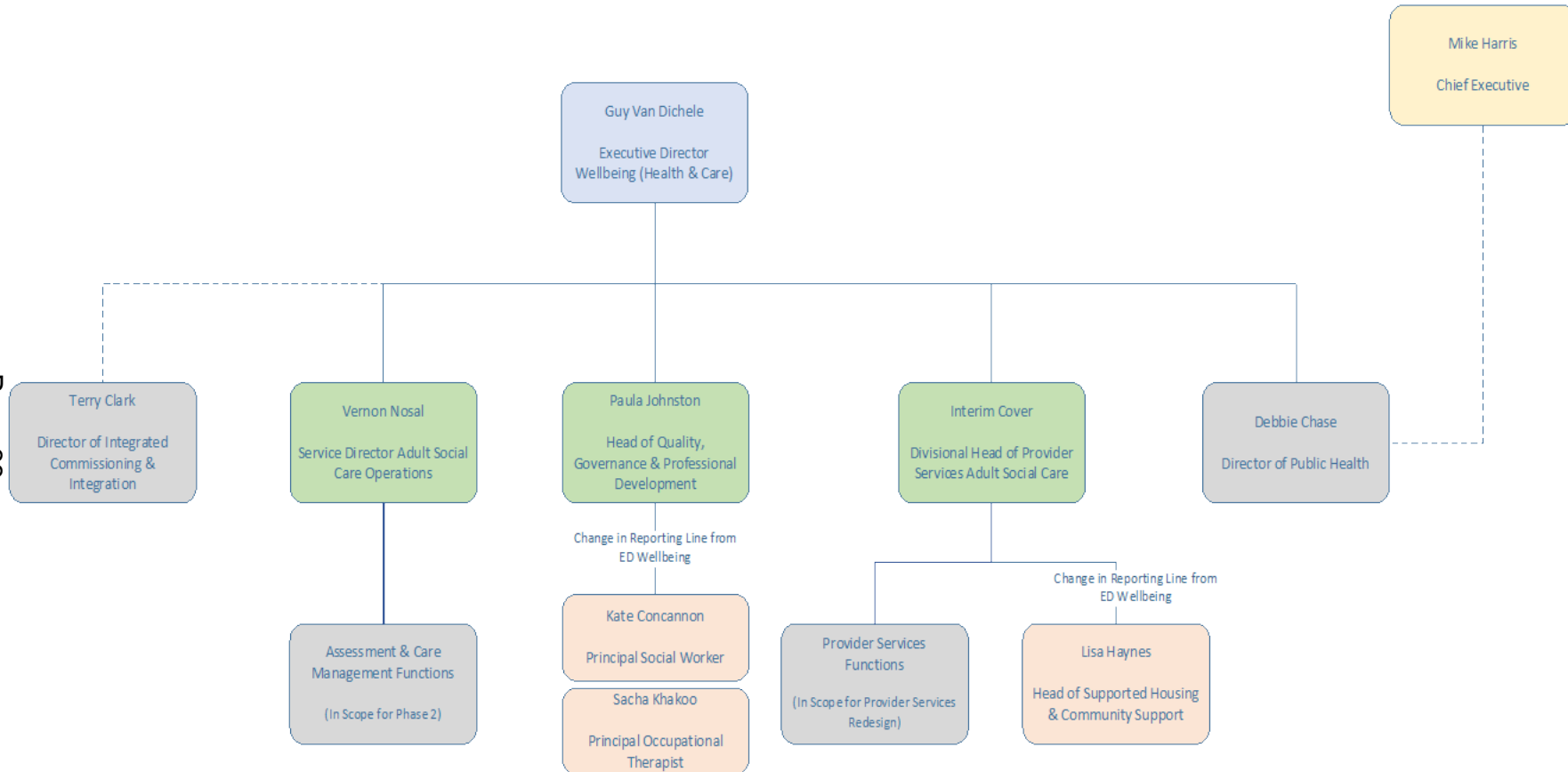
Key Priorities: 2020 to 2025 – Update and Progress (June 2022)

- **Complete Senior Leadership restructure and develop detailed ASC structures in line with a revised operating model.**
 - Senior ASC Leadership Team now in place, permanent Executive Director recruitment to be undertaken as final post through Corporate process. Service Managers and Team Manager levels staffed, key strengthening posts identified and recruited to including the Principal Social Worker and Principal Occupational Therapist in post (see next slide).
- **Advance the technology improvements, primarily Care Director implementation and Cold Harbour (Urgent Response Service).**
 - Care Director Phase One developed and implementation of the new case management system is now completed / Phase Two implementation areas are in discussion / actively recruiting to Programme Manager P2 (Corporate programme) activity in view, development and delivery is underway.

Senior Management Structure (June 2022)

Wellbeing Health & Adults - New Senior Management Structure

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Directorate Numbers: Headcount : 623 (521 FTE) / Budget: £80.4m

Key Priorities: 2020 to 2025 – Update and Progress (June 2022)

- **Strengthen and further develop integrated working with health colleagues**

Integrated Care System (ICS) and changes in the NHS will contribute to the direction of travel within the social care system – this is currently being worked through i.e., the development of the Integrated Care Board (ICB) and Integrated Care Partnership (ICP) and the relationship with the Health & Well Being Board (H&WBB) working towards implementation date of 1st July 2022.

Adults, Children's and community services continue to work collaboratively on localities approach in Southampton through engagement with the Voluntary and Community sector to strengthen relationships and to support the development of delivery relating to key integration alignment changes through the ASC Reforms / continued work on Health Integration.

People Too will work with us over the next 12 months to drive forward the continuation of a strength / place-based approach as we move into further areas of integrated locality work.

Key Priorities: 2020 to 2025 – Update and Progress (June 2022)

- **Advance approach to provider redesign and modernisation.**
 - Integrated care systems are the next step in integrated health and social care and are part of the NHS 5 Year Plan as well the Health Bill currently going through parliament.
 - For local government ICS means three key benefits:
 - To join up health and social care at all levels in the system, creating better outcomes and less fragmented experience for residents;
 - The potential to improve population health and wellbeing through the leadership of public health as well as local government and health acting together to address wider determinants of health such as housing, local planning and education;
 - LG can enhance transparency and accountability through supporting engagement with local communities and providing local democracy oversight.
 - Work is underway to develop the Integrated Boards within the ASC Reform and wider legislation by July 2022.

Key Priorities: 2020 to 2025 – Update and Progress (June 2022)

- **Strengthen approach to key areas of statute;**
 - Governed through the ASC Reforms released throughout the end of 2021 and ongoing up to recent updates of the Care Act (16/06/22) the ASC Reform Programme s currently under development.
 - Workstreams have been identified and resourced (3 Project Managers covering Commissioning, Operational and Financial development areas.
 - Review areas of Digital / Assistive Technology as laid out in the reform and how SCC are utilising the benefits of digital and Assistive Technology aligned to the;
 - ASC digital roadmap development - a review piece of work will commence end of June and be completed by the end of August 2022.
 - Programme Board and full governance in development for the ASC Reform work to prioritise and make any changes to projects and activity of the department to ensure it is aligned to BAU and wider Corporate Strategies and plans within the LA and Health.

Key Priorities: 2020 to 2025 - Update and Progress (June 2022)

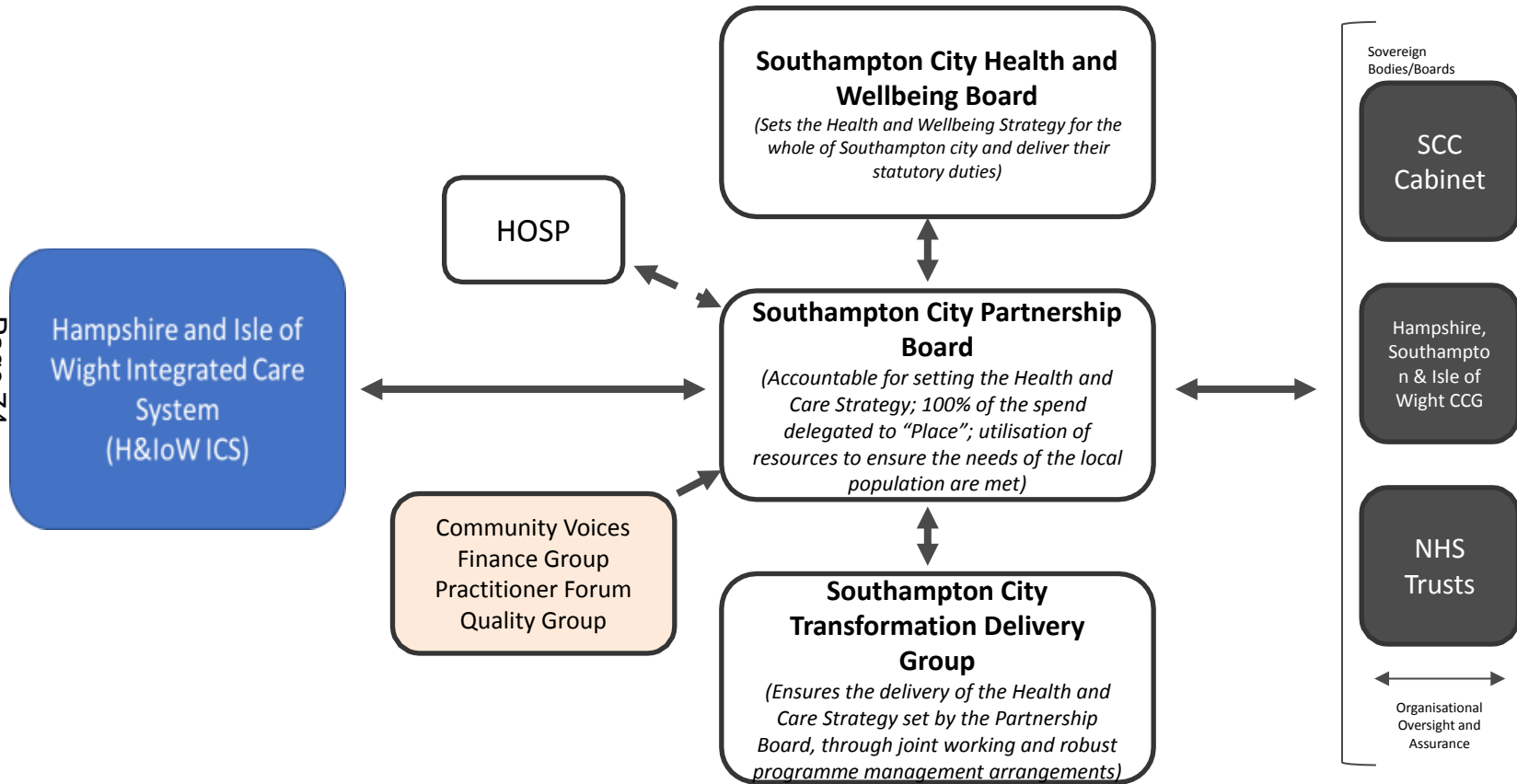
- **Review Adult Social Care Charging policy.**
 - Scoping and identification of the financial pathway is in place.
 - Development work is underway through the ASC Reform PM (Finance) relating to the current charging pathway.
 - Teams providing financial support to people in SCC have been engaged.
 - Project Manager is progressing the development of an implementation plan to ensure all improvement activity relating to financial aspects of ASC for people, their families and carers is clearly in view.
 - Implemented within the Reform programme over the next 12 months as further Care Cap information is in view and will inform the changes needed to the Charging Policy.

Key Priorities: 2020 to 2025

- **Develop a robust plan for housing with Care options for the future;**
 - Increased Extra Care developments
 - Develop Housing with Care for the future Inc residential and nursing capacity
 - Page 73 ASC Reforms – Key driver / population health management and key integrated working – Social Care / Health and Housing

Southampton City – Place Governance Structure

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Adult Social Care is part of a bigger system. We have to remember that ideally we would like to be spending less on our social care offer because we have invested in the things that prevent people needing social care for longer.

What we might better know as the wider determinants of health.

Working more closely aligned with Housing, leisure & cultural offer, employment etc. are all critical to prevention of the over use across the health and social care system.

Behaviours play an important part in this and how we respond as an integrated system.

Workforce

- We spend £17.6m internally on our workforce.
- We have a workforce of 614 /in an overall Council of 3659 employees.
- We have over 67 roles in place.
- We continue to make good progress on reducing agency staffing significantly to date.
- We currently lose 10.19 days to sickness (down from last update in Aug 2021 from 11.75) with the number one reason being Stress and Anxiety
- We continue to work on reducing sickness days per month (from 533 in Feb 2021 to 382 in June 2021) currently days lost to sickness for May 2022 is currently 302

ASC Performance and Improvement

- We continue to pay attention on getting the basics right alongside innovation and change.
- Reducing bureaucracy in the system and process and continue to improve / working as a team to improve the current position further.
- We have worked on and developed a performance framework which will be rolled out later on this year.

Budget and Staffing (ASC)

The ASC holds a gross budget of £79.4m General Fund (£2.2m HRA) this amounts to 36% of the overall council budget.

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Staffing headcount of 614

What have we completed to improve adult services – 2021/2022 so far.

- New management structure – completed P1 (Oct 2021).
- Recruitment of new structure – completed P1 (up to April 2022).
- Strengthening of key function / posts – completed P2 (Aug 2021 to June 2022) – enhancing the structure with key posts (Service Manager / Team Manager / PSW and POT in post).
- Reducing silos and specialisms (on-going).
- Moving into simplification to reduce hand offs and develop localities / procurement of a model to strengthen the skill and approach to community-based work across the workforce (Procurement completed June 2022).
- A Quality, Governance and Professional Development role in place / function in development.
- Continued to reduce sickness absence.
- Reduced reliance on agency staffing through permanence across the workforce.
- New Performance Framework (April 2022).

What have we completed to improve adult services – 2021/2022 so far.

- Disbanded things that are not working (Mar 2021 to April 2022)
- Moving from enquires /reviews and into an action/solution focused approach
- Designing the future of ICS with social care as equal partner
- Carers Strategy co-produced P1(Oct 2021 – May 2022)
- Development and implementation of deliverables within the Carers strategy underway P2 (ongoing)
- Implementation of the case management system (Care Director)
- Development and implementation of Cold Harbour.
- Policy and Procedural review completed / work remains on-going and in alignment to changes within the Care Act released (June 2022)
- Policy and Procedural platform in place / Care Act and Mental Capacity Act micro sites included.
- Early stages of ASC reform resourcing and staffing in place.
- Development of refreshed Induction for ASC workforce with digital aspects.

What have we completed to improve adult services – 2021/2022 so far.

- Recruit permanent workforce to meet the demands of the service (permanent) / Rebalance of skilled / qualified workforce.
- Better Use of Telecare & Telehealth – role in place to produce an Assistive Technology Strategy and Plan (May 2022).
- Development of a more person centric approach to assessment, support planning & service delivery through working with People Too.
- Embed Resource Allocation System (RAS) as part of assessment process (Care Director).
- ASC Communications and Engagement Lead in post (April 2022) /will be looking at the development of resident feedback channels and learning from feedback.
- Review of reporting requirements and build of new reports to assist in the monitoring of service provision / reporting suite in development.

What challenges remain across the sector

Adult Social Care has faced major challenges during 2020/21 – challenges remain for the future:

- Impact of COVID-19 – the increase in demand for services has increased the case numbers to the department which impacts on the finances and priorities of the sector (nationally) / continued learning around new ways of learning and contingency / emergency planning.
- Change in the focus on the future operating model of care provision to meet the requirements of the population / how our workforce is impacted on and the ways of working emerging.
- Increasing levels of complexity of people presenting to social care.
- Increasing levels of demand across all areas including safeguarding /changes to legislation for Liberty Protection Safeguarding (DoLS)
- Workforce changes and costs due to additional demand.
- Ability to build a sustainable workforce (permanent and appropriately skilled).
- Ability to build a flexible and sustainable provider marketplace.
- Wider ASC Reform legislation and delivery of the care cap.

Risk to Delivery

- Availability of Skilled Workforce Capacity (permanent recruitment / retention of staff within the sectors).
- Development and implementation of the ASC Reforms – skill / funding and capacity to deliver the requirements.
- Impact of COVID-19 (demand over the next few years).
- Possible changes to future social care funding.
- Ability of the social care market to be flexible enough to adapt and change to meet the demands of social care.
- Ability to source appropriate housing to support vulnerable people.
- Experienced technical resources required to implement transformational change.
- Digital transformation to be accelerated in development and core offer.

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