Public Document Pack

Health and Wellbeing Board

Presentations given at the meeting

Wednesday, 20th June, 2018
at 5.30 pm

Contacts

Committee Administrator
Claire Heather
Tel: 023 8083 2412
Email: claire.heather@southampton.gov.uk

MEMBERS ROOM DOCUMENTS

7 **BETTER CARE YEAR END REPORT** (Pages 1 - 16)

8 **CLEAN AIR ZONE CONSUTLATION** (Pages 17 - 24)

9 **JOINT STRATEGIC NEEDS ASSESSMENT UPDATE** (Pages 25 - 36)

Tuesday, 12 June 2018 DIRECTOR OF LEGAL AND GOVERNANCE

Better Care Update

Health & Wellbeing Board
20 June 2018

What we will cover

- Our Vision for Better Care Southampton
- Our Approach
- Progress to date
- Impact
- 2018/19 Priorities and key enablers

Our vision for Better Care

- Putting **individuals and families at the centre of their care and support**, meeting needs in a holistic way
- Providing the **right care and support, in the right place, at the right time**
- Making **optimum use of the health and care resources** available in the community
- **Intervening earlier** and building resilience in order to secure better outcomes by providing more coordinated, proactive services.
- **Focusing on prevention and early intervention** to support people to retain and regain their independence

Better Care Governance Arrangements

HWBB

Joint Commissioning Board

Provides the mandate

Better Care Southampton **Steering** Board

Unblocks issues

Southampton System Chiefs (LDS Board)

Better Care Southampton **Working** Group*

Cluster Leadership Groups

- Cluster 1
- Cluster 2
- Cluster 3
- Cluster 4
- Cluster 5
- Cluster 6

Enabling Groups/Workstreams

- Estates Strategy Group
- Southampton Innovation & Technology Group
- Southampton Comms Network
- Workforce & OD

Service Redesign Workstreams

Frailty
- Falls
- Enhanced Health Care Homes

Children
- SEND
- 0-19 Integration

Community Transformation

**Programme Manager and PMO Support will manage delivery of the Better Care programmes of work reporting to the Better Care Southampton Steering Board.*

Our Approach

PREVENTION &

Person centred local coordinated care

Person centred approaches harnessing communities and the power of indiviudals in their own health and wellbeing

integrated cluster based health & social care teams

7 day working

proactive assessment/early interventions/rapid response

Increased choice and control through personal (health) budgets

PREVENTION &

EARLY INTERVENTION

Responsive discharge & reablement - supporting timely discharge and recovery

integrated health & social care reablement service

proactive engagement into communities and local networks of support

Building capacity

with local communities & services

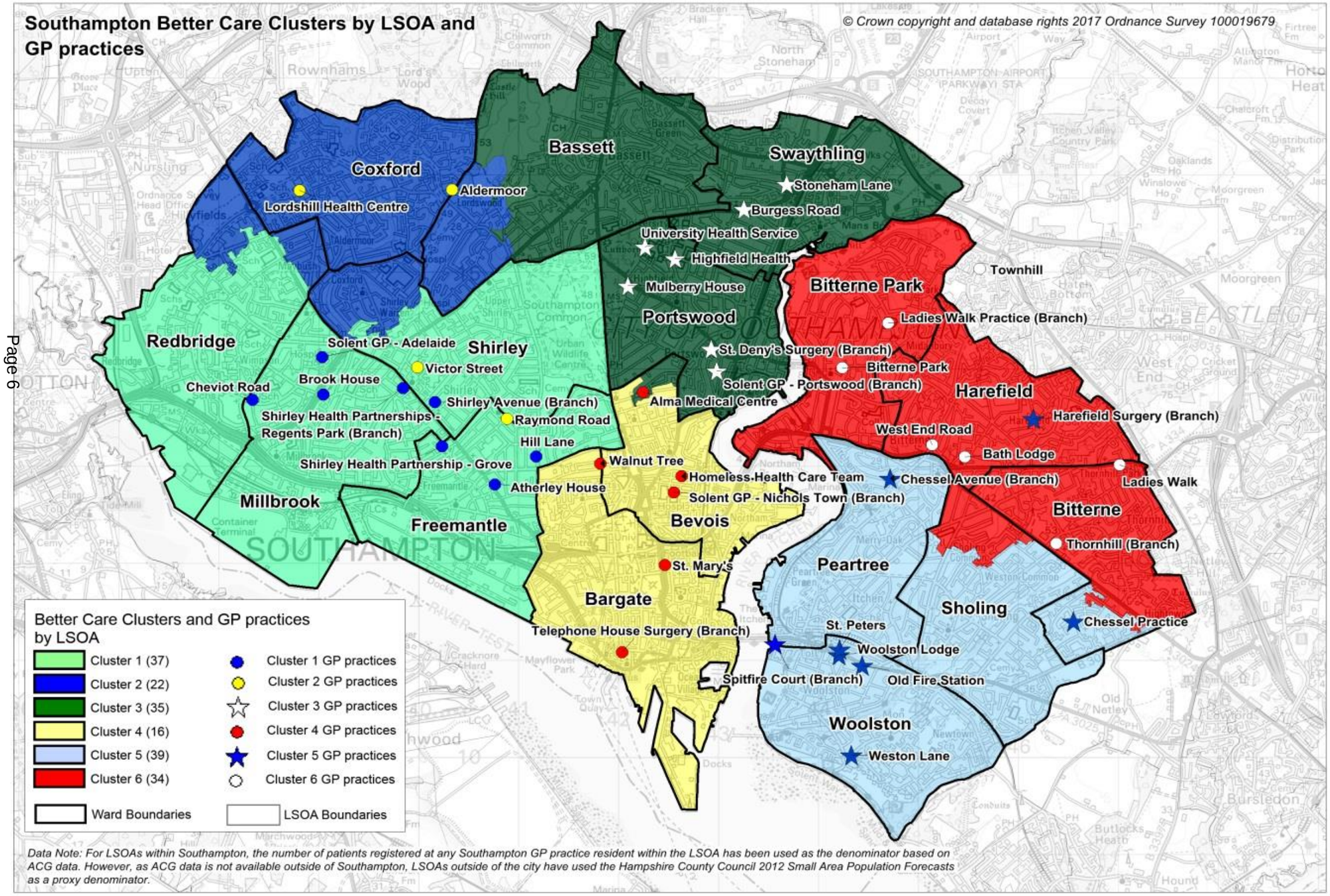
with individuals, their cares and famillies

with the voluntary and 3rd sector

through robust coproduction, communication and engagement

EARLY INTERVENTION

Our Six Integrated Primary and Community Care Clusters



Core Components:

1. 30-50,000 populations
2. Based around GP practice registers
3. Local Leadership
4. Local Partnerships
5. Prevention
6. Integrated working/ joined up conversations
7. Shared under-standing of needs and priorities

Local projects

Cluster 2

Supporting people with complex needs out of hospital

Frailty

Prevention

Cluster 3

Connecting Care for Children

Frailty

Cluster 6

Social prescribing

Frailty

Mental health

Cluster 1

Connecting Care for Children

Bowel Cancer

Frailty

Mental Health

Cluster 4

Connecting Care for Children

Frailty

High Intensity Users

Cluster 5

Community nursing

Care planning

Social prescribing

Progress to date – Person Centred local coordinated care

- 6 integrated **cluster teams** – initially focussing on older people (2015/16), now also focussed on working age adults and beginning to translate model to children's services
  - Dedicated professional leads for each cluster and city wide Programme Manager in post.
  - Local Solutions Groups bringing together voluntary, community, faith, business sector coming together in each cluster
  - Enhanced Health in Care Home model went live in September 2017

Progress to date – Responsive Discharge and Reablement

- **Integrated Rehab and Reablement Service** supporting independence and early discharge
  - –98% crisis referrals responded to within 2 hours
  - –40% reablement clients leave the service independent, requiring no further care; of those remaining 23% saw a 13% reduction in their care.
- **Hospital Discharge Team** operating 7 days a week across acute and community hospitals.
- **Discharge to assess now standardised for pathway 2** across both acute and community hospitals.
- **Discharge to assess being piloted for pathway 3**

Progress to date – Building Capacity

- **Carers:** Increasing numbers identified. 98.5% of carers assessed and awarded a personal budget receive a direct payment.
- **Developing the Prevention and Early intervention market**:
  - Mobilisation of Integrated Advice, Information and Guidance service
  - Mobilisation of new Southampton Living Well Service which will transform the current older person's day services.
  - Community Navigation operating in all clusters – more integrated model being developed
  - Falls exercise classes operating in all parts of the city – currently being evaluated
  - New Behaviour Change Service went live 1 April 2017

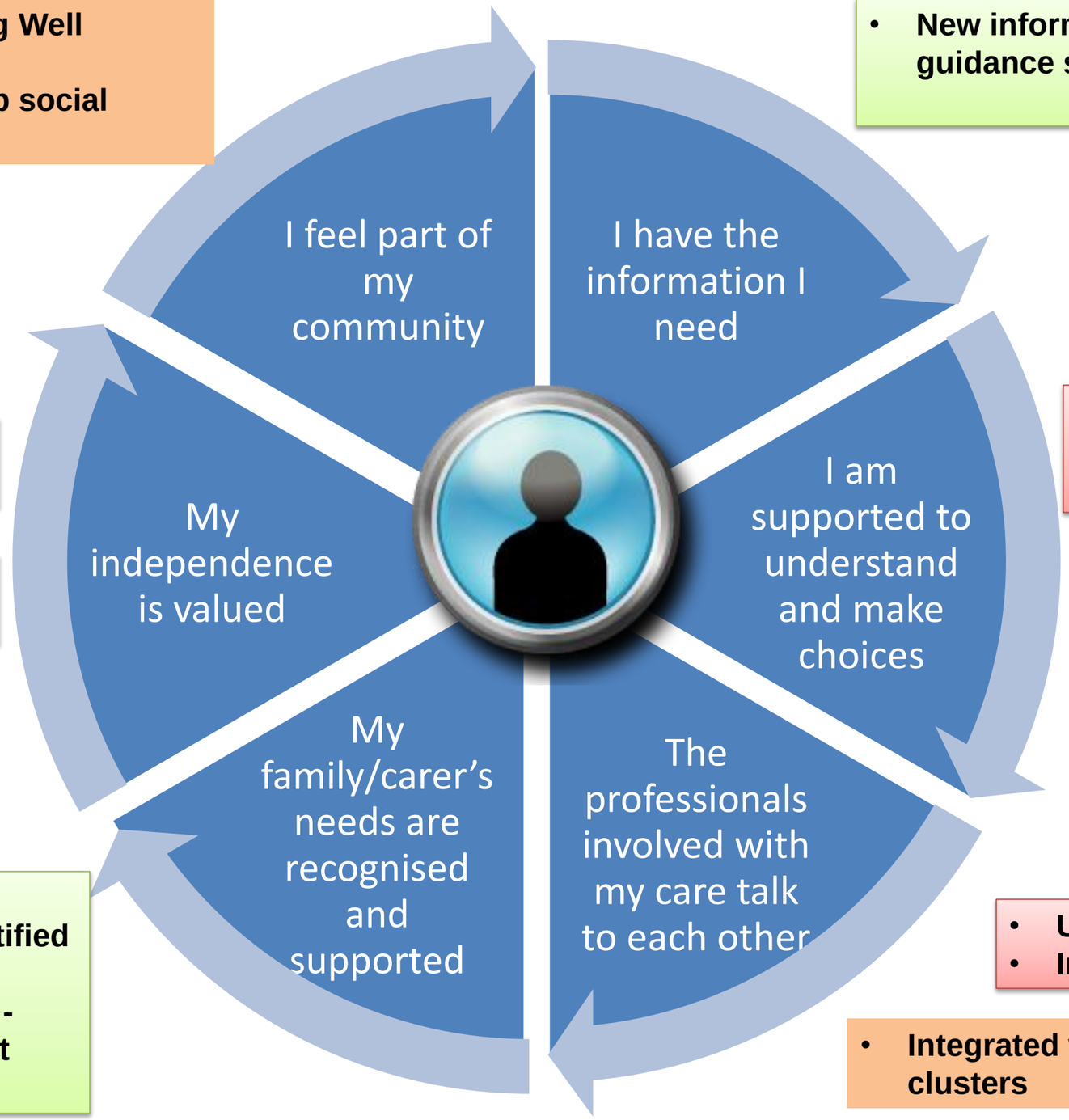
Progress to date – Building Capacity (Contd)

- **Transforming Long Term Care:**
  - Negotiations with independent sector nursing home providers underway to improve access for clients with dementia
  - Expansion of Extra Care Housing – 169 units with further increase planned for additional 83 units by 2020/21 - seeing some transfer of residential care clients to extra care
  - Use of IBCF to increase home care capacity and responsiveness (7 day working, additional weekly hours)

Making a difference to local people

- **Community Navigation**
- **Southampton Living Well Service**
- **Use of Genie to map social capital**

- **New information, advice and guidance service**



- **Integrated rehab and reablement services**

- **Promotion of Care Technology**

- **Person Centred ways of working**

- **Significant increase in numbers of carers identified and assessed**
- **Carers in Southampton - information and support services for carers**

- **Use of single care plan**
- **Integrated IT being developed**

- **Integrated working/MDTs in clusters**

2017/18 End of Year Performance Summary

Month 12 (Apr 17 – Mar 18)

Green	≤0% difference	On Track
Amber	>0% and <10% difference	Slightly Off Track
Red	≥10% difference	Off Track

Metrics	End of Year Performance vs. Target	End of Year Performance vs. Previous Year	Commentary
Non elective hospital admissions	**Target Achieved** (0% variance to target)	**Flat** (0% change to last year)	• It is likely that the following initiatives helped with delivery: 1. **Changes to coding/counting of very short stay NEL admissions** where a patient is admitted into a CDU chair. From August 2017, these are now only counted as an A&E attendance. 2. **Introduction of GP front door streaming in ED**, from October 2017. 3. **Case Management** in primary care and with care homes
DTOC Rate (March snapshot)	**Target Not Achieved** (5.4% vs. 3.9% target)	**Better** (2.2% lower than last year)	• Provider DTOC rates at the end of the year – UHS, 5.9%; Solent, 4.1%; Southern Health: 3.6%. • Strong focus this year on community hospital DTOC as well as acute hospital
Delayed Days	**Target Not Achieved** (14% higher than target)	**Better** (29% lower than last year)	
Permanent admissions into residential care	**Target Achieved** (6% lower than target)	**Better** (12% lower than last year)	• Success in this area is believed to be the result of focus on "home first" principles supported by developments in domiciliary and extra care and discharge to assess schemes focussing on supporting clients to maintain their independence
Injuries due to falls	**Slightly Missed Target** (7% higher than target)	**Slightly Higher than Last Year** (3% higher than last year)	• Reducing admissions related to falls continues to be a challenge although the numbers are small exaggerating percentage variance • A number of initiatives are in place to reduce falls, some only starting in Quarter 3, e.g. the Fracture Liaison Pathway and the expansion of falls exercise across the city. It is known that, as with many prevention programmes, it can take a while for interventions to embed and have an impact

Six Key Priorities going forward

- Further expansion of the integration agenda across the full life-course
- Continue to strengthen prevention and early intervention
- Further shift the balance of care out of hospital and other bed based settings into the community
- Development of the community and voluntary sector
- Development of new organisational models which better support the delivery of integrated care and support
- New contractual and commissioning models which enable and incentivise the new ways of working

2018/19 Work Programme

Person centred local coordinated care

- **Strengthen cluster leadership and embed integrated working practices**
- **Embed new strengths based model of adult social care and housing into clusters.**
- **Develop integrated models of care and support, including Frailty model, Learning Disability Services and prevention and early help provision for children and families.**
- **Develop community services to manage greater levels of acuity outside hospital.**
- **Implement the new service model for end of life care**

Responsive Discharge and Reablement

- **Embed the three discharge pathways (simple, supported and enhanced), including Discharge to Assess**
- **7 day services to support seven day discharge.**
- **Develop the role of the clusters in supporting timely discharge.**
- **Improve communication and quality of discharge across the hospital and care home sector.**

Building Capacity

- **Embed the new Southampton Living Well Service, Community Navigation and new integrated Information and Advice Service.**
- **Full implementation of online carer support services.**
- **Continue to seek development partner(s) to increase the supply of extra care housing.**
- **Re-procure home care and stimulate growth in the local supply of nursing care for people with complex needs and challenging behaviour.**
- **Procure and implement the care technology strategy in Southampton.**

Enablers

Cluster leads in place
Better Care programme manager appointed

£108M Pooled Fund

Local digital roadmap linked to Better Care programme

Better Care Workforce Plan being produced with STP

Joint Estates Plan for cluster hubs – supported through One Public Estate Group

Link with STP Strategic Commissioning programme

Clean Air Zone Consultation

Clean Air Zone - Objective

- **Southampton City Council (SCC)** required by UK Government to demonstrate how legal compliance with EU limits for nitrogen dioxide (NO_2) can be achieved within the *shortest possible time*
- **New Forest District Council (NFDC)** were are also required to demonstrate how legal limits will be met
- **Partnership** between NFDC/SCC to deliver single plan as NO_2 issue is extension across Council boundaries
- **Road transport** is most significant contributor to SCC/NFDC air quality issue
- **Clean Air Zone** (CAZ) framework included with NO_2 plan outlining how Government expects Council's to implement CAZs to address road transport related air quality issues

Clean Air Zone – Consultation

- **Consultation opens** for responses 21st June on Clean Air Day
  Media statement and quote being prepared
- **12 week consultation**, closes 20th September 2018

Consultation and Communication Plan consisting of:

1) Questionnaire and supporting documents
2) Face-to-face events with SCC, public and key stakeholders
3) Social media, billboard, bus back, radio campaign
4) Leaflets and information packs
5) Tour of existing forums and groups

Clean Air Zone – Framework

- **Technical assessment** demonstrates that SCC will not be compliant with EU limits by 2020 and must do more
- **NFDC** are now compliant, SCC measures will deliver more improvement
- **Type of CAZ and geographic extent required** must be assessed to determine how SCC will comply with EU limits in the shortest possible time

Class	Description
Non-Charging	Targeted action taken within CAZ to improve NO_2
A	Buses, Coaches (Minimum Euro VI) Taxi, Private Hire (Euro 4 petrol, Euro 6 diesel)
B	Buses, Coaches, Heavy Goods Vehicles (Minimum Euro VI) Taxi, Private Hire (Euro 4 petrol, Euro 6 diesel)
C	Buses, Coaches, Heavy Goods Vehicles (Minimum Euro VI) Taxi, Private Hire, Light Goods Vehicles (Euro 4 petrol, Euro 6 diesel)
D	Buses, Coaches, Heavy Goods Vehicles (Minimum Euro VI) Taxi, Private Hire, Minibus, Light Goods Vehicles, Private Vehicles (Euro 4 petrol, Euro 6 diesel)

Clean Air Zone – Options Assessed

Options Assessed	Description
Business as Usual	Existing measures
Non Charging	An enhanced programme of measures not including any charging
City wide Class B Charging CAZ	Penalty charging for most polluting buses, coaches, HGVs, hackney carriage and private hire across whole city
More Localised Geographical extent	I.e. city centre or Western approach only
More Stringent Classes	Including LGV's and private cars

Clean Air Zone – Options Assessed

			Preferred Option
Description	Business As Usual (No CAZ)	Non-charging CAZ	City wide Class B Charging CAZ (Buses, Coaches, HGVs, Hackney Carriage and Private Hire)
Meet NO_2 objective by 2020	✗	✗	✓
Meet NO_2 objective by 2020 in New Forest District Council	✓	✓	✓
Support Measures for Effected Stakeholders	Not applicable	✓	✓
Implementation Cost	None	Lowest	Highest
Economic Impact	Negative*	Positive	Positive

Clean Air Zone – Mitigations

- **Adverse impacts** of any proposed CAZ must be identified by the local authority and a case made for mitigation and supporting measures
- **Funding** to support those who are adversely impacted will be provided by Government.
- **Mitigation measures** for a charging CAZ would likely focus on:
  1) Financially incentivising uptake of clean, CAZ compliant vehicles
  2) Offering discounts and exemptions to CAZ charge

Vehicle Type	Draft Proposed Mitigation for Local Businesses & Organisations
Taxi	Discounts on charge for eligible vehicles. Incentives for upgrading to Clean Air Zone compliant vehicles for eligible vehicles.
Bus	Clean Bus Technology Fund already received to retrofit buses in Southampton with accredited retrofit technology.
Coach	Exemptions and discounts on charge for eligible vehicles. Incentives for upgrading to CAZ compliant vehicles. Access to support for promoting CAZ complaint operations.
Heavy Goods Vehicle	Exemptions and discounts on charge for eligible vehicles. Incentives for upgrading to CAZ compliant vehicles. Access to support for promoting CAZ compliant logistical operations.

- **Consultation** will confirm adverse impacts and possible solutions

Steve Guppy, Service Manager – Scientific Services
Steve.Guppy@Southampton.gov.uk

Strategic Analysis Steering Group (SASG) & Southampton Single Needs Assessment (JSNA+)

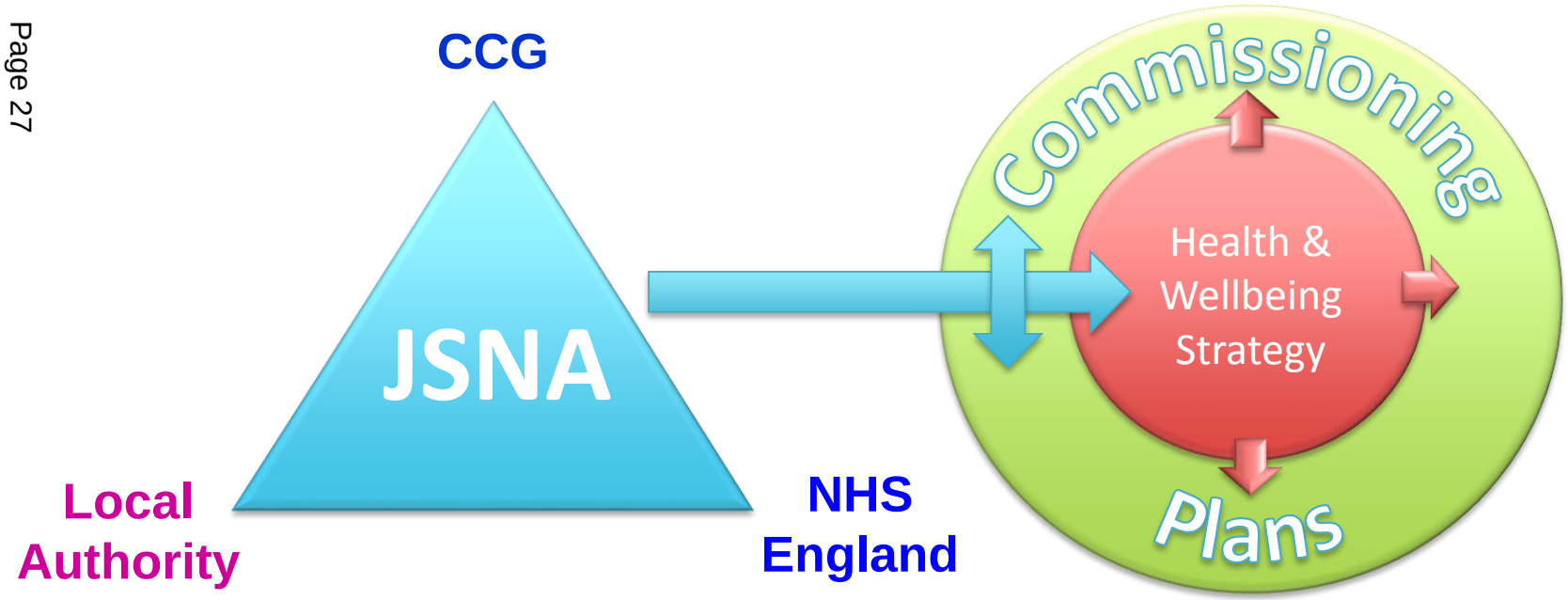
Dan King, Service Lead – Intelligence and Strategic Analysis

Introductions

- JSNA and the move towards a Single Assessment of Need (SNA)
- JSNA workshop / current limitations
- Strategic Analysis Steering Group (SASG) – purpose, progress & membership
- Vision for SNA – products, structure & new website
- Reporting to Health & Wellbeing Board

JSNA Background

- Under the Health & Social Care Act (2012), H&WB Boards are responsible for producing a JSNA
- Assessment of the current and future health and social care needs of the community
- Purpose is to improve health & wellbeing and reduce inequalities
- Locally determined process - No mandated format, core dataset or update schedule
- Statutory requirement to produce AND inform H&WB commissioning plans
- www.publichealth.southampton.gov.uk/jsna



Moving towards a Single Assessment of Need (SNA)

- Council have increasingly recognised the importance of good intelligence to drive evidence based decision making
- Creation of Strategy Unit in January 2015 and Intelligence and Strategic Analysis Team in October 2016
- Increasing demand for public health style analysis
    - Community Safety
    - Economic Development
    - Demand modelling
    - Intelligence driven policies and strategies
- Incorporated into the existing JSNA framework; now more than just a traditional JSNA informing more than just the H&WB Strategy
- Vision for Single Assessment to become the 'golden thread' for the council and strategic partners – one stop shop for city intelligence
- Started this journey, but we have some way to go – including reviewing our existing JSNA and analytical offering

JSNA – Current Limitations

- JSNA Workshop (Nov'17)
- Resources; no longer a dedicated public health intelligence function – therefore challenges keeping current JSNA up to date
- Lack of strategic direction – updates need to be driven by strategy / policy / commissioning priorities
- Data can be found elsewhere in a potentially more accessible and up to date form (e.g. PHE fingertips)
- Needs assessments are conducted throughout the organisation / partners but are not always included in the JSNA
- JSNA format too complex and difficult to navigate
- Public Health website has become obsolete – a new hosting solution is required

Strategic Analysis Steering Group

- Strategic Analysis Steering Group (SASG) formed to give the SNA strategic direction
    - Help set the strategic direction of the SNA and other strategic analysis ensuring it is fit for purpose and informs evidence based decision making
    - JSNA should be produced in partnership – SASG embeds this approach
    - Provides a forum for partners to influence analytical work programme
    - Helps direct finite analytical resource to make the most impact – ensuring work programme informed by organisational priorities, the commissioning and strategy cycle and business need
    - Identify past / ongoing / planned needs assessment work within organisations to feed the SNA
    - Members to champion SNA in their areas to ensure it's use
- Therefore, important to have engagement with stakeholders at a strategic level if this is to be successful
- Membership includes Public Health, CCG, ICU, Strategy/Policy, Children's, Adults, Voluntary Sector…..

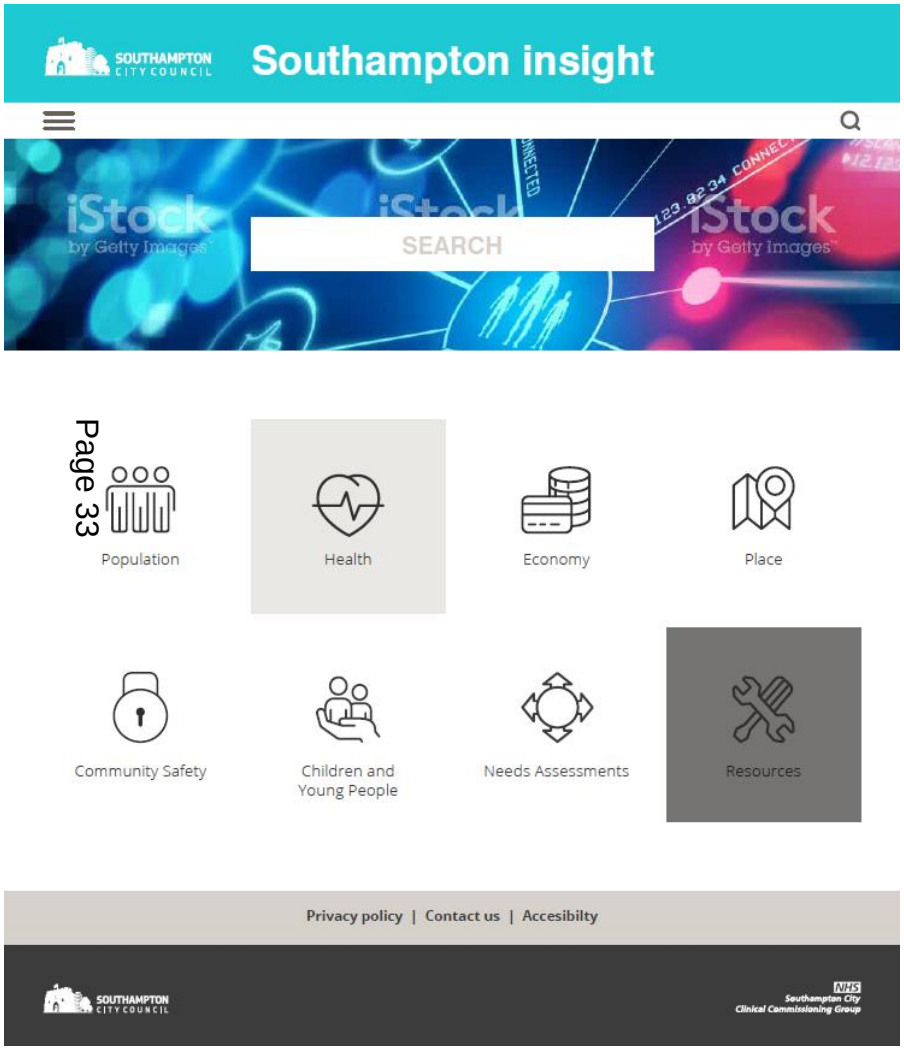
SASG Vison for Single Strategic Assessment (SNA)

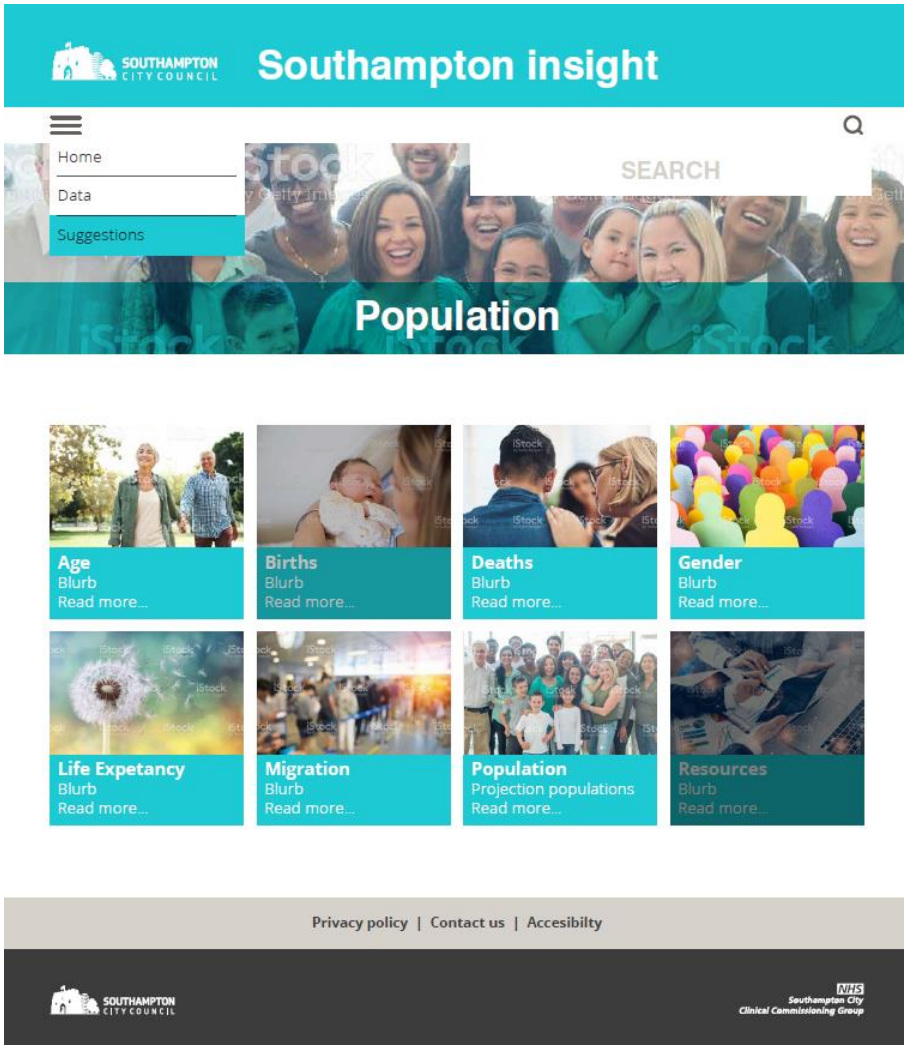
- SNA 'Core products' for the SNA to include:
  - Bitesize web information on needs by topic with downloads for…
  - Data compendium but signpost to resources elsewhere (PHE fingertips)
  - Powerpoint summary slides
  - Catalogue of detailed needs assessments – brought together from across SCC and partners
  - City profiles e.g. ward profiles, cluster profiles, population profiles etc.
- New structure for SNA / JSNA; topic based to improve user experience
- Development of new website to host SNA for the city
- Shared priorities to inform analytical work programme
  - PH team have offered to support 8 needs assessments per year (2 full and 6 rapid)

Draft SNA Website: data.southampton.gov.uk

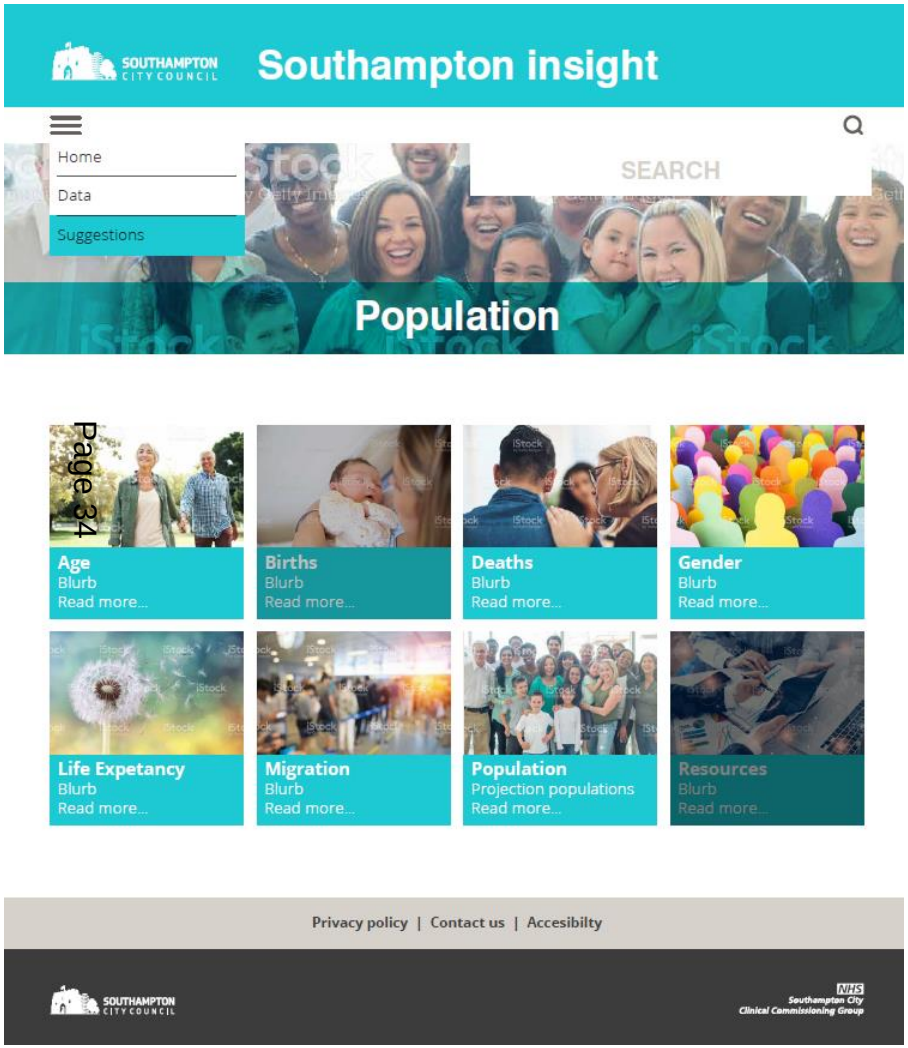
Level 1	Population	Health (JSNA)	Economy	Community Safety	Children & Young People	Place	Detailed Needs Assessments	Resources
	Age	Population (link to level 1)	Productivity and growth	Crime	Population (link to level 1)	Road safety (same as Comm Safety)	List of needs assessments	Maps
	Births	Communities of interest	Business and enterprise	Offenders	Children & Young People Aspire & Achieve (Education & Skills)	Air Pollution	Request a needs assessment	Needs Assessments
	Deaths	Health Inequalities & Wider Determinants of Health (to include economic, social & environmental)	Employee jobs in Southampton	Young Offenders	Maternal, child and young people's health (link to health)	Ward Profiles		Ward profiles
	Ethnicity	Maternal, child and young people's health	Labour market	Perceptions of crime	Young Offenders (link to comm safety)	Mapping		DPH Reports
	Gender	Disease and disability	Skills and qualifications	Victims	Looked After Children	Housing		Data Compendium
	Life Expectancy	Mental health and wellbeing	Earnings and ecnomic flows	Antisocial behaviour				Tools
	Migration	Health Behaviours	Resources (data compendium, slideset summary, detailed needs assessments, strategies)	Aquisitive offences				
Level 2	Population projections	Adult Social Care		Hate crime				
	Communities of interest (link to health)	Resources (data compendium, slideset summary, detailed needs assessments, DPH reports,		DSA				
	Resources (data compendium, detailed needs assessments, strategies)			Rough sleeping and street begging				
				Coercion and exploitation				
				Alcohol (same as health)				

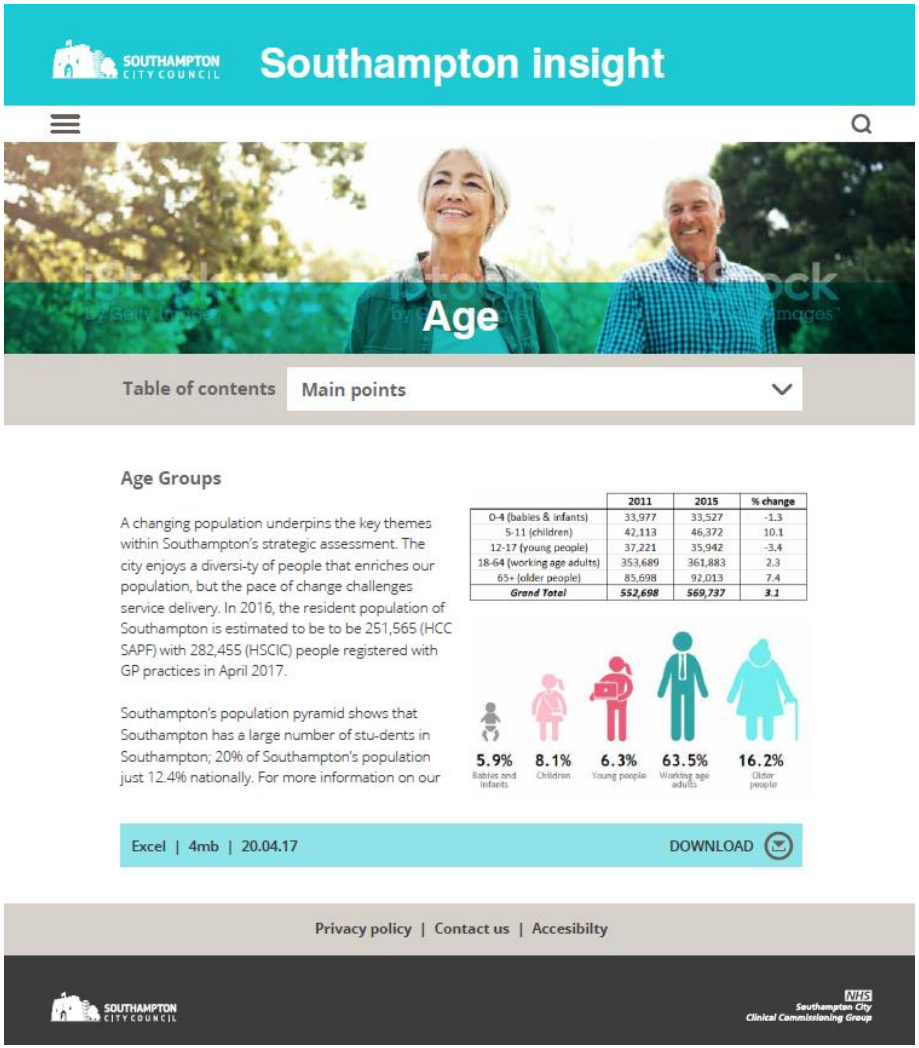
Draft SNA Website: data.southampton.gov.uk





Draft SNA Website: data.southampton.gov.uk





Timescales & reporting to H&WB Board

- Draft designs for website are currently being developed and refined
- Technical development work to begin in July – dependent on Capita priorities
- New site content available Autumn / Winter 2018
- JSNA update to H&WBB once a year on health needs and developments (June)
- Health & Wellbeing Scorecard update every 6 months to monitor strategy

Discussion

strategy.unit@southampton.gov.uk