

JOINT HEALTH AND WELLBEING STRATEGY COMMITMENTS - PROGRESS TRACKER REPORT Q2 2015/16

	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

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4.	Support initiatives and services that are effective in preventing and managing overweight and obesity in our high risk individuals in the children, young people and adults sectors.	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
Alcohol and Drugs				
5.	Work together with local agencies to reduce detrimental effects of adults' problem drug and alcohol use, particularly parents.	GREEN	New Integrated Substance Misuse Services (SMS) have been commissioned from December 2014 and have been subject to a comprehensive redesign process. There are now four main contracts, with a Young People's substance misuse service dealing with young people aged 11-24 years inclusive. Service providers work in partnership in order to deliver holistic treatment pathways across the City. All clients have a treatment plan (focussed on recovery) and issues relating to safeguarding children are addressed proactively. Additional training on substance misuse has been targeted at social workers working with vulnerable adults and children. Service providers work closely with local agencies including police, probation, Youth Offending services, children and adult safeguarding services, JobCentre Plus, Liaison and Diversion Service, CAMHS and adult mental health services, as well as a wide range of other voluntary services targeted at people with a substance misuse problem and their carers. Although national performance reports still show a reduction in performance based on the previous rolling year's data, live information from provider services shows that the number of successful completions for adults is improving steadily.	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

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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.	GREEN	The new service model for both young people (YP) and adults is designed to enable a multi-disciplinary and multi-agency response to the needs of service users. Effective partnership working with a wide range of statutory and voluntary organisations is given a high priority. This builds upon the established partnership and educational activities that the Young People’s substance misuse service (DASH) had previously developed. Since the new service commenced in December 2014, DASH has expanded its offer to young people to include not only engagement at schools and colleges, but has developed in-reach into Southampton University to address the issues of recreational drug and alcohol use amongst the young adult student population and is hoping to develop a similar relationship with Solent University. The service has also expanded its ability to offer meaningful activity and skills based opportunities to young people to build confidence and develop pro-active approaches to finding employment and training opportunities. The service works closely with a range of partners and agencies in order to develop and provide wrap around services, promoting young people’s health services and working closely with the Safe City Partnership, police and probation services in order to tackle the problems associated with drug and alcohol problems in the young.	Bob Coates
8.	Increase numbers accessing both drug and alcohol services. This will enhance numbers achieving recovery from alcohol or other drugs.	AMBER	Following the redesign of the substance misuse services and what has proved to be a challenging implementation period, there has been a reduction in the numbers of service users accessing treatment, particularly alcohol users. Part of the reason for this is that more service users who require an alcohol brief intervention are being seen as part of the “open access” service which means that they are not uploaded onto the National Drug Treatment and Monitoring System and therefore numbers appear to have reduced. In addition, the decision was taken for the Alcohol Specialist Nurse team not to upload onto NDTMS, which has also led to a slight apparent reduction in numbers. Numbers of successful completions have reduced but national figures involve a “time lag” based on a rolling years data, which means that performance reports are still being affected by data from the previous treatment services. Live information received from the current service providers is showing signs of improvement. Although routine data does not yet suggest higher numbers are accessing treatment, treatment providers have improvement plans in place which are being monitored by commissioners and senior managers from the	Bob Coates

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			partnership. Services are due to report in detail on their performance at the DAAT Partnership shortly and to explain their plans for improvement.	
9.	Review drug treatment services, particularly to young people to ensure a value, high quality treatment system reflective of their drug use patterns.	GREEN	The new service was implemented following the review.	Bob Coates
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.	GREEN		

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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	Housing Related Support is one of the priorities in the ICU work plan. Current services will be reviewed and a new model of care will be developed through consultation and best practice review. This will address vulnerable groups in the city including people who are homeless, people with disabilities and young people. Significant work is already 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. Services for people suffering domestic violence have recently been re-tendered. This work will inform the system wide review.	Donna Chapman/ Sandy Jerrim
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	All mental health services are currently being reviewed and this will lead to a new model of service for all groups including people with dementia and their carers. A key feature emerging in the review is the need to link with better care initiatives to provide holistic seamless services. The need for local services/hub is now part of the work to develop community solutions to support people in their own homes and localities in a number of different ways. Initiative being taken by OSMC, a special City Council Scrutiny Panel will be looking at the situation for people with dementia and their carers in Southampton, it will assess how the city is progressing and will also identify further actions needed in making Southampton a dementia friendly city using the recognised framework developed by the Alzheimer's Society. Actions will be progressed throughout the inquiry period (September 2015 – March 2016), starting with an application 'working to become dementia-friendly'. A carers	Amanda Luker

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			support services has recently been procured which offers support to those caring for people with dementia	
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 prospects. Harassment and bullying need preventative policies.	GREEN	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. Every review will be assessing the value for money and opportunities for achieving further access across Hampshire.	Stephanie Ramsey
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 Deal has made significant progress since the last report. Over 100 long term unemployed people with health conditions have been supported to find work, with over 20% positive sustained job outcomes. The Solent Jobs Pilot is now ready to enter into the second phase of the programme, but this is dependent on the allocation of European Social Fund (updates on this are due November 2015). The City Deal Youth Programme is now underway and 3 key workers are now working in Early Help teams and Youth Offending and Pathways services to provide advice and support to the most vulnerable NEET young people. 30 young people have been supported since mid-August (start of the programme) and 7 are in employment or training.	Kathryn Rankin

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20.	Promote and develop the 'Time to Change' campaign to reduce the stigma of mental illness in the workplace.	GREEN	Successful Citywide anti-stigma campaign undertaken for two weeks in October which included: <ul style="list-style-type: none"> • 5K park run, • Time to Change pop up village event in Guildhall Square with a recovery choir, local health services, charities over 450 people were held on mental health, • Further work to be undertaken at the Health and Wellbeing board for organisations to sign up to a mental health pledge. 	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.	GREEN	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.	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.	GREEN	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, following input from Mental Health matters. 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.	Sally Denley/ Amanda Luker

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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	<p>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 54.7% of entitled children placing us in the bottom 30 local authorities nationally. The Chief Executive has recently received a letter from the minister pointing this out and asking for a focus on improving take up. 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. The existing outreach contract has been extended until November /December 2016. For the September 15 list of eligible 2 year olds additional funding was made available for overtime in children's centres to increase outreach. Next figures indicating the level of take up will be available in late October following the early years headcount</p> <p>A strategic meeting is in place for November with the south east regional DfE representative to look at progress and the way forward.</p> <p>Developing a plan to address low take up.</p>	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	<p>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.</p>	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	Attainment data published in October indicates the following: Early Years: development is in line with national figures; KS2: 1% below national average KS4: 6% below national average KS5: 90.5 below national average point score The focus on school attendance has been refreshed with the Southampton School Attendance Action Plan launched and overseen jointly with schools and health colleagues, underpinned by a communication strategy. FPN (fixed penalty notices) since the start of the year have reached 1,300	Robert Hardy/ Jo Cassey
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.	GREEN	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 Programme and Early Years Foundation Stage. Integrated process established for safeguarding set up through the	Donna Chapman

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			MASH (Multi-agency safeguarding hub), Early Help teams and scrutiny of services via the section 11 audit process. On track.	
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.	GREEN	<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>	Donna Chapman
30.	Develop and maintain a stable, skilled, high calibre and experienced safeguarding workforce which is well managed and supported.	GREEN	<p>The Safeguarding Adults Team is fully staffed, apart from a 0.67 FTE Investigator post, which is vacant pending recruitment.</p> <p>In terms of the skill set within the team, it is recognised that there are areas where more specific expertise is needed. This includes Learning Disabilities and Mental Health and actions are being taken to develop these skill areas.</p> <p>The final area for development is the need to broaden the professional vocational base of team members. The team is almost exclusively staffed by colleagues from a Social Care/Work background and would benefit from having staff with a broader professional background (probation/working with offenders etc.) This should be a future objective, to be a multi agency service.</p>	Mark Howell

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Supporting children, young people and their families with additional needs				
31.	Increase personalisation and choice through implementation of a core offer and personal budgets, building on the learning from the Government-sponsored SEN and Disability Pathfinder.	GREEN	An integrated 0-25 service is being developed across education, health and social care. This includes the integration of Council and Solent NHS 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.	AMBER	Current work to create a more nuanced set of performance indicators with Education, Health & Care via the SEND Partnership Board will further support targeted activity in narrowing gaps between this vulnerable groups of children & YP and their peers. Agreed regional benchmarking indicators will be incorporated into the SEND dataset to enable comparisons and opportunities to learn from others to improve outcomes.	Vaughan Clark Jo Cassey
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. To be updated at the meeting.	Robert South Christine Robertson
34.	Develop holistic approaches to support and challenge for the most vulnerable families in the city through the Families Matter programme.	GREEN	Phase 1 completed with 100% families turned around, Southampton ranked 7 of 152 local authorities. Phase 2 starting 2015/16 is based on a new set of criteria and families. Links with new families have already been established.	Simon McKenzie
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.	Jo Cassey
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

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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.	Robert South
Theme 3 – Ageing and Living Well				
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.	AMBER	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.	GREEN	Additional advice provision has been made available in the city in response to welfare reforms. Training for staff has been provided on debt awareness. The funding for Local Welfare Provision, which has supported people in crisis since April 2013, is ending in March 2016. The Welfare Monitoring Group have aimed to support people through the Welfare Reforms changes and have achieved a sustainable solution for affordable loans has been secured with the Credit Union. Southampton are progressing the Fairness Commission's report will take forward these issues where possible. In particular, the following recommendations will look to tackle issues of debt and fair access to welfare entitlement in the city: <ul style="list-style-type: none"> • Promoting and providing learning modules for debt and money management in schools and colleges. • Developing and implementing a programme to increase awareness of and fair access to welfare entitlements, particularly linked to key life-transition points. 	Sara Crawford

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			<p>The Southampton Information Directory sign posts people to key services.</p> <p>Significant work has been undertaken to coordinate advice services through the Southampton Advice Services Alliance (SASA) which was established following a successful bid for funding. This has resulted in the establishment of an advice portal and cross-agency specialist advice. The funding has now ceased, although funding has been secured for the specialist advice worker to continue. Work is underway to agree a way forward for the alliance into the future.</p> <p>In July the HWBB supported the Southampton Warmth for All Partnership (SWAP) to ensure City wide partnership working to address public health, energy efficiency and fuel poverty concerns, especially in the development of bids for future funding. Work on this is continuing. The Fuel Poverty Strategy has been published to work alongside this.</p>	
Prevention and earlier intervention				
41.	Offer an annual health check to carers and promote support networks for carers across the City.	AMBER	<p>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.</p> <p>Annual Health Checks are offered to a significant number of carers. The process for health checks being offered to carers will be reviewed as part of the behaviour change tender. As part of this work a consultation is taking place in the next few months.</p>	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	<p>Plans being developed under oversight of Health and Social Care System Chief Officers.</p> <p>Diagnostics have been completed and the project will move into phase 1 to pilot the scheme. This will inform a business case.</p>	Sandy Jerrim

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43.	Extend re-ablement services so that people can help to regain their confidence and skills after an illness.	GREEN	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. On target.	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.	GREEN	Adult Social Care Direct Payment performance is improving and is on target to achieve 22.5% by March 2016. Spectrum CIL has been commissioned to provide additional support to individuals as part of a pilot aimed at further increasing uptake.	Michael Cooke /Paul Juan/Ricky Rossiter
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. Awaiting the outcome of the consultation and clarification of contribution from social care on shared care records.	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	This is a key area of focus of the three Better Care principles. A fundamental element of this is the recommissioning of the long term care pathways and self-management approach. The review of behaviour change will also have an impact. Examples of work underway include: 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.	Morag Forest – Charde

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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.	GREEN	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. Focusing on reconditioning pathways in the tender for behaviour change.	Morag Forest-Charde
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	GREEN	The Better Care Programme aims to address needs of individuals, especially vulnerable older adults. The focus is explicitly on Long Term Conditions and frailty. BCP is in its second year of roll –out. The programme benefits from “pooled” health and social care funding and is given high priority by partner organisations. Prevention and early intervention work relating to the behaviour change review is underway and will have an impact.	Bob Coates/ Stephanie Ramsey
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 ICU
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 ICU

	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			
52.	<p>The development of extra-care services for people with long term conditions and those with dementia</p> <p>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.</p>	GREEN	<p>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.</p> <p>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.</p> <p>Launched joint equipment store and retail mobility facilities.</p>	<p>Amanda Luker</p> <p>Chrissie Dawson</p> <p>SCC</p>
53.	<p>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.</p>	GREEN	<p>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.</p> <p>VIP training with 5 dementia modules being offered, with additional module being developed.</p> <p>MIND have raised awareness of IMCA/DoLS within hospitals and regularly link closely with residential homes.</p>	Amanda Luker
54.	<p>Work with the Clinical Commissioning Group and providers of social care to raise the standard of medicines management across the health and care system.</p>	GREEN	<p>Public health advise on medicines evaluation and prescribing policy (across SW Hampshire). CQC and CCG Clinical Governance monitor quality of medicines management. The CCG medicines management team have a comprehensive programme to improve the safety and effectiveness and medicines management.</p>	Bob Coates. (Julia Bowey and Liz Bere)
55.	<p>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.</p>	GREEN	<p>We worked with Public Health England and NHS England on cancer awareness programmes including 'Blood in pee' and the 'lung cancer awareness' programmes. These proved to be effective in increasing the number of diagnoses.</p>	Bob Coates

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Improve the response to learning disabilities				
56.	Work with the Clinical Commissioning Group to ensure the implementation across GP practices of annual health and dental checks for people with learning disabilities.	GREEN	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 Advocacy, people with learning disabilities and their carers. Implementation is planned to reach 50% within 2015/16. However more work needs to continue on increasing take up.	Kate Dench
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.	AMBER	Further analysis is required to assess whether partner plans are in place and their effectiveness. Liaising with Skills Regeneration team to feed into City Deal. SCC are considering employment when undertaking reviews.	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.	GREEN	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/C arole Binns

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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. Actively working with UHS west Hampshire looking at recommissioning end of life care,	Chrissie Dawson
62.	Extend palliative care to other diseases besides cancer and ensure access to physical, psychological, social and spiritual care.	AMBER	Countess Mountbatten House was successful in a DOH grant to improve the facilities at the hospice, the refurbishment included appropriate 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. Currently working with providers e.g. UHS to look at recommissioning end of life care to extend beyond cancer and increase opportunities to enable people to die at home as a choice.	Chrissie Dawson
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. This action will be reviewed. Consideration will be given on the best approach in the End of Life Review and Better Care planning.	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. This has been included in the End of Life Review.	Chrissie Dawson