

JOINT HEALTH AND WELLBEING STRATEGY COMMITMENTS - PROGRESS TRACKER REPORT 2013/14 AND 2014/15

	ACTION	PROGRESS (RAG)	COMMENT	Updater
	KEY: Green – On track or completed; Amber – Off target; Red – Significantly off target; Grey – Missing information or status N/A			
THEME 1: BUILDING RESILIENCE AND USING PREVENTATIVE MEASURES TO ACHIEVE BETTER HEALTH AND WELLBEING				
Smoking and Tobacco Control				
1.	Develop and implement a comprehensive Tobacco Control Plan for the City in conjunction with the Police and Customs, which tackles prevention, provision of smoking cessation support, illicit supply of cheap smuggled tobacco, and implementation of tobacco control policies at a local level.	GREEN	Tobacco control plan in place and implemented for 2014-15. Smoking cessation services also commissioned. Review of plan being undertaken and used to inform for 2015-16 refresh.	Public Health
2.	Sustain implementation of the national NHS Health Check programme across the City to support early detection/screening for cardiovascular disease and to tackle lifestyle risk factors.	GREEN	NHS Health Checks programme implemented across the City as well as additional opportunistic outreach work targeted at key groups within the population to address potential health inequalities. In 2014/15 99% of eligible population were invited for health checks (over 11,000 invitations). Uptake has increased to 40%.	Public Health
Obesity and Physical Activity				
3.	Identify and implement options determining better health and support healthy lifestyle behaviours leading to improved diet and physical activity in key target groups e.g. health promoting workplaces, breastfeeding friendly environments, healthy early years and childcare settings.	GREEN	A range of activities and services are available to support healthy lifestyle behaviours. These are accessible for children, families and adults and include activities in key settings such as workplaces, early years and schools. The public health nursing service (school nursing) has been commissioned for 1 April 2015. New service specification has a specific focus on healthy weight. The breastfeeding action plan has been developed, with progress monitored by the 0-5 year working group (under the 0-19 commissioning group). Health improvement plan in maternity services specification monitored at maternity trust board meetings.	Public Health
4.	Support initiatives and services that are effective in preventing and managing overweight and obesity in our high risk individuals in the	GREEN	Initiatives and services for children, young people and adults to prevent obesity and manage their weight are supported. Additional insight work being undertaken to better understand further needs of key target groups.	Public Health

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	children, young people and adults sectors.			
Alcohol and Drugs				
5.	Work together with local agencies to reduce detrimental effects of adults' problem drug and alcohol use, particularly parents.	AMBER	New Integrated Substance Misuse Service (SMS) has been commissioned from November 2014, stratified for younger persons and adults. This has created a new relationship between local agencies in the NHS, voluntary and commercial sector. A specific focus on parents has not yet been achieved, as the mobilisation of the new service model has taken precedence.	Bob Coates
6.	Sustain and expand public education initiatives that raise awareness around alcohol and substance misuse and maintain existing schemes that address underage drinking and associated behaviours, including in school settings.	GREEN	The younger persons SMS has been newly commissioned with No Limits. This enables the delivery of comprehensive school and college based campaigns with access to confidential advice and individual treatment planning, where appropriate. The Healthy Southampton communications plan has prioritised alcohol campaigns for 2015 and identified additional resources to support awareness raising.	Bob Coates
7.	Develop and expand the current services through partnership working approaches that develop 'wrap around' services' (including housing and access to Education, Employment and Training) and link health, social care, housing, leisure, night-time activities and criminal justice to include tackling alcohol and substance abuse in the young.	AMBER	The new service model for young people (YP) and adults is designed to enable a multi-disciplinary and multi-agency response to the needs of YP. It is well positioned in the city to enable effective partnership working with initiatives in the night time economy (NTE) and Youth Offending Team (YOT) programmes. The service has only recently been established and therefore has not had long to build/embed the crucial relationships.	Bob Coates
8.	Increase numbers accessing both drug and alcohol services. This will enhance numbers achieving recovery from alcohol or other drugs.	RED	Local problems with IT interoperability, coupled with a "switch off" with the national SMS data system (NDTMS) mean there is no access to benchmarking or the usual datasets over the last two quarters. The issues were discussed and solutions agreed at the DAAT partnership meeting in April 2015. These local and national issues will mean this remains a challenge now and in the foreseeable future.	Bob Coates
9.	Review drug treatment services, particularly to young people to ensure a value, high quality treatment system	GREEN	The new service was implemented following the review.	Bob Coates

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	reflective of their drug use patterns.			
10.	Increase the range of effective treatment interventions for crack cocaine and stimulant users.	GREEN	The last available data on treatment outcomes in this group was encouraging.	Bob Coates
11.	Develop an appropriate suite of abstinence and harm reduction services for blood borne viruses (BBV), such as HIV etc.	GREEN	Needle exchange, BBV screening, and access to new hepatitis treatments was in the top quintile of performance nationally last year. A programme of enhanced HIV surveillance has been agreed with the CCG and Integrated Commissioning team.	Bob Coates
Housing				
12.	Endeavour to help people to have access to good quality, energy efficient housing that is both affordable and meets their needs. The priorities below aim to provide opportunities to help promote health and wellbeing in the working age population across the city by working with local employers, improving economic wellbeing and helping particularly young people into employment.	GREEN	The homelessness Prevention Strategy for 2013-2018 is the third strategy to tackle homelessness. It demonstrates a commitment to build on our experience to provide a comprehensive service that tackles homelessness in Southampton. The strategy focuses on early intervention and prevention where possible and assisting people in need.	Liz Slater
13.	Provide a comprehensive homelessness service that supports people to make independent choices about their housing future.			
14.	Work with the voluntary and supported housing sectors and the Homeless Healthcare Team to ensure that provision in the city meets the needs of the most challenging people to safeguard both their housing and health needs and reduce the impact on the general population.	AMBER	Significant work underway in relation to care leavers and homeless young people. Action plan in place to address Ofsted recommendations and proactively working with providers to implement changes which support a stronger focus on care leavers, a move away from properties of multiple occupation, improved processes and joint working with children's services. Also exploring the possibility of a more targeted resource and support for the most challenging young people.	Donna Chapman

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15.	Having an additional Licensing scheme for all HMOs in the city to help ensure the conditions in the private rented sector are improved and poor or inadequate housing is brought up to acceptable standards.	GREEN	Southampton City Council introduced an additional HMO Licensing scheme in four wards (Bevois, Bargate, Portswood and Swaythling) in July 2013. The scheme is working to improve management and conditions in HMOs and reduce the impact on the communities. Consideration is currently being given to extend the scheme to include Freemantle, Shirley, Bassett and Millbrook wards. The statutory consultation period has ended and subject to due process the new scheme will commence in October 2015. There is insufficient evidence of poorly managed HMO's in other parts of the city to legally extend the scheme further.	Mitch Sanders
16.	Develop local hubs for quality support and care in the city, for example dementia friendly facilities with support activities and interactions for people with dementia from the wider community.	AMBER	Working together for a 'Dementia Friendly City' being progressed. Dementia awareness sessions have been delivered to Primary Care reception teams, with the dementia friendly surgeries project moving to implementation stage. CCG/SCC working with local charities, voluntary and community groups to provide more support in the community to help people live well with dementia and connect those living with dementia with their community.	Amanda Luker
17.	Raise awareness of falls and reduce or prevent trips, slips and falls within Council older people's accommodation. Good design can do much in this sector.	GREEN	This is being progressed as a key Better Care programme target. A falls action plan is in place with all agencies committed to delivering key actions. A new exercise class programme is being piloted with a local voluntary sector organisation and other partners to reduce repeat falls. A new falls liaison pathway has also been introduced between UHS and Solent NHS Trust to reduce repeat falls. Specific work is being undertaken with nursing homes to introduce "falls champions" to prevent trips, slips and falls. A publicity week is also planned in September to raise awareness of falls and how to prevent them.	Donna Chapman
Workplace Health				
18.	Implement a programme of work to support employers in improving the health and wellbeing of their workforce through recognised good practice at work; improve the support for those stopping work due to sickness to get them back into work sooner or to rethink their future job	AMBER	National Workplace Wellbeing Charter implemented through the Well & Working programme. Supporting a range of employers to improve the health and wellbeing of their workforce. Some work undertaken to better understand the issues around Fit Note. Work being undertaken to address the worklessness agenda for those with a health condition.	Public Health

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	prospects. Harassment and bullying need preventative policies.			
19.	Support more vulnerable people into good quality work, such as young people, carers and people with learning disabilities, mental health and long term health conditions and disabilities.	AMBER	Southampton and Portsmouth City Councils entered in to the City Deal agreement with government in November 2013, and a key element of this was the provision of additional resources to improve employment services for adults with health conditions and young NEETs. Some of this resource (dependent on EU funds) was delayed, leading to a late start with the programmes. The Youth Programme is now underway and a coordinated response to dealing with NEETs has been agreed and is being implemented. A pilot project, seeking to integrate health and employment services for adults with health conditions has started with 100 people to test the approach and assumptions for this innovative initiative before the main City Deal programme starts in early 2016. Outcomes will be reported to the HWB.	Kathryn Rankin
20.	Promote and develop the 'Time to Change' campaign to reduce the stigma of mental illness in the workplace.	AMBER	A Time to Change planning event is taking place on 27 June to inform and get buy in from local stakeholders. If all interested parties sign up we should have a citywide anti-stigma campaign in October.	Sally Denley
Mental Health				
21.	Adopt a public health approach in the development of strategies which promote wellbeing for the whole population including activities which reduce health inequalities and which promote good mental health across the city.	AMBER	The public mental health Be Well strategy is due for a refresh by the end of the year. The majority of the ten pledges have been met. However, the issue of service user involvement remains a concern.	Sally Denley
22.	Ensure early access to psychological therapy/services, such as counselling and talk, which help people remain in or return to employment.	GREEN	Access to Southampton Steps to Wellbeing (National Improving Access to Psychological Therapies (IAPT) scheme) has met the national ambition for the proportion of people who have received psychological therapies.	Amanda Luker
23.	Develop and implement a suicide prevention strategy across the city.	AMBER	The evidence obtained by the Southampton Suicide audit undertaken jointly with the Coroner's Office will inform a local Public Health Prevention Plan for Southampton. This will be rolled out as part of the Be Well Strategy refresh.	Sally Denley/ Amanda Luker

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			Safe care approaches to suicide prevention in the CQUIN scheme; includes review and adaptation of risk assessment. By rolling out ‘connecting with people’ training for clinicians and USI Suicide Prevention Training together with Mental Health First Aid we aim to make Southampton a suicide safer city.	
THEME 2: BEST START IN LIFE				
Giving every child the best start in life				
24.	Develop and deliver early learning for 2 year olds who are disadvantaged.	AMBER	The 2014-2015 Southampton Childcare Sufficiency Assessment shows that where sufficient capacity has not been developed there are the necessary plans in place to achieve this by September 2015. The exception to this is in the Thornhill area where, as yet, suitable premises have not been identified and all existing local provision has already been expanded to the limit. Take up of places is currently at 59% of entitled children (current HMRC estimate of total number of children entitled is 1430) which is low in comparison to our statistical neighbours and slightly below the national average. This is despite a comprehensive communications plan and follow up with families. Investigation of other authorities’ approaches suggests that more outreach to families is needed to proactively support take up of places. There is currently minimal additional capacity within children’s centres to do this. We are looking at more effective use of current capacity and the possibility of extending the outreach contract which is supported from the 2 year old trajectory funding. The funding is available until November 2015.	Sue Thompson
25.	Develop an integrated early years service incorporating children’s centre provision, family and parenting support services and the Healthy Child Programme.	GREEN	With commissioning responsibility for Public Health Nursing services (health visiting and family nurse partnership) moving to the local authority (Public health) in October 2015, work has been underway to explore a more integrated 0-5 year old offer. We are aiming to implement a virtual model of integration with joint management teams comprising health visiting, children’s centres and midwifery leadership from July 2015 to achieve greater integration of resources and alignment of health, education and social care performance indicators and outcomes. At the same time, we plan to undertake a review of MASH and Early Help services to inform the future direction of travel, with a view to potentially working towards an integrated 0-19 offer based around localities.	Donna Chapman

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26.	Develop health visiting and maternity services to achieve optimum health outcomes in the early years and tackle inequalities.	GREEN	Work continues with Solent NHS Trust, NHS England and University Hospital Southampton Foundation Trust (UHSFT) to improve outcomes in the early years and tackle inequalities. For Maternity Services, this has been negotiated as part of the 2015/16 Service Specification held by the CCG which includes specific reference to key public health priorities, in particular smoking cessation (including the universal implementation of Carbon monoxide monitoring), healthy weight, healthy start, mental health and breast feeding. Work is underway to ensure that the new Maternity Payment by Results tariff is driving a stronger focus on tackling inequalities. For health visiting, the Council is working closely with NHS England (current commissioner) to improve outcomes in the early years, with reference to the 6 high impact areas described by NHSE. This will be further supported by the integrated 0-5 offer described above.	Donna Chapman
27.	Continue to develop high class education provision, raise attainment faster than comparator cities and improve school attendance rates where they are low.	RED	2013/2014 early years foundation stage is above the national average, whilst Key Stage 2 performance is just above average and GCSE attainment (5+ A*-C grades including English and Maths) is 5% points below the England national average. Overall attendance (5%) is just below the national average (4.5%). Work continues on a school by school basis with Education Welfare Officers and the School Improvement Team to raise attainment levels and standards in schools. The work also links to the Families Matter Programme. 2014/15 results will be available in August and reported to the next Children's Scrutiny Panel.	Robert Hardy
Intervening early when problems occur				
28.	Develop an integrated assessment process for all types of needs which identifies them early and facilitates a holistic multiagency approach to providing good quality education, health and care services.	AMBER	This is a key element of the Better Care programme and implementation of the cluster interagency team model. Six clusters have been established, based around GP practice populations, bringing together health, social care, housing and voluntary staff. The clusters are at varying stages of development but a core principle for all is the use of risk stratification tools to identify people at most risk and shared assessment and care planning. These principles are also being applied for children and their families, where use of the Universal Help Assessment and Family Help Assessment tools are being used by Children's Centres, school nursing, Early Help and the MASH. Work is also underway to explore a more integrated approach to bringing together the 2-3 year old assessments of the Healthy Child	Public Health

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			Programme and Early Years Foundation Stage. Integrated process established for safeguarding set up through the MASH (Multi-agency safeguarding hub), Early Help teams and scrutiny of services via the section 11 audit process.	
29.	Shift the focus of provision and resources towards prevention, ensuring that the workforce at all levels and across all agencies is equipped with the skills and knowledge to identify needs and intervene early in situations of risk.	AMBER	<p>This is a key element of the 0-19 Prevention and Early Intervention Strategy which has 5 key strands:</p> <ul style="list-style-type: none"> • Implementation of a core parenting offer and family support; • Better use of data, information and intelligence across the system to identify gaps, provide information to staff and families on what is available and share evidence based interventions; • Community engagement and development of capacity within the voluntary and community sector to better meet need at an earlier stage; • Interagency workforce development and training to support prevention • Early intervention and inclusive integrated services. <p>Significant progress has been made in implementing the parenting offer for 0-5s and a parenting toolkit has been launched with schools to support development of the 5-14 years offer. Different models for strengthening engagement of the community/voluntary sector have been explored through the Delivering Differently and Headstart initiatives and will be further supported through the Prevention and Early Intervention Strategy. Further work required on interagency workforce development and equipping staff with skills and knowledge to identify needs and intervene at a much earlier stage.</p> <p>The Better Care Programme has its own workforce development project being rolled out in 2015/16. This will focus on NHS / Council staff in addition to nursing home and domiciliary care staff. Better Care will lead to prevention and early intervention and initial work has commenced on developing a plan for health and social care outcomes.</p>	Public Health
30.	Develop and maintain a stable, skilled, high calibre and experienced safeguarding workforce which is well managed and supported.	AMBER	A workforce strategy is being delivered to improve the recruitment and retention of safeguarding staff. Analysis of its effectiveness is ongoing.	Mark Howell/ Hillary Brooks
Supporting children, young people and their families with additional needs				
31.	Increase personalisation and choice through implementation of a core offer	GREEN	An integrated 0-25 service is being developed across education, health and social care. This includes the integration of Council and Solent NHS	

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	and personal budgets, building on the learning from the Government-sponsored SEN and Disability Pathfinder.		Trust staff within a single service structure and the development of a strong person-centred ethos. The SEND offer is published on the Southampton Information Directory and provides information about what is available and how to access services. A revised Impartial Information and Advice Service is being commissioned to meet the requirements of the Children and Family Act.	
32.	Narrow the gap in attainments and outcomes for children with SEN and disabilities, increasing their aspirations, skills and qualifications.	N/A	SEND plans are developed on an individual basis for each child and will be implemented within the individuals Education and Health Care Plan. This matter is currently difficult to report against. A regional report is being undertaken by Portsmouth to develop potential SEND future benchmarks.	Hillary Brooks
33.	Improve outcomes for children looked-after by the Council (corporate parent) building on the findings from the Integrated Ofsted/CQC inspection.	AMBER	An OFSTED Action Plan and performance monitoring is in place. The outcomes for children are continually monitored to ascertain where improvements need to be made.	Hillary Brooks
34.	Develop holistic approaches to support and challenge for the most vulnerable families in the city through the Families Matter programme.	GREY	To be updated.	Christine Robertson
Supporting young people to become healthy, responsible adults				
35.	Develop Raising Participation Age support for schools and colleges.	GREEN	Raising Participation Age has been implemented effectively with schools.	Robert Hardy
36.	Redesign substance misuse treatment services for young people to improve uptake and compliance with treatment.	GREEN	Procurement and redesign completed in Dec 2014.	Bob Coates
37.	Continue to improve sexual health and reduce teenage conceptions through delivery of the Children and Young People's Trust reducing teenage pregnancy strategy.	GREEN	Teenage pregnancy city wide event held in October 2014. Sexual health strategy developed and intentions reviewed quarterly by sexual health steering group. Teenage pregnancy is a key strategic priority. Teenage pregnancy action plan currently being updated, with assurance of delivery from the 0-19 commissioning group.	Donna Chapman
38.	Make sure young people leaving care are well supported to achieve their aspirations and become independent, self-reliant citizens.	AMBER	A care leavers action plan is in place and monitored. Improvements have been seen for care leavers in terms of NEETs and accommodation, however, our performance are both worse than the national average and work continues to assess potential improvements on an individual basis.	Hillary Brooks
Theme 3 – Ageing and Living Well				

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Tackling poverty				
39.	Make the most of existing services (voluntary, public and private sector) that offer free or discounted access to leisure, learning, transport and care.	RED	Southampton Gets Active is working to develop a plan to increase active participation in sport and recreation. Further partnership work is needed to assess where potential free or discounted services are on offer and promoted more widely.	Andrew Mortimore
40.	Support the development and use of information advice assistance to help people to maximise their income, ensure winter warmth and improve their quality of life.	AMBER	Additional advice provision has been made available in the city in response to welfare reforms. The city has developed and Fuel Poverty Plan and continues to work with 'The Environment Centre' to offer a one stop shop service to the general public for any affordable warmth/fuel poverty related enquires.	Sara Crawford
Prevention and earlier intervention				
41.	Offer an annual health check to carers and promote support networks for carers across the City.	GREEN	New services were commissioned to promote and develop support networks for carers across the City. This has been extended to include provision of carer assessments.	Sandy Jerrim
42.	Review tele-care and tele-health services in the City, re-shape and re-launch these so that local people are more aware of the ways in which they can use technology to retain their independence.	AMBER	Plans being developed under oversight of Health and Social Care System Chief Officers.	Sandy Jerrim
43.	Extend re-ablement services so that people can help to regain their confidence and skills after an illness or mental health breakdown.	AMBER	The integrated rehabilitation and reablement service designed to intervene rapidly and early when people are at risk of crisis, nursing or rest home or hospital care or are ready to discharge from hospital care back into the community. The service dovetails with the developing cluster teams to promote simple, integrated and shared care pathways for clients and patients.	Jamie Schofield
44.	Promote healthy, active lifestyles through a dedicated team of Activity Coordinators.	GREEN	Through programmes such as health trainers and My Journey residents and visitors are encouraged and supported to be more physically active.	Andrew Mortimore
Being 'person' centred and not 'disease' centred				
45.	Increasing the number of people who can say how best to spend the money allocated for their health and care, either through direct payments or personal health/care budgets.	AMBER	Focussed work on increasing direct payments uptake. Personal health budgets offer integrated / normal continuing healthcare pathways with expectations and plans to deliver a minimum notional budget for all clients that the CCG fund before the end of the financial year. Further refinement and development progressing to refine and	Mike Cooke

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			maximise the robustness of the personal health budget offering.	
46.	Joining up health and social care services so that the number of assessments is reduced and a person's experience of moving between professionals is much smoother and less fragmented.	AMBER	Service functions related to crisis response, rehabilitation, reablement and hospital discharge will be integrated with pooled funding arrangements, single management, referral, governance, planning and performance arrangements to ensure greater fluidity and shared responsibility.	Jamie Schofield
47.	Developing a shared understanding of how best to support people to retain their independence and make changes to practice which improve the achievement of this objective.	AMBER	Age UK are piloting Person Centre Planning in three GP practice for people with long-term conditions. Two GP practices are running pilots for the over 50's who use alcohol with long-term conditions. Also piloting with Spectrum community navigation, with workshops being held June 2015. Southampton Advice Services Alliance (SASA) have developed the advice and information website.	Carole Binns
48.	Promotion of a focus on recovery rather than simply procedures for admission avoidance and/or hospital discharge when people need any form of secondary care.	AMBER	The integrated crisis response, rehabilitation, reablement and hospital discharge provision will focus on promoting independence by having a community cluster focus at all time, developing self-management planning, involvement in risk stratification processes, developing city wide single care planning and information sharing processes and protocols,	Carole Binns
Care of long-term conditions, including cancer and dementia				
49.	To ensure that the enduring issues for people living with long-term conditions are recognised and that they are supported in the management of their conditions	AMBER	The Better Care Programme is aims to address needs of individuals, especially vulnerable older adults. Workstreams are underway for a number of long-term conditions to improve pathways and all have a key focus on self-management and improved quality of life.	Bob Coates
50.	Work with GPs to more accurately achieve earlier diagnosis of those most at risk of experiencing dementia	GREEN	Focused work undertaken with Primary Care during 2014/15 has resulted in an increased diagnosis rate, preliminary March 2015 data 65%, which is an increase of 10.5% from the March 2014 position.	Amanda Luker
51.	More support for people with dementia to remain in their own homes for as long as it is safe for them to do so.	GREEN	Services promoting social inclusion to those living with dementia, working with individuals and families to review and establish self-management goals within a personal programme. Working with the voluntary sector and community settings to improve the health and wellbeing of people living with dementia and to reduce loneliness and social isolation, by participating in a range of activities.	Amanda Luker

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52.	The development of extra-care services for people with long term conditions and those with dementia Launching a new approach to provision of aids and adaptations which encourage better access and information for individuals able to fund themselves and improves response times to those requiring equipment to maintain their independence.	AMBER	Extra care provision at Graylings available for individuals with dementia. An innovative project is running until August 2015 featuring GPS technology to help people with dementia who are at risk of becoming lost and confused in the community. This now sits within a range of areas: the wider Better Care agenda; Person centred Planning, Personal Budgets, JES, telecare and telehealth and the Prevention and Early Intervention portfolios. <i>To add further commentary from SCC in relation to equipment and adaptations</i>	Amanda Luker Chrissie Dawson SCC
53.	Raising awareness amongst all care and health staff about appropriate responses for people with dementia, mental capacity issues including deprivation of liberty guidelines and protocols.	GREEN	NHSE mandate that 80% of front facing staff should receive dementia awareness training. Community Trust has developed a bespoke e-learning package to deliver tier 1 training, and currently reviewing tier 2 and 3 training. An Acute Trust Dementia Strategy is now in place, and linked to the Trust education plan. VIP training with 5 dementia modules being offered, with additional module being developed. MIND have raised awareness of IMCA/DoLS within hospitals and regularly link closely with residential homes.	Amanda Luker
54.	Work with the Clinical Commissioning Group and providers of social care to raise the standard of medicines management across the health and care system.	AMBER	Public health provide advice on medicines, evaluation and prescribing policy. CQC and CCG Clinical Governance monitor quality of medicines management.	Bob Coates. (Julia Bowey and Liz Bere)
55.	To improve health outcomes of those living with cancer action will be taken to improve understanding amongst the public about the signs and symptoms of cancer and encourage early checks with their GP.	GREEN	We worked with Public Health England and NHS England on cancer awareness programmes including 'Blood in pee' and the 'lung cancer awareness' programmes.	Bob Coates
Improve the response to learning disabilities				
56.	Work with the Clinical Commissioning Group to ensure the implementation across GP practices of annual health	AMBER	30-37% of people with learning disability on the GP registers have had a annual health check. A city wide plan has been developed covering, engagement with GPs, Wessex AT, Southern Health, LDPB, Choices	Kate Dench

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	and dental checks for people with learning disabilities.		Advocacy, people with learning disabilities and their carers. Implementation is planned to reach 50% within 2015/16.	
57.	Better coordinate and promote services which support people with learning disabilities and their carers across the City.	GREEN	The online Southampton Information Directory (SID) has been developed to include information about all services available and how they can be accessed. Carers in Southampton services are being promoted widely. Advocacy services have been re-commissioned with a strong emphasis in supporting people with learning disabilities.	Kate Dench
58.	Encourage partners within the Health and Wellbeing Board to lead by example and produce plans for improving employment of people with learning difficulties.	RED	Further analysis is required to assess whether partner plans are in place and their effectiveness.	Kate Dench
59.	Involve the Learning Disability Partnership Board which includes people with learning disabilities in the City in shaping all improvements.	GREEN	The Partnership board regularly requests and receives information from the council, CCG and other partners about current service developments and is involved in shaping them.	Kate Dench
End of life care				
60.	Increase public awareness and discussion around death and dying.	AMBER	Southampton, in conjunction with health Education Wessex, provided information and awareness sessions through community groups (for Southampton it was Carers Together). Their remit was to develop teaching and training to raise awareness of EOL care planning amongst voluntary organisations and their members.	Chrissie Dawson
61.	Map current provision to ensure that appropriate national care pathways are incorporated and audited in hospitals and the community.	AMBER	Southampton are represented nationally to ensure national directives are implemented, e.g. following the demise of the LCP, we have developed and implemented an 'individualised care plan for the last days and hours of life' based on the 5 Key Priorities of Care document. DNACPR is audited in acute hospitals with adherence to the recent Tracey judgement AMBER care bundle to identify and support people to achieve their preferred wishes at the EOL (rolled out in acute hospital). The Transform programme - enabling more people to be supported to live and die well in their preferred place.	Chrissie Dawson
62.	Extend palliative care to other diseases besides cancer and ensure	AMBER	Countess Mountbatten House was successful in a DOH grant to improve the facilities at the hospice, the refurbishment included appropriate	Chrissie Dawson

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	access to physical, psychological, social and spiritual care.		surroundings to care for people with a non-cancer diagnosis approaching EOL, as a result CMH has seen an increase in the number of people with a non-malignancy receiving care.	
63.	Establish an end of life care register accessible to all appropriate service providers (e.g. Out of Hours Service).	RED	This has slipped for Southampton (and SHIP) as the preferred IT platform has been superseded by the Hampshire Health Record, with the timescales for the End of Life plans for the end of summer 2015.	Chrissie Dawson
64.	Have timely bereavement counselling available.	AMBER	Family member/carers receive an initial contact from provider who cared for deceased with signposting to appropriate services as required. SCCC is continuing to work with providers and the voluntary sector to ensure feedback from the national VOICES survey is considered going forward.	Chrissie Dawson