Public Document Pack

Health Overview and Scrutiny Panel

Thursday, 24th July, 2014
at 6.00 pm

PLEASE NOTE TIME OF MEETING

Conference Room 3 - Civic Centre

This meeting is open to the public

Members

Councillor Stevens (Chair)
Councillor Claisse
Councillor Bogle
Councillor Mintoff
Councillor Parnell
Councillor Spicer
Councillor White

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PUBLIC INFORMATION

Role of Health Overview Scrutiny Panel (Terms of Reference)

The Health Overview and Scrutiny Panel will have 6 scheduled meetings per year with additional meetings organised as required.

- To discharge all responsibilities of the Council for health overview and scrutiny, whether as a statutory duty or through the exercise of a power, including subject to formal guidance being issued from the Department of health, the referral of issues to the Secretary of State.
- To undertake the scrutiny of Social Care issues in the City unless they are forward plan items. In such circumstances members of the halth Overview and Scrutiny Panel will be invited to the relevant Overview and Scrutiny Management Committee meeting where they are discussed.
- To develop and agree the annual health and social care scrutiny work programme.
- To scrutinise the development and implementation of the Joint Strategic Needs Assessment and Health and Wellbeing Strategy developed by the Health and Wellbeing Board.
- To respond to proposals and consultations from NHS bodies in respect of substantial variations in service provision and any other major health consultation exercises.
- Liaise with the Southampton LINk and its successor body "Healthwatch" and to respond to any matters brought to the attention of overview and scrutiny by the Southampton LINk and its successor body "Healthwatch"
- Provide a vehicle for the City Council's Overview & Scrutiny Management Committee to refer recommendations arising from panel enquiries relating to the City's health, care and well-being to Southampton's LINk and its successor body "Healthwatch" for further monitoring.
- To consider Councillor Calls for Action for health and social care matters.
- To provide the membership of any joint committee established to respond to formal consultations by an NHS body on an issue which impacts the residents of more than one overview and scrutiny committee area.

Public Representations

At the discretion of the Chair, members of the public may address the meeting about any report on the agenda for the meeting in which they have a relevant interest

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

Mobile Telephones – please turn off your mobile telephone whilst in the meeting.

Dates of Meetings: Municipal Year 2014/2015

2014	2015
24 July	29 January
25 September	26 November
27 November	

Council's Priorities:

- **Economic**: Promoting Southampton and attracting investment; raising ambitions and improving outcomes for children and young people.
- **Social**: Improving health and keeping people safe; helping individuals and communities to work together and help themselves.
- **Environmental**: Encouraging new house building and improving existing homes; making the city more attractive and sustainable
- **One Council:** Developing an engaged, skilled and motivated workforce; implementing better ways of working to manage reduced budgets and increased demand.

CONDUCT OF MEETING

Terms of Reference

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

Business to be discussed

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

Rules of Procedure

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

Quorum

The minimum number of appointed Members required to be in attendance to hold the meeting is 3.

DISCLOSURE OF INTERESTS

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

DISCLOSABLE PECUNIARY INTERESTS

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

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

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

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

Other Interests

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

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

Any public authority or body exercising functions of a public nature

Any body directed to charitable purposes

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

Principles of Decision Making

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

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

In exercising discretion, the decision maker must:

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

AGENDA

Agendas and papers are now available via the City Council's website

1 APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)

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

2 APPOINTMENT OF A VICE-CHAIR

Appoint a Vice Chair for the Municipal Year 2014/15.

3 DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS

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

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

4 DECLARATIONS OF SCRUTINY INTEREST

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

5 DECLARATION OF PARTY POLITICAL WHIP

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

6 STATEMENT FROM THE CHAIR

7 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)

To approve and sign as a correct record the minutes of the meeting held on 15 May 2014 and to deal with any matters arising, attached.

8 LOCAL SAFEGUARDING CHILDREN BOARD: DRAFT ANNUAL REPORT 2013/2014

Report of the Independent Chair of the Local Safeguarding Children's Board detailing the Board's Draft Annual report for Comment, attached.

9 SOUTHAMPTON SAFEGUARDING ADULTS BOARD: ANNUAL REPORT 2013-14

Report of the Independent Chair of the Southampton Safeguarding Adults Board detailing the annual report, attached.

10 ADULT SOCIAL CARE LOCAL ACCOUNT FOR 2013/14

Report of the Director of People detailing key performance information concerning the previous financial year along with important strategic and policy developments, attached.

11 QUALITY EXCEPTION REPORT - FOCUS ON RESIDENTIAL AND DOMICILIARY CARE

Report of the Director of Quality and Integration detailing an overview, by exception, of key quality of care issues for the main health and care provider organisations, including nursing homes in Southampton, attached.

12 UNIVERSITY HOSPITAL SOUTHAMPTON; EMERGENCY DEPARTMENT REPORT

Report of the Chief Executive for University Hospital Southampton providing the Panel with an overview of last year's performance and latest position against the Emergency Department accident and emergency targets, attached.

Wednesday, 16 July 2014 HEAD OF LEGAL AND DEMOCRATIC SERVICES

SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL

MINUTES OF THE MEETING HELD ON 15 MAY 2014

Present: Councillors Stevens (Chair), Bogle, Cunio and Parnell

Apologies: Councillors Claisse and Spicer

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

RESOLVED: that the minutes for the Panel meetings on the 22nd and 29th April 2014 be approved and signed as a correct record.

60. **INQUIRY: EMERGING ISSUES AND RECOMMENDATIONS**

The Panel considered the report of the Assistant Chief Executive, detailing the emerging issues and recommendations for the Panel's inquiry into the Impact of Housing and Homelessness on the health of single people.

A copy of the Inquiry's provisional recommendations that had been circulated to the Panel by email for comment and consideration were tabled at the meeting. The Panel acknowledged that the full report would be presented to a future meeting for approval. It was noted that there was a cross over with some of the elements of the Scrutiny Panel A inquiry in regard to Houses of Multiple Occupation and the Panel was assured that these recommendations would be incorporated within Scrutiny Panel's A Inquiry final assessment.

The Panel discussed the broad tone of some of the recommendations and noted that the full report would have action points that underpinned the intentions of the recommendations. In addition the Panel stressed the continuing importance of ensuring that those agencies dealing with homelessness in the City.

RESOLVED that:

(i) the Panel thanked those that had presented information to the Inquiry;
(ii) the Panel was happy to acknowledge the many examples of good practice and the wide range of skilled and dedicated professionals who provided excellent support to the homeless within the City;
(iii) the full report would be considered by the Panel at a future meeting.

61. **SOUTHERN HEALTH NHS FOUNDATION TRUST: DRAFT QUALITY ACCOUNT 2013/14**

The Panel noted the report of the Head of Quality, Performance and Quality Contracts, detailing the Trust's Quality Account 2013-2014.

The Head of Quality Performance, Chief Medical Officer, Clinical Director Southampton Adult Mental health and the Head of Communications for the Trust were in attendance and, and with the consent of the Chair addressed the meeting. The Panel were given an overview that set out the history of the trust and reasoning for the large geographic area covered by them. It was explained that the trust was made up of what tended to

be small specialised centres over a large geographical area and that the Trust was made up of two former trusts that were combined to ensure that the specialist services became more affordable. It was explained that this had resulted in direct scrutiny from Monitor.

The trust outlined a number of actions that it had undertaken to improve the quality of the services provided including consultation and staff training and stated that there had been significant improvement.

In addition the Panel received a paper outlining the Southampton Adult Mental Health Services Quality Account detailing the performance of services at Antelope House. The Panel noted that steps had been put into place since the Care Quality Commission's (CQC) visit in December 2013 and that there had been significant improvement to improve the quality of service when Antelope House was revisited in February 2014. The Trust outlined the steps it had taken to ensure that the proper level was provided, including the recruitment of additional staff.

The Panel noted that the provision of Adult Mental Health within the City and the region had been given a renewed focus by the Health and Wellbeing Board and this had been supported by both Healthwatch Southampton and the Southampton City Clinical Commissioning Group.

62. **UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST: DRAFT QUALITY ACCOUNT 2013/14**

The Panel noted the report of Director of Nursing, detailing the Trust's Draft Quality Account 2013-2014. Gale Burn representing the Trust was in attendance and, in with the consent of the Chair, addressed the meeting.

The Panel acknowledged that the Quality report followed a national format. The Trust detailed the performance against the years priorities and that the trust has meet its CQC standards in the year. It was explained that the report detailed the rationale for setting the priorities for the forthcoming year. It was explained to the Panel that the Trust had highlighted several priorities including patient safety and patient discharge continued to be a priority for the Trust. The Panel noted that the Trust had responded to consultation and had decided to review the provision of food to patients.

The Panel noted that the pressures on the Trust still continued especially in regard to emergency care and discharge of patients. It was stated that the report had still to be finalised and that a completed document would be circulated for the Panel on completion.

63. **SOLENT NHS TRUST: DRAFT QUALITY ACCOUNT 2013/14**

The Panel considered the report of the Director of Nursing and Quality, detailing the Trust's Draft Quality Account 2013-2014. The Director of Nursing and Deputy Director of Nursing of the Solent NHS Trust were in attendance and, with the consent of the Chair addressed the meeting.

The Panel received a draft of the Trust's Quality Account 2013-2014 that was tabled at the meeting. The Draft outlined the Trust's performance against priorities chosen for 2013 -2014 including patient safety, real time capture of user experience, the reduction

of amputations for patients with diabetes and increasing the coverage of the Health Child Programme.

In addition the tabled draft report set out the ongoing priorities for the Trust in 2014/2015. These included the reduction of the number of clients unable to access a walk in sexual health appointment on the day, patient safety and ensuring that the needs of the carers are considered and ensuring that carers feel supported. In addition the Quality report also set out the reasons why these priorities had been chosen.

The Trust explained that the draft had had to be tabled at the meeting due to the recent and extensive visitation by the Care Quality Commission and noted that the version tabled at the meeting would be subject to change.

RESOLVED that the Panel delegated responsibility for it's response to the final version of the Trust's Quality report to the Chair subject to consultation with the rest of the Panel.

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DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:		LOCAL SAFEGUARDING CHILDREN BOARD: DRAFT ANNUAL REPORT 2013/14		
DATE OF DECISION:		24 JULY 2014		
REPORT OF:		INDEPENDENT CHAIR OF LOCAL SAFEGAURDING CHILDREN BOARD		
CONTACT DETAILS				
AUTHOR:	**Name:**	**Sarah Lawrence**	**Tel:**	**023 8083 2468**
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Director	**Name:**	**Alison Elliott**	**Tel:**	**023 80**
	E-mail:	**Alison.elliott@southampton.gov.uk**		

STATEMENT OF CONFIDENTIALITY
NOT APPLICABLE

BRIEF SUMMARY

The attached Annual Report sets out the activities delivered by and performance of Southampton Local Safeguarding Children Board (LSCB) during 2013-14.

Statutory guidance "Working Together to Safeguard Children" (Dfe, 2013) states that the Chair of the LSCB must publish an annual report. This report is submitted according to this guidance.

Section 13 of the Children Act 2004 requires each Local Authority to establish an LSCB for their area and specifies the organisations and individuals that should be represented. The LSCB has a range of roles and functions including developing local safeguarding policy and procedures and scrutinising local arrangements. Working Together and the Children Act set out the objectives and functions of LSCB's as to:

- Coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
- Ensure the effectiveness of what is done by each such person or body for those purposes.

RECOMMENDATIONS:

(i) That the draft report is received, with priorities noted for the LSCB Business Plan 2014-15

(ii) That HOSP consider contents and discuss with the Independent Chair.

REASONS FOR REPORT RECOMMENDATIONS

1. Statutory guidance "Working Together to Safeguard Children" (Dfe, 2013) states that the Chair of the LSCB must publish an annual report.

2. Children and young people in the city can only be safeguarded if the key agencies work together, this applies to the strategic boards operating in the city. The presentation of this report is a key step in ensuring that effective challenge between strategic bodies is enabled to establish a collective approach to achieve joint outcomes for our children.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. This report is produced by Southampton Local Safeguarding Children Board (LSCB) in accordance with legislation and national statutory guidance in Working Together 2013 which requires the LSCB to produce and publish an annual report on the effectiveness of safeguarding in the local area.

DETAIL (Including consultation carried out)

4. The Local Safeguarding Children's Board report gives an overview of the work of the LSCB and its partner agencies have delivered to ensure that the Children and Young People of Southampton are safeguarded and their welfare promoted. The report provides detail of the issues faced by partners this year, as well as the progress made by the LSCB in coordinating and driving work. There is much to work from and the issues highlighted within this report form the basis for our Business Plan for the 2014-15 financial year.

5. In the last year the Board has concentrated on making sure that all partners have a strong and equal role in the running of the safeguarding system in the City and on extending this partnership to include children and young people themselves in planning and service delivery. We have made progress in making sure that our messages reach the wider Southampton community so that we can hear from all those sections of the community.

6. The Board is now an integral part of the robust Governance arrangements across the City, well managed and effectively delivering a governance and assurance role to the partnership.

RESOURCE IMPLICATIONS

Capital/Revenue

7. Not Applicable

Property/Other

8. Not Applicable

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

9. Not Applicable

Other Legal Implications:

10. Not Applicable

POLICY FRAMEWORK IMPLICATIONS

11. Not Applicable

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	N/A

SUPPORTING DOCUMENTATION

Appendices

1.	Local Safeguarding Children Board: DRAFT Annual Report 2013-14

Documents In Members' Rooms

1.	None

Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	

Other Background Documents

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

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

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Southampton

Local Safeguarding Children Board

Draft

Annual Report

2013-14

Foreword – Keith Makin, Independent Chair

Welcome to the 2013-14 Annual Report of the Southampton Local Safeguarding Children Board (LSCB).

The report gives an overview of the work of the LSCB and its partner agencies have delivered to ensure that the Children and Young People of Southampton are safeguarded and their welfare promoted. The report provides detail of the issues faced by partners this year, as well as the progress made by the LSCB in coordinating and driving work. There is much to work from and the issues highlighted within this report form the basis for our Business Plan for the 2014-15 financial year.

Southampton Local Safeguarding Children Board published a Serious Case Review into the tragic death of Child G during 2013-14. Learning from further cases subject to Serious Case Review, to be published during 2014-15 has also been gained during the year. I send my deepest sympathy to the families and those affected by these tragic cases. The Board deeply regrets the failings across the system identified within Serious Case Reviews.

The purpose of a Serious Case Review is to analyse the actions of each agency during the time they were supporting children and their families, and determine if lessons could be learned from the ways in which they had worked both individually and together. The agencies involved in the review processes during this period have shared information about their involvement in the cases openly and this has ensured an honest and transparent enquiry into the quality of work done, including gaps and missed opportunities. Since the time that these reviews cover, many working practices have changed, and improvements have recently been implemented to ensure better safeguarding for our children. The LSCB has and will continue to seek assurance of this.

The learning from the Serious Case Reviews has helped us to understand what wasn't working and has shown us where we need to make changes and strengthen our procedures, knowledge and skills. This includes ensuring learning from such cases is gained in a timely way without delay.

The LSCB has drawn from these reviews some key themes for learning and improvement locally and nationally and has developed detailed action plans which will be monitored and evaluated to ensure this happens. This learning has and will be widely disseminated by the LSCB to over 150 professionals in the partnership and this will continue throughout the coming year. The lessons learned from these reviews form an intrinsic part of our priorities and Business Plan for 2014-15.

The Local Safeguarding Children Board function and role has been strengthened during this financial year with a new approach providing the systems for quality assurance, and learning and improvement. This will enable the assurance and coordination functions of the board to operate effectively. These had not previously been robust.

The LSCB has supported the transformation of key services this year, particularly in the Local Authority Children's Services. An achievement in this is the launch of Southampton's MASH, for which the LSCB has had oversight. The Multi-Agency Safeguarding Hub (MASH) is the single point of contact for all safeguarding concerns regarding children and young people in Southampton. It brings together expert professionals, called 'navigators', from services that have contact with children, young people and families, and makes the best possible use of their combined knowledge to keep children safe from harm. This is a unique MASH as it includes navigators from the voluntary sector, housing and adults services as well as children services police, probation and health – providing the opportunity for speedy response and full knowledge of the history and context for referrals and

concerns that are raised. Early results from the MASH are positive with 94% of referrals receiving a response within 24 hours. The LSCB will seek a full evaluation from the Local Authority once the MASH has been operational for its first quarter.

A further key feature of the transformation is the coordination of early help provision across services, essential in ensuring that serious and long term harm to children and young people is prevented. This vision is supported fully by the LSCB. The LSCB also supported the delivery of a well-received multi-agency conference with nationally acclaimed speakers on Early Intervention facilitating sessions with local professionals. The LSCB has endorsed the multi-agency Universal Help Assessment process and forms and has published these.

The LSCB has also received detail of Police structural changes this year and I have personally sought assurance from colleagues in Hampshire Constabulary regarding staffing levels where concerns were raised. I also met personally with the Police and Crime Commissioner to gain detail and assurance that this will not have a negative impact on local provision of safeguarding children work.

The LSCB has this year published a local threshold document and documents detailing clear pathways to services at appropriate levels of intervention. Prior to agreement the LSCB discussed and debated the document and its contents, to ensure cross agency sign up. This now provides us as a partnership with the foundation of ensuring to ensure that all understand their role and responsibility to protect children.

A robust quality assurance system is now in place ensuring that the LSCB receives regular information in both qualitative and quantative formats. Periodic reports from the statutory safeguarding services and Section 11 audits are received from partners to an agreed schedule. I have been personally able to attend all meetings to review these to seek assurance of the quality of provision in the City. We have agreed a headline data set which has been the starting point to achieve regular quantative information to the main LSCB, this is being developed into a more sophisticated set as work progresses. I am confident that these provide the LSCB with a robust process to quality assure local services.

The LSCB agreed at the end of this year to provide additional resources to improve the Multi-Agency Learning and Development Offer. This followed a thorough audit of current provision which identified issues which the Board is resolving by regaining ownership of an LSCB calendar of training and learning opportunities for all partners. I look forward to reporting on improvements to attendance and content of the local courses and in seeing the impact of this in outcomes for children and young people and their families.

In the period covered by this report there was a degree of instability in the management of the Board, with the departure of the previous Chair and a time when the Board was chaired on an interim basis. Despite this, a very great deal has happened. I was appointed as the new independent chair (in late October 2013) and a new Board Manager and Coordinator also came into post to help steer the work of the Board. We have undertaken a fundamental review of the membership of the Board and the working practices of both the Board and the sub-groups reporting to it. The priorities of the Board as set out in the annual Business Plan have been carefully refreshed following our Business Planning day which involved reporting of key data by partners to evidence outcomes for children and young people.

We have set a continuous agenda for development and change this year within the Board and this has been met with a positive response from all the partners. A great deal has been achieved since October 2013, with the progress made between then and the end of March being further shown in

this report. This progress continues into the 2014/15 year and I look forward to reporting on that in next year's Annual Report.

The Board has concentrated on making sure that all partners have a strong and equal role in the running of the safeguarding system in the City and on extending this partnership to include children and young people themselves in planning and service delivery. We have made progress in making sure that our messages reach the wider Southampton community so that we can hear from all those sections of the community.

I feel that the Board is now an integral part of the robust Governance arrangements across the City, well managed and effectively delivering a governance and assurance role to the partnership. This is a great position to be in as we continue our improvement journey and I will take this opportunity to extend my thanks to all the members of the Board for their commitment and hard work in this period.

Keith Makin

Independent Chair of the Southampton LSCB.

Introduction

This report is produced by Southampton Local Safeguarding Children Board (LSCB) in accordance with legislation and national statutory guidance in Working Together 2013 which requires the LSCB to produce and publish an annual report on the effectiveness of safeguarding in the local area.

The annual report addresses progress from the period April 2013-March 2014. The report follows the guidance issued by the Association of Independent Local Safeguarding Children Board Chairs with regards to its format.

Legislative framework

Under the requirements of the Children Act 2004, the LSCB is the key statutory mechanism for agreeing how the relevant organisations in Southampton will co-operate to safeguard and promote the welfare of children in its locality. Section 13 sets out the requirement for the establishment of an LSCB and specifies the organisations and individuals to be involved.

The core objectives of the LSCB are to:

- Co-ordinate what is done by each person or body represented on the Board to safeguard and promote the welfare of children, and
- Ensure the effectiveness of what is done by each such person or body for those purposes (s14(1) Children Act 2004)

Regulation 5 of the Local Safeguarding Regulations 2006 sets out the functions of the Board in order to fulfil those responsibilities:

The Board is required to develop policies and procedures for safeguarding and promoting the welfare of children and young people in its area. These include;

- *Thresholds for intervention*
- *Training for people who work with children*
- *Recruitment and supervision of people who work with children*
- *Investigations of allegations against people who work with children*
- *Safety and welfare of children in private fostering*
- *Cooperation with neighbouring authorities*

LSCB's are also required to:

- *Raise awareness across partners and communities of the need to promote and safeguard the welfare of children and how best to do this.*
- *Monitor and evaluate the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of and advising them on ways to improve outcomes for them*

The Board also has a lead role in planning of services for children and young people.

The Board must undertaking Serious Case Reviews and advise the Authority and partners of lessons to be learned.

Boards may also engage in any activity which facilitates or is conducive to fulfilling its objectives. Full details of the roles and responsibilities of LSCBs are outlined in Chapter 3 of Working Together to Safeguard Children 2013

Guiding Principles

In December 2013 Southampton LSCB agreed 7 Guiding Principles that will be adhered to in all LSCB work and functions. The principles are that the LSCB will be:

1. Strategic
    - Taking a broader and longer view
    - Thinking thematically
    - Being evidence based

2. Communicative
    - Engaging with communities
    - Listening to children and young people
    - Listening to young families
    - Informing the public and media

3. Open
    - Constructively challenging each other
    - Acting as "critical friends"
    - Developing trust
    - Being able to say things or ask questions without fear of ridicule

4. Focused
    - Acting non-bureaucratically

5. Quality assuring
    - Monitoring progress
    - Ambitious

6. Risk managing
    - Identifying potential risks
    - Monitoring risks
    - Taking corrective actions

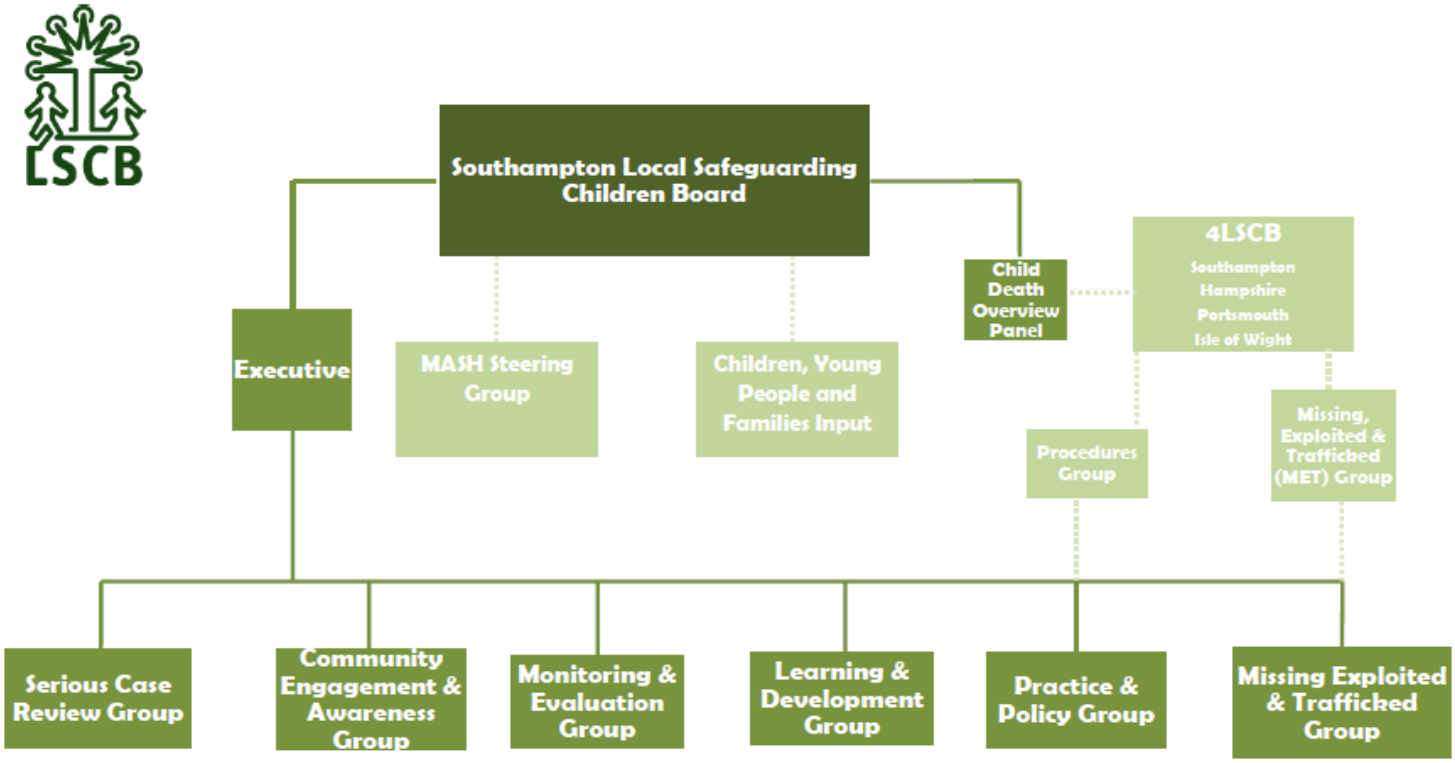
7. Resilient
    - Being relentlessly attentive
    - Keeping with core aims, not chopping and changing.

Structure & Governance

Structure

The LSCB delivered a 'health check' of its functions and activities in the Summer2013. This involved a review of the constitution and membership for the LSCB, and a refresh of the terms of reference and membership for the Executive Group and each of the Sub Groups to ensure the Board functions effectively. Changes to reporting mechanisms were made with the Chairs of each Sub Group reporting to the Executive Group meeting to ensure progress on the Business Plan could be regularly monitored. In addition this allows for issues and good practice to be raised from the Sub Group level – including from frontline professionals, audit and data reports and community engagement activity directly. Issues can then be resolved or escalated to the main Board meeting where required.

This work has ensured that the LSCB is focussed in its efforts to deliver its statutory functions and key priorities for improvement, identified through local and national case review learning and evidence that is presented to the Board. The Structure of Southampton LSCB is presented below:



NB the Child Death Overview Panel is operated on a 4LSCB basis, the CDOP produces a separate annual report which can be viewed when published on http://www3.hants.gov.uk/cdop .

Governance

The LSCB constitution was revised in 2013. This sets out the membership, objectives and functions of the board in accordance with the Children Act 2004 and Working Together 2013.

The LSCB employed Keith Makin as its Independent Chair from October 2013. From July to October an interim arrangement was in place whereby the Associate Director for Solent NHS was chairing. Prior to this Donald McPhail was employed to be Independent Chair.

The Independent Chair is responsible for:

- Chairing the Board's bi-monthly meetings
- Chairing of the Executive Group
- Receiving referrals and using the statutory criteria, deciding where to instigate Serious Case Reviews
- Attending meetings to receive Section 11 reviews and other audit activities
- Providing direction on emerging issues – from serious case reviews and other learning and improvement work
- Attending and challenging other strategic partnerships and bodies including the Health and Wellbeing Board, Children and Young People's Trust Board, Community Safety Partnership, Family Justice Board and Corporate Parenting Board
- Supporting sub committees chairs to progress the business plan
- Supporting Southampton City Council's scrutiny function in relation to safeguarding.

Business function

The LSCB Business function is delivered by a full time Board Manager and Business Co-ordinator. There was a period of staff changes during this year. The post of Board Manager was vacant from March 2013 to June 2013 and Business Coordinator from May until September 2013. Southampton City Council Democratic Services provides continued clerical support to the LSCB Main Board and Executive Group.

Membership

In March 2014 the LSCB reviewed its membership to ensure optimum effectiveness of meetings and compliance with Working Together 2013. The revised list of members and their roles as well as advisors to the Board is given in the Appendix.

Finance

A pooled budget agreement is in place for the statutory partners, a revised version of this was agreed in 2014 to cover a 5 year period. The contributions received to the pooled budget in 2013-14 include additional contributions given additional pressures this financial year.

Contributions	**£**
Balance brought forward from 12/13	21,284
Primary care trust	31,790
Police	12,534
Hampshire Probation	2,505
CAFCASS	550
Southampton City Council	74,612
Area based grant (CDOP)	4,392
Supplementary contributions	
Health	(16,197)
Hampshire Probation	(1,167)
Police	(6,500)
CAFCASS	(334)
Southampton City Council	(39,977)
Total Income	(211,842)

Southampton

Southampton's total population is estimated as 242,141. Children and young people under the age of 20 years make up 23.9% of the population of Southampton[1].

Diversity

The 2011 Census reports the black and minority ethnic (BME) population of Southampton as 14.2% with 22.4% of the population reported as not White British. Recent estimates suggest the figure is more likely to be 18%. The highest proportion of the BME population is Asian British.

29% of school children are from a minority ethnic group 14.1% of school children do not have English as their first language. Polish (5.2%) is the most common alternative first language.

Poverty & Crime

Southampton is ranked 81st out of all 326 LA's in England in the overall Index of Multiple Deprivation 2010 (where one is the most deprived). Southampton has the 41st highest level of child poverty in England out of 326 local authorities with 27.5% of children in the city living in poverty.

Crime in Southampton is down year on year, as is violent crime.

Outcomes for Children in Southampton

The Child Health Profile[2] 2014 for Southampton provides a snapshot of child health in the city. This is summarised below. This information, along with key outcomes data from Children's Services, Police and Health services was presented to the LSCB at its Business Planning day in March 2014 to inform priority setting for the LSCB.

The text and graphs below highlight key areas for the LSCB to understand from this.

The Child Health profile for Southampton indicates that overall the health and wellbeing of children in Southampton is generally worse than the England average. It also states that infant and child mortality rates are similar to the England average.

[1] See www.southampton.gov.uk research and information pages

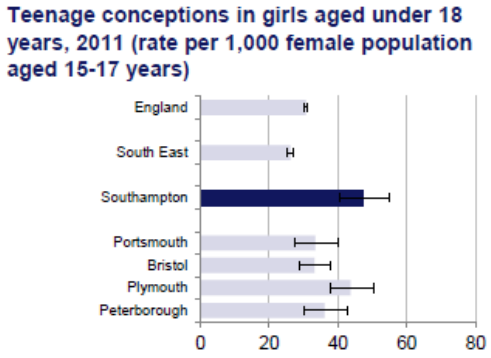
[2] See http://www.chimat.org.uk/profiles

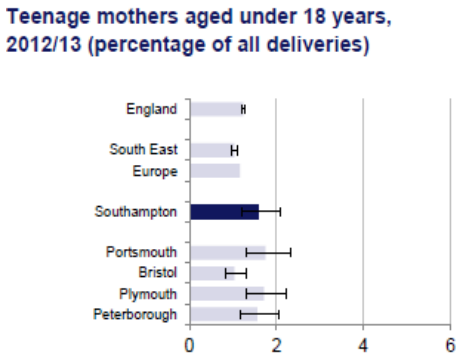
[2] European Union 27 average, 2009. Source: Eurostat

Information from the Child Health Profile for Southampton

Teenage Pregnancy

Latest figures for teenage conception rates identify approximately 47 girls aged under 18 conceived for every 1,000 females aged 15-17 in Southampton. This is an improving picture for the City but represents a higher than regional and England average rate. In 2012/13, 1.6% of women giving birth in Southampton were aged under 18 years. This is higher than the regional average. Southampton has a similar percentage of births to teenage girls compared with the England average but a higher percentage compared with the European average of 1.2%[3]. The graphs below represent this information pictorially:

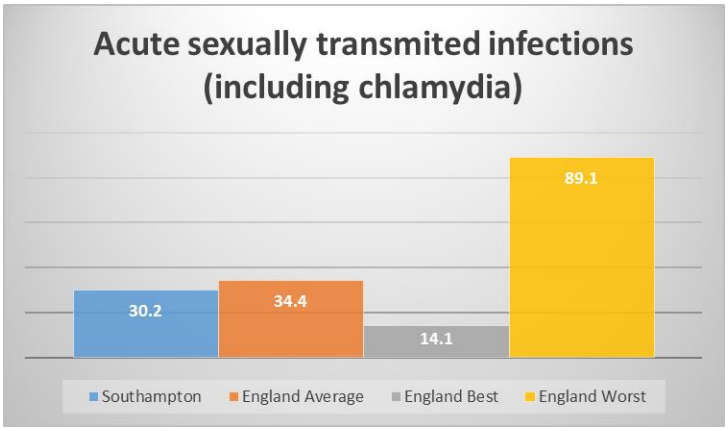




The LSCB will request further details of the continued work being carried out to address teenage pregnancy during 2014-15.

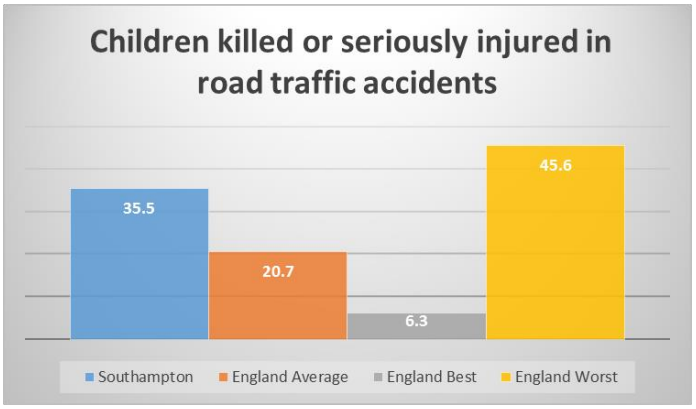
Sexually Transmitted Infections

Southampton has lower than the England average rate for sexually transmitted infections in young people aged 15-24 years, there were 1,459 acute sexually transmitted infection diagnoses reported in the Child Health Profile, representing a rate of 30.2 diagnoses for every 1,000 people in this age range – the graph below represents this:



Road Traffic Accidents

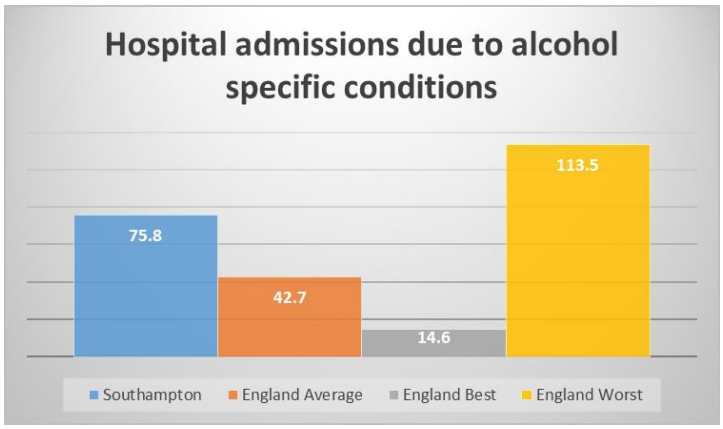
The rate of children and young people killed or seriously injured in road traffic accidents is significantly worse in Southampton than the England average, with a rate of 35.5 children per 100,000 of the population compared to 20.7 as a national average.



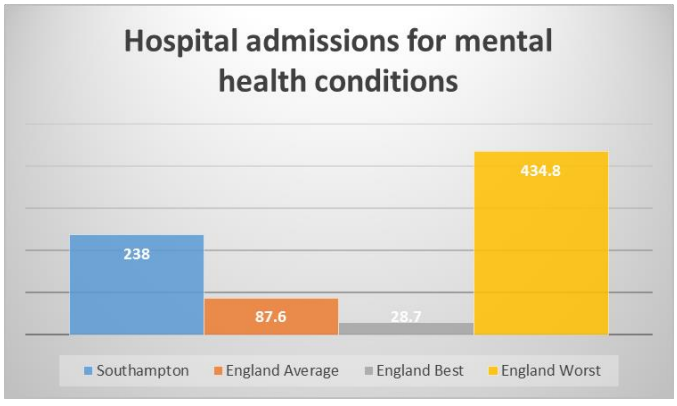
The LSCB will request further details of the local picture of road traffic accidents involving children and young people and identify areas to action through its Community Engagement and Awareness Group.

Hospital Admissions

The rate of young people under 18 who were admitted to hospital because they have a condition wholly related to alcohol such as alcohol overdose is lower in this period compared to previous periods but is higher than the England average. 35 young people were admitted which equates to 75.8 per 100,000 compared to the national average of 42.7.

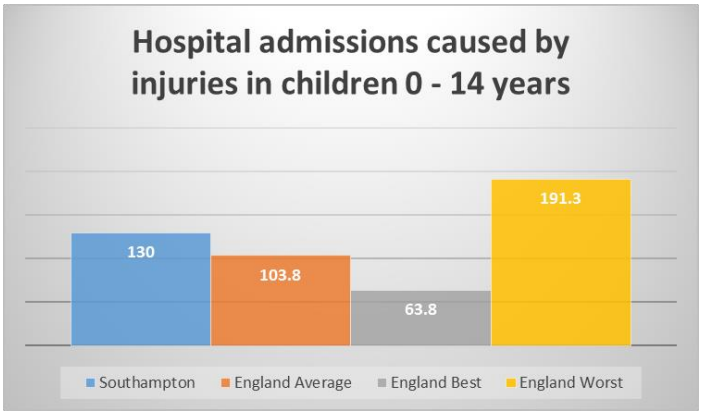


The rate of young people aged age 0-17 years admitted to hospital for mental health issues is significantly higher in Southampton than the England average. 112 people were admitted which equates to a rate of 238 per 100,000 compared to 87.6 national average.



The rate of those aged 10 to 24 years who are admitted to hospital as a result of self-harm is similar to previous periods but is higher than the England average. Nationally, levels of self-harm are higher among young women than young men.

514 Children aged 0-14 were admitted as an emergency to hospital due to injuries. This is significantly higher than the national average at 130 per 10,000 of the population compared to a national average of 103.8.



The LSCB is seeking further details of these issues in its reports from Health Services to the Monitoring and Evaluation Group and main LSCB meetings during 2014-15.

Domestic Violence and Abuse

Domestic violence accounts for 20% of all violent crimes in the City. The number of cases at MARAC is double the national average and a recent audit of children subject of a Child Protection plan defined 80% of the families as having domestic violence as a feature. 117 GP referrals were made to IRIS – a domestic abuse service linked to GP surgery's in 2013-14.

The LSCB has agreed that DVA will be a priority area for action this coming financial year. A sub group of the LSCB has been established, also feeding into the Southampton Safe City Partnership to identify key issues, build a coordinated response and to assure the LSCB of the situation relating to DVA and safeguarding children.

Serious Sexual Offences

Serious Sexual Offences 2013/2014	Total Offences	Historic		Under 18		Domestic		Night Time Economy	
		No	% of Total	No	% of Total	No	% of Total	No	% of Total
Southampton	241	49	40%	88	59%	22	54%	36	88%
Eastleigh	53	30	24%	24	16%	10	24%	2	5%
Romsey	13	9	7%	8	5%	1	2%	1	2%
New Forest	57	35	28%	28	19%	8	20%	2	5%
TOTAL	364	123	34%	148	41%	41	11%	41	11%
% Change	-2%	15%	-	-7%	-	33%	-	-11%	-

Serious Sexual Offences in Southampton during this year total 241, with 88 victims under 18. Southampton's biggest risk area for Serious Sexual Offences is Under 18's. Southampton has seen a slight increase in Serious Sexual offences overall by 8% (17 offences) however in the under 18's category Southampton had no increase during this period.

The Under 18 category contributes heavily to historic offences. The most common relationship between the victim and offender in Under 18 category is acquaintance. An emerging trend across the districts is apparent from Police data where Under 18 females are attending house parties and are intoxicated. This could link to indicators of Child Sexual Exploitation.

The LSCB will receive and review details of these findings in early 2014-15. Action to review Southampton's figures regularly will be agreed.

Missing Children and Young People

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Total
Total Young Mispers	91	128	121	114	102	110	116	85	0	95	93	124	1179
Total Young Misper Episodes	130	182	192	190	169	180	204	140	0	157	156	221	1921
Total Young Repeat Mispers	22	27	24	32	19	25	38	22	0	29	30	33	301
Total Young Repeat Episodes	61	81	95	108	86	95	126	77	0	91	93	130	1043

The Police data above shows the numbers of children and young people going missing during 2013-14. There were a total of 1179 young people reported missing on 1921 episodes. There were 301 young people with repeat cases of going missing during the year. Further analysis will be delivered in 2014-15 to identify the profile of these cases, to identify trends / themes and high risk groups to target interventions. This work will be led by the Missing, Exploited and Trafficked (MET) sub group of the LSCB.

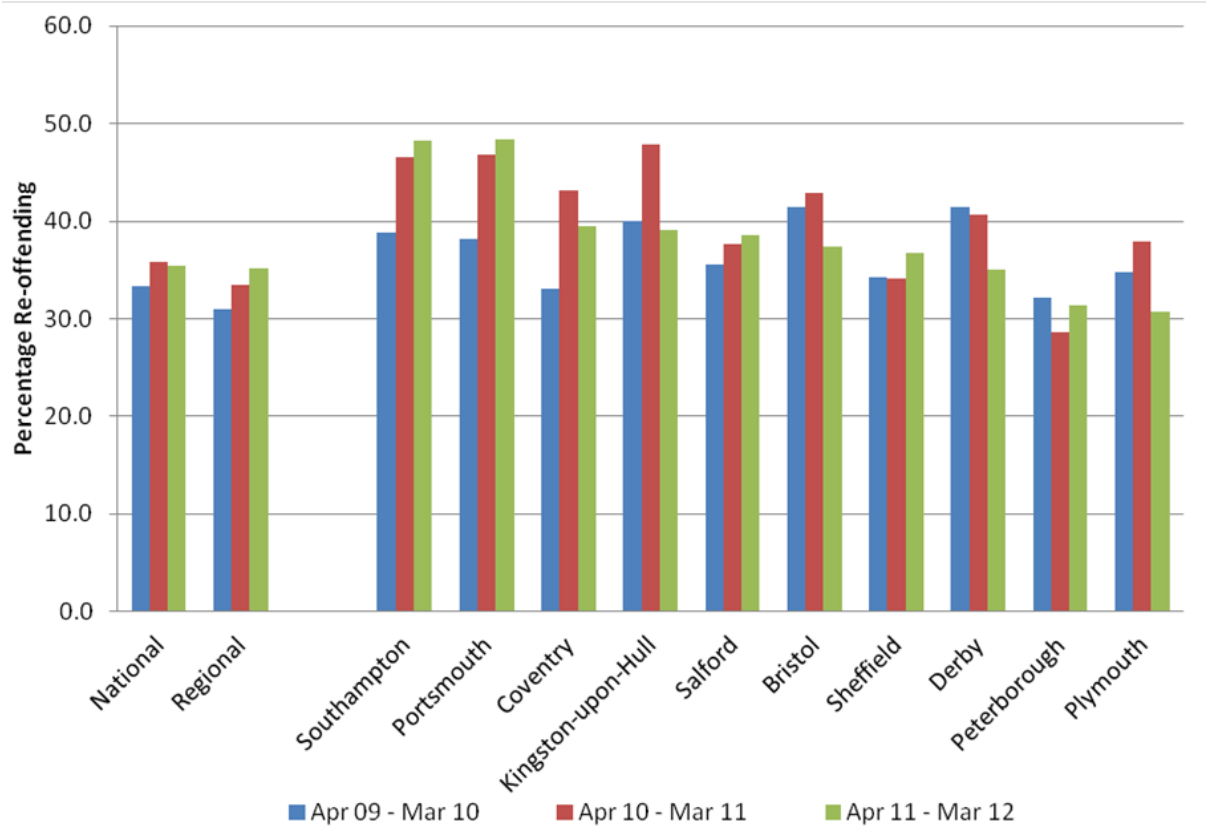
Youth Offending

Southampton young people are more likely than their peers to enter the criminal justice system and are more likely to reoffend.

Although there is still some way to go before Southampton's custody rate aligns with the national average, there has been consistent improvement over the past year, with a reduction of 30% from the previous year's figure. The YOS met its target for 2013 / 14 to reduce the custody rate to >1.00 per 1,000 10 to 17 years population.

Work to further improve the custody rate in 2014 will involve the implementation of the recommendations made after a Youth Justice Board (YJB) review of custodial sentences in 2013 and the inclusion of the lead youth magistrate on the YOS Management Board.

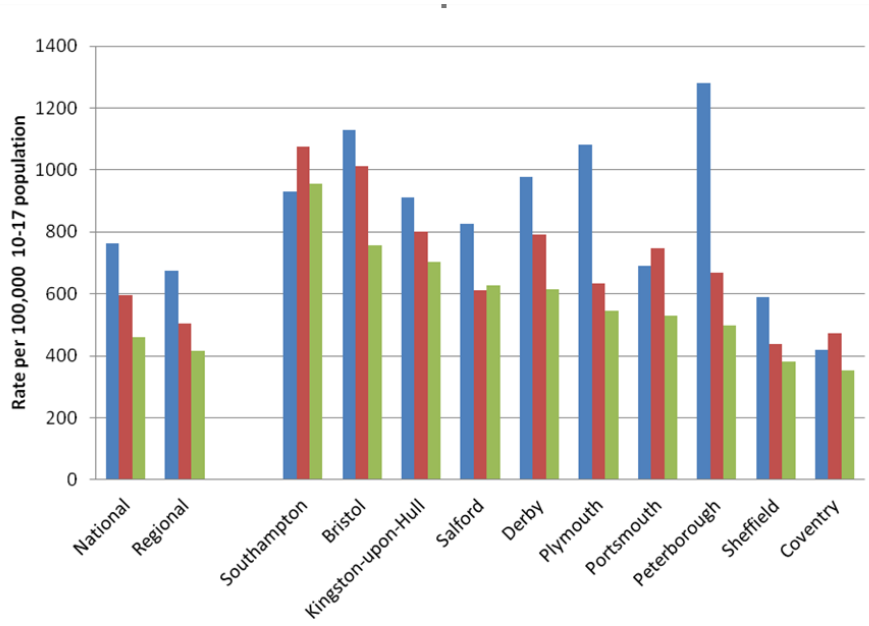
Re-offending Rates:



The re-offending rate in Southampton has remained above the national average at around 49%, based on historic Police data. Real time data is more positive. Local analysis of re-offending by the 2012 / 13 cohort in 2013 / 14 puts the re-offending rate at 46%. Whilst the downward trend is positive, significant improvement is still required.

The YOS participation in the Youth Justice Board Re-offending Pilot has been the basis for a comprehensive action plan that is subject to quarterly review by the YOS management board

First time entrants



The YOS target for reducing first time entrants in 2013 / 14 was 10%; the final reduction was 7%, based on historic PNC data. Southampton's rate is still significantly higher than both the national and regional averages – and is the highest of any of its comparator YOTs.

In 2013 / 14, through work with Hampshire Constabulary, the YOS identified that many young people receiving Youth Community Resolution (YCR) were not being referred to YOS by police officers. Assessed in conjunction with the YJB re-offending Project outcome that the re-offending rate in the Southampton out of court tier was high; this prompted the YOS to revise its out of court disposal screening arrangements. The YOS Police Officer now reviews all relevant cases; which will increase the number of YCR receiving intervention.

For those cases on the cusp of formal disposal: a Joint Decision Making Panel, with YOS and police representation, meets on a weekly basis to decide if diversion is appropriate. Young people are bailed for a period no longer than two weeks pending the decision. A YOS clinic at Southampton's central police station operates to ensure swift contact with young people after the disposals have been administered. It is strongly assessed that, as a result of these developments, the PNC data will show a notable reduction in the FTE rate towards the end of 2014 / 15.

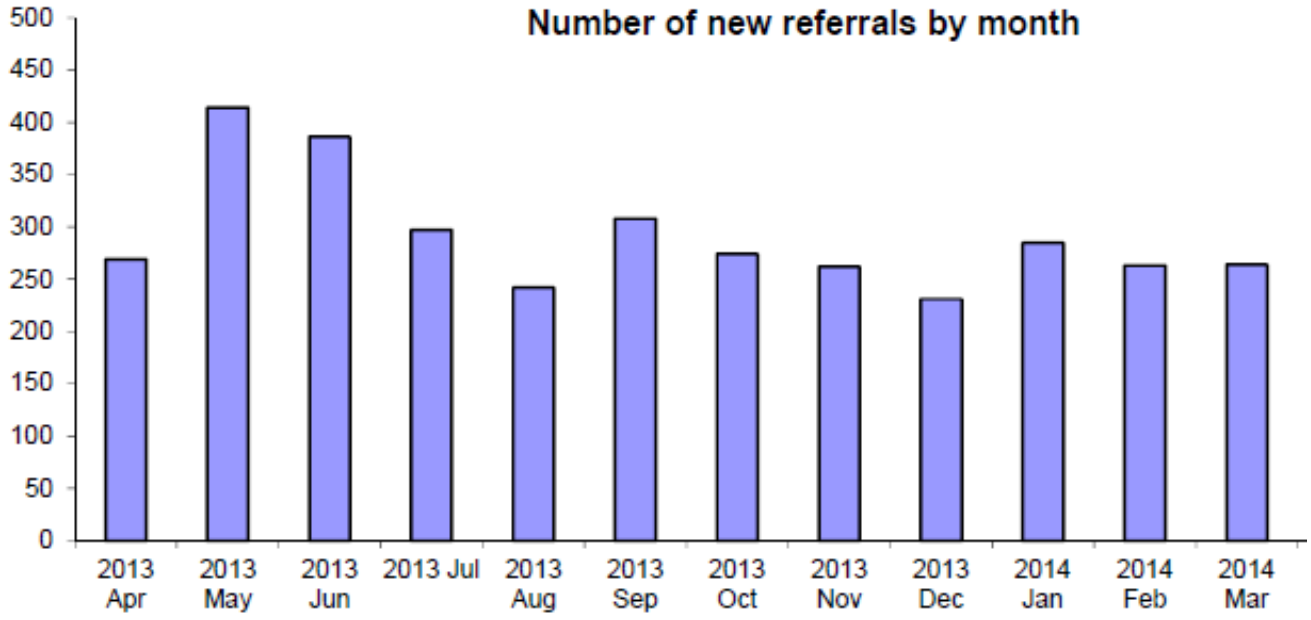
The LSCB recieves reguarly information from the Youth Offending Service in Southampton, this is fed into the Monitoring and Evaluation Sub Group of the LSCB.

Young People Not In Education or Employment (NEET)

20% of the population of Southampton are aged 16-24 and they experience 13% unemployment. Further NEET Data to be added.

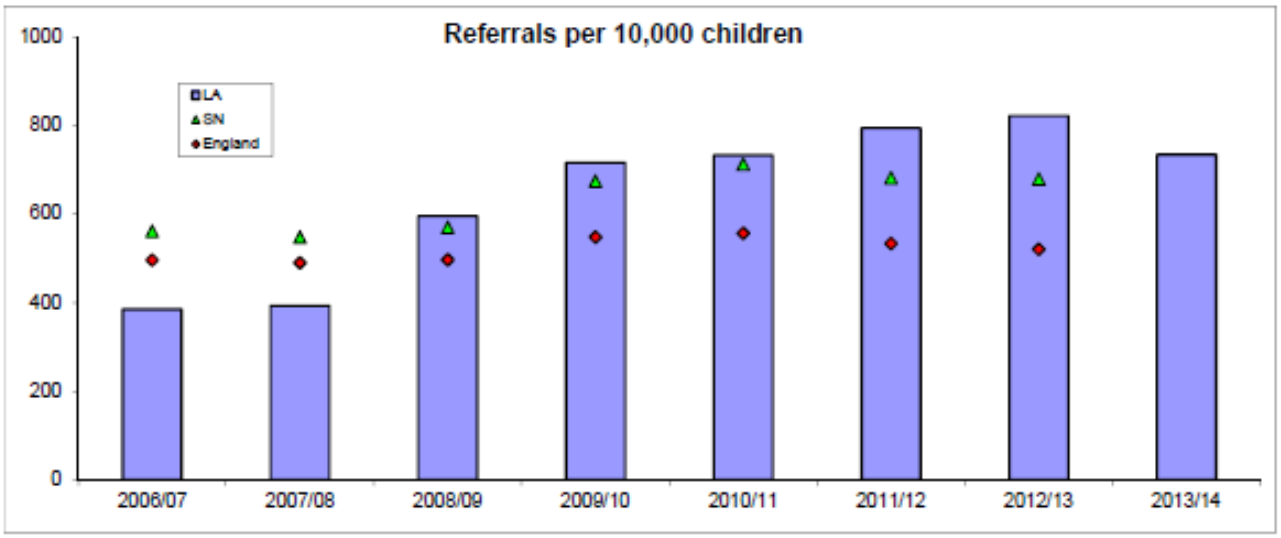
Children in Need of Help and Protection

Children's Services received a total of 3495 contacts regarding safeguarding children in 2013-14. This is a rate of 734 per 10,000 of the population, compared to 679 per 10,000 experienced by Southampton's statistical neighbours in 2012-13 (2013-14 is not yet available).



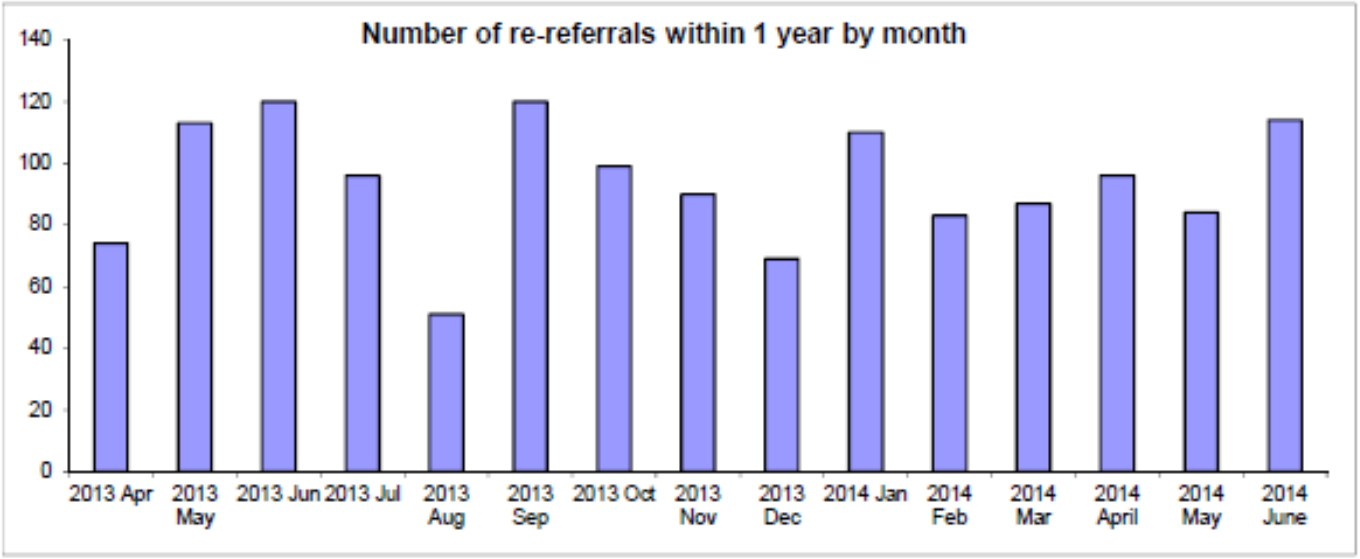
Rate of referrals

		2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
Referrals per 10,000 children	LA	385	393	596	717	733	794	822	734
	SN	561	548	570	675	713	682	679	n/a
	England	496	490	497	548	557	534	521	n/a



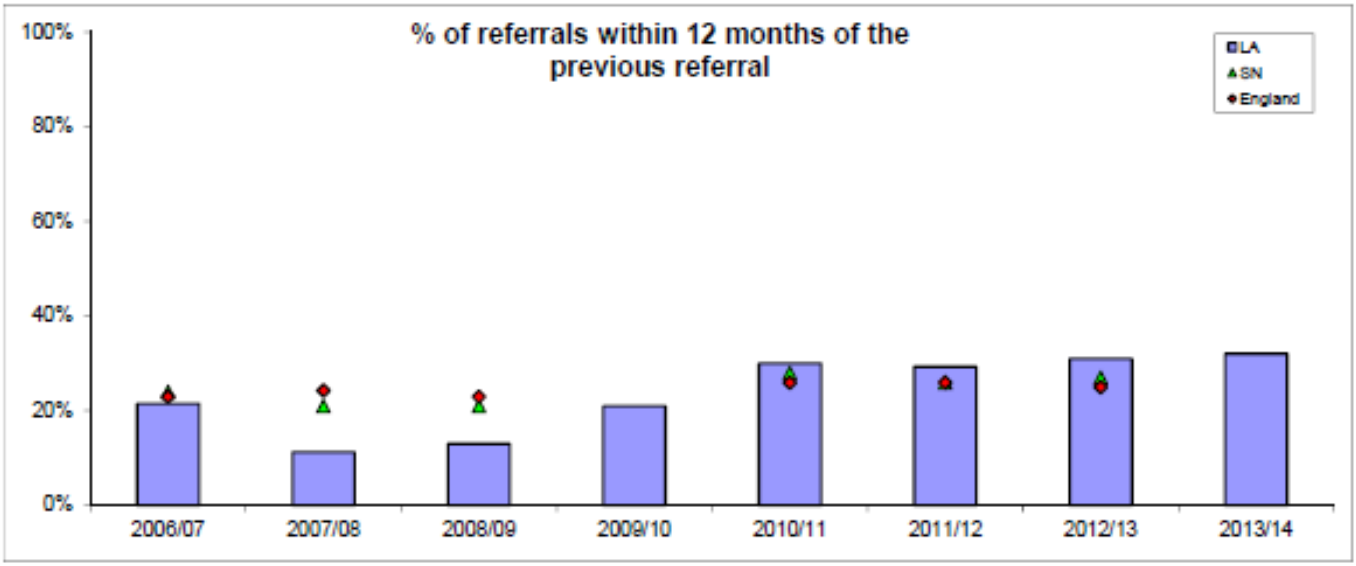
Southampton Children Services experienced a repeat referral rate of 31% being re referred within 12 months, a similar rate to last year (31%) but above the average for statistical neighbours (27% in 2012-13).

Number of referrals that are re-referrals within 1 year



% of referrals that are re-referrals within 1 year

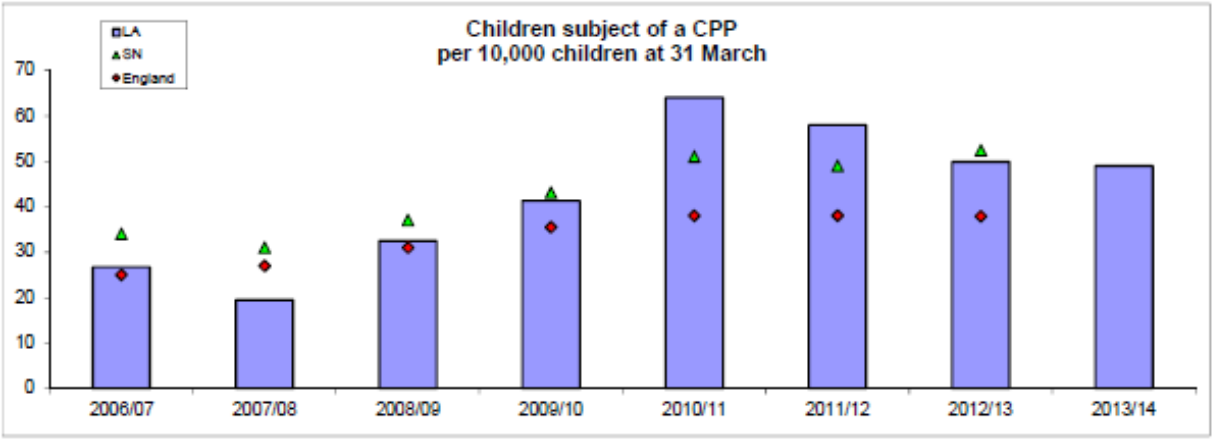
		2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
% of referrals during the year within 12 months of a previous referral	LA	22%	11%	13%	21%	30%	29%	31%	32%
	SN	24%	21%	21%	n/a	28%	26%	27%	n/a
	England	23%	24%	23%	n/a	26%	26%	25%	n/a



At the end of March 2014, 235 children and young people were subject to child protection planning. This is a rate of 49 per 10,000 of the population, slightly below the rate experienced by statistical neighbours the previous year.

Rate (per 10,000) of Children with a Child Protection Plan

		2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
Children per 10,000 at 31 March	LA	27	20	33	41	64	58	50	49
	SN	34	31	37	43	51	49	52	n/a
	England	25	27	31	36	38	38	38	n/a

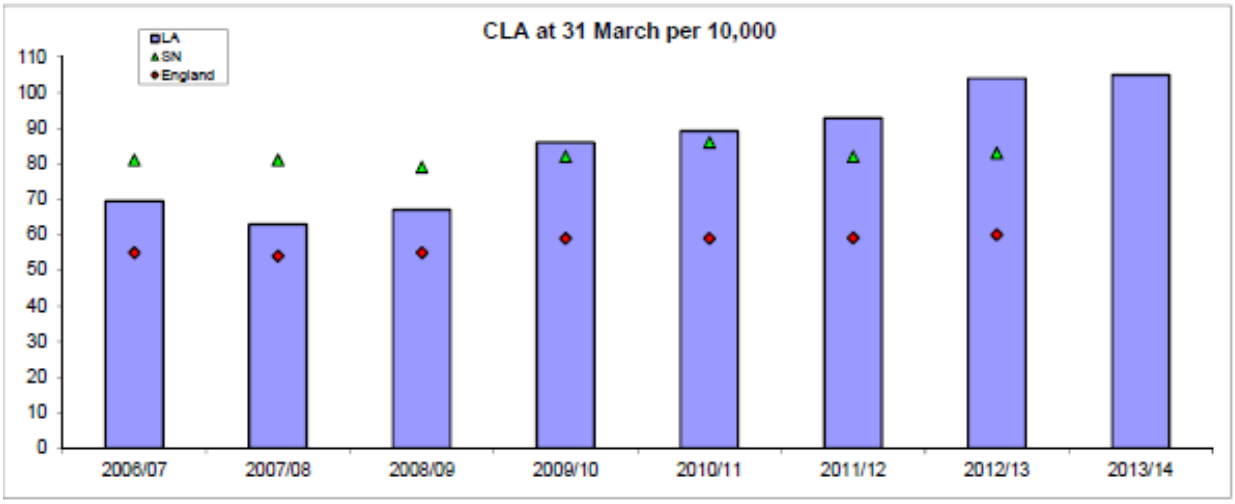


Looked After Children

The children of Southampton are more likely to be looked after than their peers. At the end of 2013-14 there were 501 children looked after, equating to 105 per 10,000 of the population, the statistical neighbour average (albeit for 2012/13, latest figures not available at the time of writing) was 83 per 10,000.

Rate (per 10,000) of Children Looked After at end of period

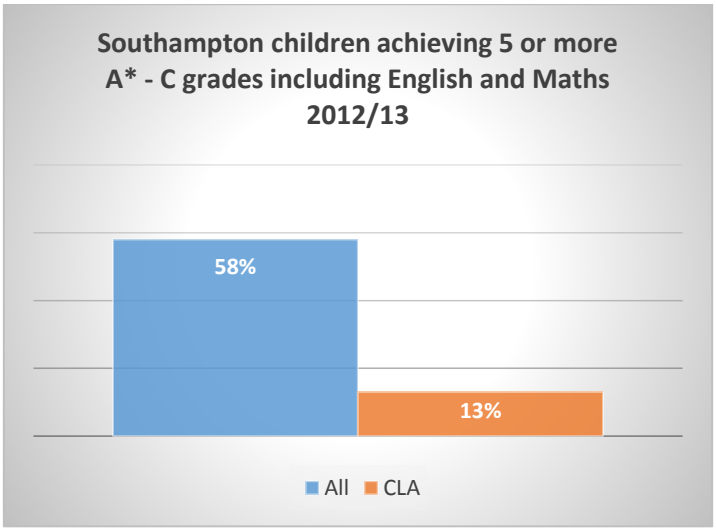
		2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
CLA at 31 March per 10,000 population 0 to 17 yrs	LA	70	63	67	86	89	93	104	105
	SN	81	81	79	82	86	82	83	n/a
	England	55	54	55	59	59	59	60	n/a



Southampton's Looked After Children are generally in more stable placements than others, the City is a low user of residential care and fewer children than other areas are placed more than 25 miles from their home. There are 454 in house foster carer placements in the City.

The outcomes for our Care Leavers are improving but have been poor historically.

Education & Attainment



In 2013 58% of Southampton pupils achieved 5+ GCSE A* - C which was similar to the Core Cities and a significant improvement in recent years. The attainment of Children Looked After was significantly lower at 13%.

The City is proud of its early years provision, schools and further education establishments, and with two universities; University of Southampton and Southampton Solent University; the City provides the opportunity for high quality education throughout life.

The majority of Southampton schools are graded good or better by Ofsted, 78% in 2014 (national 76%). 100% of special schools and PRUs good or better. All three colleges in the City are graded good.

However boys fare less well and our children's (and particularly children deemed to be in need) school attendance continues to be problematic. Overall school absence was 5.9% in 12/13 – unverified incomplete data for 13/14 suggests we have improved significantly as have the level of temporary exclusions which were unacceptably high.

The LSCB will receive information from Children and Families Services in 2014-15 to monitor and evaluate progress and influence action on key children's outcomes including Education attainment.

Learning Opportunities

Serious Case Review learning during this year has clearly highlighted key themes for improvements across the partnership. The LSCB has received learning and, once all reviews are published will give details of the findings and the LSCB response and action plan on our website (www.southampton.lscb.org.uk). Themes for learning from the current reviews are reflected in the following summary headlines. The detail within the Overview Reports and LSCB response for these issues will inform the Business Plan and work of the LSCB in 2014-15.

1. Using Child Protection Procedures Effectively
2. Neglect
3. Escalation of concerns
4. Staffing and Supervision
5. Thinking Family
6. Health Issues
7. Diversity
8. Elective Home Education
9. Rapid Response to Child Death
10. Liaison with other areas
11. Family involvement.

Priorities for the LSCB

Reflecting on the learning from recent Serious Case Reviews, the Outcomes for Children Data and progress by Services and the LSCB in Southampton, it is clear that there are themes that should inform the current and future priorities for the LSCB to drive improvements. These are based on the summary list above:

1. Ensure a coordinated approach and response key safeguarding issues, including:
    - **Neglect**
    - **Domestic & Sexual Violence and Abuse** – reflecting violence against women and girls agenda
    - **Missing, exploited and trafficked young people** – considering impact of serious sexual offences to under 18's.

    This approach should include measuring effectiveness of provision, raising awareness of risks, indicators and ensuring clear thresholds and pathways to services.

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

3. Ensuring effective use of **4lSCB child protection procedures**

4. **Recognising the diverse population of Southampton and its children**, reflecting this in the work of the LSCB. Targeting work where needed and ensuring appropriateness of responses.

5. Reinforcing the message that **Safeguarding is Everybody's Business**

6. **Raising aspirations and closing the gap** in outcomes for our Looked After Children

7. **Raising awareness of key child safety issues** – such as road accidents and accidents in the home.

In addition, remaining action and priorities from the previous business plan will be carried forward.

The LSCB role is to both quality assure and coordinate responses and should therefore take a leadership role in delivering both for these issues within its work. These priorities, along with those identified in national learning, research and best practice will inform the Business Plan for 2014 -15.

Southampton Services Performance

This section summarises key work for partner agencies in 2013-14 where information was submitted for the purposes of this report.

Southampton City Council – Children and Families Services (including Early Help, Education and Youth Offending)

The Children's Services Transformation Programme (CSTP) was formally launched by the Local Authority in September 2013 with involvement from other LSCB key partners particularly health, police and voluntary sector. The CSTP has begun to transform and redesign service provision in order to deliver a vision laid out below:

"An Early Intervention City with a multi-agency, integrated service provision that works to ensure children's needs are met at the earliest stage. Where possible, and children's welfare is assured, these needs will be met within their family and community resources."

This aims to reduce the number of children, young people and their families requiring high level support at Tiers 3 and 4 thus improving the quality of life for children and families and reducing overall cost of service delivery. The 7 key themes for the Transformation are:

- A good education for all
- The earliest help
- Integrated, co-managed, co-located, seamless services
- Evidence based practice
- Good quality care provision for Looked After Children (LAC)
- Stronger Quality Assurance (QA)
- Our workforce to be better trained and supported

Progress in 2013/14

- Working groups were established to deliver on each key theme. Phase 1 of the transformation is complete and Phase 2 was launched in May 2014.
- Re-designed senior management structure and changed the way services delivered to families. This included the creation of a new integrated Children and Families Service bringing together Children's Safeguarding, Education and Inclusion Services.
- Launching the Southampton Multi-agency Safeguarding Hub in March 2014 providing a more efficient and effective front-door service - this is already demonstrating impact on the pace and quality of decision making on referrals.
- The Pre-birth to 4 years and 5 to 19 Years Early Help Service was established supporting the partnership to deliver the earliest possible help to families.
- The Integrated Family Assessment and Intervention Service (IFAIS) was launched. This exciting new service combines the functions of specialist family assessment and intervention, facilitated contact and the very successful Behaviour Resource Service's therapeutic services for children and families.

- Strengthened our performance management systems leading to increased management oversight within front-line teams. This will continue to be a key area of focus for 2014/15.
- We developed the Quality Assurance Business Unit and created a Quality Assurance Framework in line with national best practice. The framework assures the quality of internal service provision and will lead to improved practice. The framework also includes Workforce Development and the creation of a Professional Development framework. All managers attended an intensive coaching programme as part of our new professional development offer.
- From November 2013, we started to use the Strengthening Families model of child protection conferencing. This innovative style of conferencing focuses on the strengths of a family and allows families, children and young people to feel included and have their views heard. Feedback from families using the new model has been very positive.
- The LAC and Care Leavers Strategy was launched and the Corporate Parenting Committee reinvigorated driving service improvements for this group of children and young people.
- The Fostering and Adoption Service have devised and begun to implement improvement plans. More children were placed for adoption over the year.
- We planned for the new Ofsted Single Inspection Framework. A working group was established and we learned from other LA's who have been through the process.

Inspire – Learning and Development:

761 people attended Inspire Safeguarding courses. Inspire also offered 15 bespoke sessions to schools and settings. This data is supplied to the LSCB quarterly, broken down per quarter. All Inspire courses are evaluated to show how delegate's knowledge has increased.

Families Matter (Troubled Families) Programme:

The Department for Communities and local Government issued a data release on in May 2014 that identified Local Authorities progress with Troubled Families identification and families turned around at the end of March 2014. The data release identified;

- Total number of families for each Local Authority to work with during the course of the 3-year programme (685 for Southampton).
- The number of families Local Authorities had identified for the Troubled Families program as at the end of March 2014.
- The number of families 'worked with' as at the end of March 2014.
- Total number of families turned around (payment by results achieved) as at the end of March 2014.

Additional analysis of this data has been carried out to illustrate the proportion and rank of families that have achieved each indicator. Southampton has identified 100% of the number of families that are required to be worked with within the three years of the program. Southampton has started to work with 100% of its three year target as at the end of March 2014. This was 17.7% above the National average of 82.3% achieving a rank of joint 1st with 21 other Local Authorities out of a total of 152.

59.0% (404 no.) of Troubled Families within Southampton have been turned around as at the end of March 2014. This is almost twice the National average of 33.4% achieving a National rank of 7th out of 152 Local Authorities. The November 2013 data release by the DCLG indicated Southampton had achieved a 41.3% turn around with a rank of 5th out of 152 Local Authorities. This indicates Southampton continues to perform strongly compared to other Local Authorities.

Early Years Services:

A Setting Stories is currently completed annually by the Early Years' Support Team and manager/owner of the setting. It identifies areas of development and good practice in line with current legislation and the Early Years' Foundation Stage Framework. The Setting Story, uses a RAG rated system, where it identifies areas where the setting is meeting statutory requirements in the Early Years Foundation Stage (amber rating), outstanding practice shown as green, and red is where practice needs to improve. This RAG rating clearly identifies areas of development and where advice and guidance is needed. The results from the Setting Stories for 2014 are reported to the LSCB Monitoring and Evaluation Group and the results show:

- 97% of managers have had higher level safeguarding training in the last 2 years which has improved managers' understanding of how to manage an allegation against a staff member.
- There has been an improvement in the number of practitioners who have attended safeguarding training although there has been a drop in additional safeguarding short courses.
- Although there has not been a change in the percentage of practitioners who do not have an up to date understanding of safeguarding and promoting children's welfare, the majority of practitioners, 96% do.
- This year has seen an increase by 21%, in the number of settings who have effective systems in place regarding visitors.
- Overall there seems to have been a slip in the processes and procedures around employing, inducting and supervision of staff members. However, there has been an improvement in managers taking up DBSs before staff members starting work, managers have undergone safer recruitment practice training and supervisions have improved.
- A monthly safeguarding poster is sent to Early Years' providers to display in their setting in areas used by staff, this has included one around whistle blowing policy and procedures.
- Early years' providers attended workshops around Multi Agency Safeguarding Hub (MASH) and the Early Help service. These have also been agenda items at Lead practitioner meetings.
- Moving to working on a more targeted way, and amendments to Nursery Funding Agreement, will lead to Setting stories only being completed with provision judged by Ofsted to be less than good, and with other settings which request this input.

Southampton Health Services

During 2013-14 Southampton Health Services[4] carried out the following activities to support safeguarding work and their role on the LSCB:

- Ensure identification risks and vulnerabilities in families are identified and documented appropriately in GP practices (READ coded) by delivering training, development of policy and guidance aligned with RCGP/NSPCC toolkit and statutory guidance.
- Delivered a GP Safeguarding Audit and reported this to the LSCB Monitoring and Evaluation Group

[4] This includes the Southampton City Clinical Commissioning Group, University Hospitals Foundation Trust – including Emergency Department and Maternity Services, NHS England (Wessex Area), Solent NHS Trust including Health Visiting and School Nursing and Southern Health Foundation Trust – including Adult Mental Health services.

- Delivered bespoke training for individual GP practices (Level 3) and multi-agency days to include HBV, FGM, FM and CSE.
- Attended multi-agency groups including for missing, exploited and trafficking issues, domestic violence and abuse
- Supported development of the MASH and ensured a Health Navigator Role
- Reviewed domestic abuse services and proposed a new model for the City to work towards
- Developed safeguarding standards for inclusion in voluntary independent and private providers (approved by LSCB) and developed mechanisms for quality assurance of safeguarding standards
- Provided expertise to all SCR panels and disseminated learning across organisations
- Confirmed arrangements for the Designated Doctor for Child Deaths to improve support to rapid response and CDOP processes.
- Named GP from Wessex area team to support GPs and dentists in improving safeguarding awareness and standards
- Continued funding of the IRIS (Identification and Referral to Improve Safety) a Domestic Violence and Abuse project to improve early identification and referral.
- Improved the referral process for GPs to midwives to ensure safeguarding risks in families are identified and communicated at the earliest possible stage in a child's life.
- Reviewed in house training programmes, ensuring they covered all key areas for all different groups of staff and to improve on overall safeguarding compliance.
- Reviewed the Health Visitor liaison role in ED and further streamline referral processes to ensure all vulnerable children in need are followed up.
- Refreshed UHS Safeguarding Proforma to ensure better capture of the voice of the child.

Probation Services

- Management of MAPPA cases at all levels
- Involvement in the roll out and training for MASH
- Involvement in Serious Case reviews as report authors
- Improvements made in monitoring of home visits and purpose
- Joint home visits made by Children's Services and Probation staff
- Senior Probation Officer involvement in Sexual exploitation group
- Continued attendance at joint training events
- Ensuring DV and safeguarding issues are married up.

Voluntary & Community Organisations –

No Limits:

- Providing open access to young people which is safe and welcoming, offering them a chance to talk and be heard by trained staff, be given correct and up-to-date information on issues, giving advice and making appropriate referrals following disclosures / identified safeguarding issues / concerns to external agencies, including safeguarding referrals to multi-agency response teams including MASH, MARAC, IDVA, Police etc.
- Offering free access to sexual health services including use of Risk Assessment Tool (RAT), condom distribution, access to chlamydia screening, working with CASH / Solent, signposting to emergency contraception pharmacies. Making referrals for identified at-risk young people
- Assessing young people at risk of CSE, DV, abuse and neglect and referring to Right 2B Safe (R2BS) – working in partnership with Barnardo's
- DASH service for YP 11-19 – specialist substance misuse service offering treatment and counselling to YP

- Linking in with CAMHs supporting young people experiencing mental health issues as part of city-wide response
- Training and updating staff and partner agencies on issues including local protocols e.g. neglect, bruising
- Working in partnership with other statutory agencies, including police to safeguard YP and prevent crime
- Working to safeguard homeless YP – partnership with city housing / homeless teams and No Second Night Out partnership (emergency accommodation)
- Bright Beginnings – supporting young parents / parents-to-be in forming bonds / attachment with babies ensuring positive start to child-parent relationships – working with midwifery teams and Family Nurse Partnership
- Take part in multi-agency training – both attending and delivering, e.g. BLAST training for city social workers and EWOs on sexual exploitation of boys and young men
- Part of strategic group for MASH supporting voluntary sector navigator with access to No Limits YP database
- Working in partnership with Hants Police sharing intelligence on hotspots, perpetrators, known vulnerable YP, working with MISPER coordinator
- Contributing to LSCB subgroups on missing, exploited and trafficked young people and various other LSCB initiatives
- Providing YP with safe space on drop-ins including food, showers, access to laundry, clean clothes, in winter coats, hats, gloves, scarves
- Supporting young parents to access services including benefits, Sure Start, parenting courses, Families Matter, health visitors.

Barnardo's:

- Direct 1:1 work with young people and their families – offering return interviews to children and young people that go missing.
- Multi-agency working and training providing 26 training sessions across Southampton, we have co-facilitated Southampton CSE conference, provided Chelsea's Choice to 4 Southampton schools
- Raise awareness of key safeguarding issues amongst the public
- Deliver of group sessions with Youth Offending Service
- Internal and external staff supervision as well as group supervisions
- A key strategic and operational partner for the LSCB in the area Child Sexual Exploitation. Regular meetings with police, social care and other key agencies.

CAFCASS:

- Tools for effective engagement with children are available on the Cafcass intranet for all members of staff.
- A core training course on direct work with children is also available to practice staff.
- At a strategic level Cafcass provides administrative, developmental and financial support to the Family Justice Young People's Board, which helps Cafcass and the wider judicial system to shape and design policies and initiatives and make sure they remain focused on children and young people. The young people on the board have had experience of the Family Courts as they are recruited from our service users.
- Practice observations take place at least once per year

- Children's feedback and complaints are monitored and learning is collated nationally and shared to improve practice
- In 13/14 a total of 9,680 care applications (public law) were received, which is a decrease of 12% compared with the number received in 12/13. Similarly there has also been a decrease in private law cases where a total of 42,888 applications were received in 2013/14 - a 7% decrease compared to 12/13. Shorter case durations (within s31 cases), together with proportionate working and more efficient working practices have led to the stock of open cases reducing in both private and public law.
- The National Ofsted inspection took place in February and March 2014. Both private law and public law practice were judged to be good as was the management of local services. National leadership was judged to be outstanding.
- All of the Key Performance indicators, relating to the allocation of work and filing of reports, have been met.

The LSCB activity in 2013-14

The LSCB delivered its business in the following areas as indicated in the Business Plan. Key achievements for the LSCB in 2013-14 are:

1. Full review of membership, structure and constitution of the LSCB – to ensure Working Together 2013 compliant and best practice
2. New Chair recruited, formally managed by the Chief Executive of Southampton City Council
3. Links to key strategic partnerships established to enable constructive peer challenge
4. Survey with target group of Children and Young People underway, findings to influence the 2014-15 LSCB Business plan and other Strategic Plans in Southampton
5. A Quality Assurance framework adopted in Southampton to give robust system and structure to the core role of the LSCB. Full schedule of audit and reports to the LSCB established
6. Headline data set agreed and reported to LSCB – further developments taking place early 2014-15 to ensure this represents full range of outcomes data available
7. Multi-agency audit of Core Group planned and delivered with findings to be reported to the LSCB early in 2014-15
8. Full review of current Learning and Development Opportunities was delivered highlighting gap and need and the LSCB took action to ensure ownership of the multi-agency safeguarding training calendar for Southampton.
9. The LSCB developed a Learning and Improvement Framework this year, giving solid foundations for the process of agreeing and managing case reviews and audits and ensuring robust dissemination of learning from these to implement findings.
10. The LSCB published one serious case review and delivered further reviews in this period into tragic circumstances. Learning from these disseminated and implemented prior to publication as appropriate.
11. A multi-agency threshold document was drafted and following discussion and challenge by partners at LSCB was agreed and published.
12. The LSCB had oversight of the MASH development. Multi-Agency workshops to improve knowledge on MASH, Early Help and the Threshold Document were held by the LSCB to over 1,000 professionals.
13. 4LSCB guidance updated and online to reflect WT13 and the LSCB has reviewed policies from a number of local organisations to ensure they are robust
14. Commissioning standards have been agreed by the LSCB, and audit and quality assurance work is planned for 2014-15 to ensure these are implemented.
15. Coordinated action to address Child Sexual Exploitation commenced with the establishment of a Missing Exploited and Trafficked Sub Group of the LSCB, a multi-agency operational group also established to coordinate work and link with key services sharing case level information safely.
16. Held a workshop for 100 professionals using national best practice from CEOP and 'Chelsea's Choice' to raise awareness of CSE and what to do.

Detailed below are the priorities for the LSCB in 2013-14 and progress (RAG rated) against these. Outstanding actions will be carried forward to 2014-15 Plan.

Priority 1: Develop effective governance arrangements for the LSCB to ensure an improvement in the effective working of the LSCB		
OUTCOME	**ACTION REQUIRED**	**RAG Status & Commentary**
Governance arrangements enable assessment of statutory responsibilities of partners / board members to help, protect & care for children and young people in Southampton.	• Review and update constitution to reflect Working Together 2013 • Recruit Independent Chair • Ensure chair has formal contact with Chief Executive and Leader of SCC, PCC and Chair of HWBB • Take steps to recruit second lay member • Review and update subcommittee and Executive Group terms of reference to ensure issues are identified and escalated to board. • Agree synergy & links with Southampton Safeguarding Adults Board (SSAB) • Establish robust links to Children & Young People's Trust and the Health and Wellbeing Board • Identify links with the Youth Justice Board • Review CDOP & rapid response procedures	*Green - Action completed* *Green – action completed* *Green – ongoing contact agreed action completed* *Amber – recruitment in process* *Green – action completed* *Amber – Phase 2 of Transformation Work ensures this cross working is in place. Green – action completed, ongoing contact established.* *Amber – meeting planned.* *Amber – scoping of review at meeting of chairs is happening early 2014-15.*

Priority 2: Enable the voices of children and young people to be at the centre of the work of the LSCB		
OUTCOME	**ACTION REQUIRED**	**RAG status and commentary**
Children and young people are involved in assessing the performance of services and influence improvements	• Develop systems for consulting and involving CYP in the functions & work of the LSCB • Ensure this reflects the makeup of our local community, including diverse established and new communities and disabled children and young people.	*Amber – a CYP survey planned in March 2014 will be delivered early in Q1 of 2014-15. This will be facilitated by No Limits, Barnardos and Youth Options with their respective 'groups' of young people – all of these services are members of the LSCB's Community Engagement Group, and are engaged in work with children and young people who may have already experienced or are vulnerable to safeguarding issues.* *Further work needed to identify routes of engagement with wider group of CYP and particularly to gain the input of those from diverse communities.*

Priority 3: Deliver regular assessment and monitoring of the effectiveness of local statutory partners		
OUTCOME	**ACTION REQUIRED**	**RAG status and commentary**
Regular and effective quality assurance & evaluation of improvement plans, frontline practice and management leads to improved quality of service for children and young people	• Adopt & implement South East LSCB Quality Assurance Framework including revised schedule of annual reports to the Board, a schedule of quarterly / six monthly reports to ME from core services, revised dataset for LSCB • Monitor implementation of local services improvement and transformation plans • Monitor effectiveness of Core Group • Deliver two multi-agency audits of relevant processes and systems.	*Amber – the QA framework has been adopted. Systems for receiving regular reports to ME group and LSCB are in place and operational. Section 11 reporting is in place and 4 audits were reviewed by the LSCB in 2013-14. A revised dataset was produced and reported to LSCB (see Appendix). This is continually being revised with a more sophisticated version being produced for agreement at LSCB.* *Amber – core group audit delivered in part end of 2013-14 with completion due Q1 of 2014-15.*
	• Produce and agree Annual Report and Business Plan	*Green – action completed*

Priority 4: Ensure sufficient, high quality multi-agency training is available and is effective at improving practice		
OUTCOME	**ACTION REQUIRED**	**RAG Status and commentary**
High quality safeguarding training impacts on improvements in practice and the experiences of children and young people, families and carers.	• Quality assure existing multi-agency safeguarding children and young people training opportunities • Provide standards for single agency safeguarding training to influence provision • Link with 4LSCB's to ensure consistency • Identify mechanisms to quality assure single agency safeguarding training • Identify gaps in multi-agency provision and take action to rectify.	*Green - a review of current opportunities was carried out as part of a wider Learning and Development Audit. This informed a new Strategy and Delivery Plan for Learning and Development.* *Green – standards developed and online. Promoted in the LSCB newsletter in Q4.* *Green – LSCB manager and Chair of Learning and Development attend 4LSCB meetings and linked with providers of training across the 4lSCB area.* *Green – the Learning and Development Group has quality assured training opportunities this year using a revised checklist of standards.* *Green – an audit of provision showed gap and needs and the LSCB has taken action to rectify this. A new LSCB training calendar is on line.*

Priority 5: Deliver SCR's, ensure clear process for review and learning from reviews		
OUTCOME	**ACTION REQUIRED**	**RAG status and commentary**
A culture of continuous learning is present across organisations that work together to safeguard and promote the welfare of children which leads to improvements in service delivery and increased safety for children and young people	• Deliver current SCR's • Publish outstanding case reviews • Develop local learning and improvement framework • Assess progress on actions from recent reviews • Consider cases referred and make recommendations to the LSCB Chair regarding whether they meet criteria for a SCR or other form of review. • Manage reviews that do not meet the criteria for a full SCR.	*Amber - 1 SCR published this year, further reviews to be published early 2014-15. Learning from these disseminated as a continuing priority.* *Green – Local L&I framework agreed, published and implemented. SCR group now has formal process for receiving referrals of cases, scoping agency involvement and the circumstances of the case and making recommendations to the Chair.* *Amber – the LSCB has reviewed outstanding actions and will continue to seek assurance where these continue.* *Green – using the L&I framework and system for referral and decision this has been delivered throughout the year.* *Amber – 3 partnership reviews commenced and underway at the end of 2013-14 to be completed.*

Priority 6: Publish threshold document to include early help and children social care statutory services		
OUTCOME	**ACTION REQUIRED**	**RAG status and commentary**
Public and professionals have clarity on the pathway, entry routes and thresholds for interventions at different levels for children in Southampton	• Develop alongside MASH (Multi Agency Safeguarding Hub) and Children's Services Transformation programme.	*Green – a multi-agency threshold document was drafted and following discussion and challenge by partners at LSCB was agreed and published.* *The LSCB had oversight of the MASH development. Multi-Agency workshops to improve knowledge on MASH, Early Help and the Threshold Document were held by the LSCB to over 1,000 professionals.* *MASH was launched in March 2013. The steering group was a sub group of the LSCB and continues to be.* *The LSCB will receive an evaluation of the first 12 weeks of MASH in 2014-15.*

Priority 7: Ensure public and professional awareness of locally identified issues		
OUTCOME	**ACTION REQUIRED**	**RAG status and commentary**
Higher awareness of safeguarding issues and where to seek help improves safety outcomes for children in local communities	• Identify key priority areas for awareness raising using local data, and learning from case reviews • Link with national campaigns and Public Heath to deliver messages locally.	*Amber – local awareness raising has taken place regarding CSE, for the MASH development and learning from SCR's. Further work to ensure this is integrated into local*

Priority 8: Develop and implement relevant policies and procedures to improve practice		
OUTCOME	**ACTION REQUIRED**	**RAG status and commentary**
Higher awareness of key safeguarding issues is present in practice, safety of children and young people improves	• Review existing multi-agency procedures and implementation and take action to ensure these are up to date with Working Together 2013 changes and professionals have the most appropriate guidance. • Quality assure single agency procedures / policies according to agreed framework • Ensure practice issues are raised and influence policy and procedure development • Ensure commissioning of services include safeguarding standards.	*Green – 4LSCB guidance updated and online to reflect WT13.* *Green - Reviewed single agency child protection / safeguarding policies including from Southampton Football Club, Southampton University and given guidance to Friends of Sure Start. Worked with local organisations to support development of their polices e.g. Medaille Trust. Checklist revised for organisations to use when reviewing their own policies.* *Amber – standards have been agreed by the LSCB, audit and quality assurance work needed to ensure these are implemented.*

Priority 9: Coordinate the local response to Missing, Exploited and Trafficked Children & Young People		
OUTCOME	**ACTION REQUIRED**	**RAG status and Commentary**
Improved public and professional knowledge of risk indicators for CSE and pathway to support increases earlier intervention and prevention of harm.	• Southampton MET group established • Concerns about cases raised and shared confidentially among agencies • Agree local pathway, risk assessment framework • Deliver training and awareness for key staff • Link with local and national expertise & resources to promote awareness.	*Green – complete* *Green – MET Operational Group facilitates this* *Amber – 4LSCB process agreed, SERAF agreed as the risk tool. Local implementation and refinement to take place in 2014-15. Self-assessment of LSCB against statutory guidance for responding to Missing CYP delivered and action identified.* *Green – a workshop for 100 professionals took place to be repeated in 2014-15.* *Amber – CEOP and nationally recognised 'Chelsea's Choice' utilised in Southampton – LSCB and in schools this year. To be further developed in 2014-15.*

Appendices

Membership of Southampton LSCB:

Agency	Position	Statutory Member[1] details	Advisory role[2]
Independent Chair	Independent Chair	Yes	
Southampton City Council	Director of People Head of Children and Families Head of Housing Head of Adult Services	Local Authority including Youth Offending Service	
Hampshire Constabulary	Detective Supt Public Protection	Chief officer of Police	
Hampshire Probation	Director of Portsmouth/Southampton LDU	Local Probation Trust	
Community Rehabilitation Company	Director of Portsmouth/Southampton	Local Probation Trust	
Southampton City Clinical Commissioning Group	Director of Quality and Integration/Executive Nurse	NHS Commissioning Board / Clinical Commissioning Group	
NHS England (Wessex)	Director of Nursing	As above	
University Hospitals Southampton NHS Foundation Trust	Director of Nursing and Organisational Development	NHS Trusts and NHS Foundation Trusts all or most of whose hospitals, establishments and facilities are situated in the local authority area	
Solent NHS Trust	Operations Director (Children's Services)	As above	
Southern Health Foundation Trust	Director of Children and Families Division and Safeguarding Lead	As above	
South Central Ambulance Service	Assistant Director of Quality	As above	
CAFCASS	Senior Service Manager	CAFCASS	

Primary School Rep	Primary Heads Conference Representative	The governing body of a maintained school;	
Secondary School Rep	Secondary Schools Conference Representative	As above	
Special Schools Rep	Special Schools Conference Representative	The proprietor of a non-maintained special school;	
Further Education Rep	Further Education Representative	The proprietor of a city technology college, a city college for the technology of the arts or an Academy. The governing body of a further education institution the main site of which is situated in the authority's area.	
Voluntary & Community Sector	SVS	No	Yes
Legal advisor	SCC Legal	No	Yes
Designated Health Professional	Designated Nurse Designated Doctor	No	Yes
Principal Social Worker for Children and Families	Interim Principle SW	No	Yes
Director of Public Health	Consultant in Public Health	No	Yes
Lead Member for Children's Services	Lead Member	Participating Observer	No
LSCB Business Unit	Board Manager Business Coordinator	No	Yes
Democratic Services	Senior Democratic Support Officer	No	Clerk to the Board

Q4 LSCB data set		Source of data	Quarter 3 2013/14	Quarter 4 2013/14	Quarter 4 2012/13	Annual Statistical Neighbour and National Average
1.	Number of Common Assessment Frameworks (CAF's) assessments completed	Children's Services Scorecard	56	29	2012 quarterly average: 59	Not applicable
2.	Rate (per 10,000) of children in need at end of period	Children's Services Scorecard	Total at end of Q3: 413	Total at end of Q4: 410	Total at end of 2013: 413	2013: 384.7 (SN) 2013: 332 (England)
3.	Rate (per 10,000) of children with a child protection plan	Children's Services Scorecard	End of Q3: 47	End of Q4: 49	Total at end of 2013: 47	2013: 52 (SN) 2013: 38 (England)
4.	Rate (per 10,000) of children looked after at end of period Total number of LAC at end of period	Children's Services Scorecard	End of Q3: 106 For information, total number: 503	End of Q4: 104 For information, total number: 494	Total at end of 2013: 106 Total at end of 2012: 482	2013: 83 (statistical neighbour average) 2013: 60 (National average)

Q4 LSCB data set		Source of data	Quarter 3 2013/14	Quarter 4 2013/14	Quarter 4 2012/13	Annual Statistical Neighbour and National Average
5.	Number of new referrals to CSC	Children's Services Scorecard	231	264	Total at end of 2013: 231	Not available
6.	Number and % of Referrals that are re-referrals (within 1 year)	Children's Services Scorecard	69 30%	87 33%	Total at end of 2013: 69 30%	2013 total % for statistical neighbours: 27% 2013 total % nationally: 25%
7.	Number and % of single assessments completed in 45 days	Children's Services Scorecard	142 87%	169 77%	Total at end of 2013: 142 87%	Not applicable
8.	No of Section 11 audits completed	LSCB data	0	3 (Hampshire Constabulary, Housing, Children's Services)	Q4: 0	Not available

Q4 LSCB data set		Source of data	Quarter 3 2013/14	Quarter 4 2013/14	Quarter 4 2012/13	Annual Statistical Neighbour and National Average
9.	**No of multi-agency audits delivered**	LSCB data	0	0	Q4: 0 1 underway	Not available
10.	**No of multi-agency safeguarding training places available** **% of places taken**	LSCB data	127 84%	176 65%	206 65%	Not available
11.	**No of SCRs underway**	LSCB data	**Underway:** 4 SCRs **Published:** 1 SCR **Agreed:** 1 SCR and 1 partnership review	**Underway:** 5 SCRs and 1 partnership review **Published:** 0 **Agreed:** 2 partnership reviews	**Underway:** 0 **Published:** 0 **Agreed:** 0	Not available

Q4 LSCB data set		Source of data	Quarter 3 2013/14		Quarter 4 2013/14		Quarter 4 2012/13	Annual Statistical Neighbour and National Average
12.	% of actions completed from published SCR's & SCR Name:	LSCB data	65% Child G	73% Child F	73% Child F	77% Child G	Not available	Not available

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DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:		SOUTHAMPTON SAFEGUARDING ADULTS BOARD: ANNUAL REPORT 2013-14		
DATE OF DECISION:		24 JULY 2014		
REPORT OF:		FIONA BATEMAN, INDEPENDENT CHAIR		
CONTACT DETAILS				
AUTHOR:	**Name:**	**Fiona Bateman**	**Tel:**	**023 8083 2468**
	E-mail:	**Fiona.bateman@southampton.gov.uk**		
Director	**Name:**	**Alison Elliot**	**Tel:**	**023 8083 2602**
	E-mail:	**Alison.Elliot@southampton.gov.uk**		

STATEMENT OF CONFIDENTIALITY
NOT APPLICABLE

BRIEF SUMMARY

The Independent Chair of the Southampton Safeguarding Adults Board (SSAB) will present the Board's Annual Report for 2013-14. This report reviews the work carried out by all partner agencies in 2013-14, provides detailed analysis of the safeguarding statistics collected for that period and outlines the priorities for 2014-15.

RECOMMENDATIONS:

(i) That HOSP note and comment on the priorities for the SSAB identified in the report.

REASONS FOR REPORT RECOMMENDATIONS

1. Statutory guidance states that the Chair of the SSAB must publish an annual report.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. This report is produced by SSAB in accordance with legislation and national statutory guidance which requires the SSAB to produce and publish an annual report on the effectiveness of adult safeguarding in the local area.

DETAIL (Including consultation carried out)

3. The Health Overview and Scrutiny Panel are asked to note and comment on the priorities for the SSAB identified in the report. Specifically the SSAB intends to re-establish the sub-groups and secure full participation from statutory agencies so as to achieve the work programme identified within the report. In addition the SSAB, hope to widen the current membership so as to better secure representation from the voluntary sector and promote the voice of carers and service users.

4. Essential to further development of multi-agency work is to understand the level and type of need within Southampton. The Annual Report identifies key areas where further research is required, specifically qualitative audits, to

understand the data already collected.

5. The Board intends review all qualitative and quantitative data to ensure that the multi-agency safeguarding processes are widely understood and effectively applied throughout Southampton. In addition it will, through the work of the sub-groups, review the investigative and protection work undertaken in specific cases to better understand why the data for those with mental health needs or a learning disability is at odds with the national comparator for England.

6. The SSAB intends to be in a position, prior to April 2015, to publish a strategic plan for the further development of multi-agency safeguarding work for adults in Southampton and intends to work with statutory partners and members of the Board from across the city as well as the Safeguarding Adults Boards in Hampshire, Isle of Wight and Portsmouth to target resources most effectively.

RESOURCE IMPLICATIONS

Capital/Revenue

7. Not Applicable

Property/Other

8. Not Applicable

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

9. Not Applicable

Other Legal Implications:

10. Not Applicable

POLICY FRAMEWORK IMPLICATIONS

11. Not Applicable

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	N/A

SUPPORTING DOCUMENTATION

Appendices

1.	Southampton Safeguarding Adults Board: Annual Report 2013-14

Documents In Members' Rooms

1.	

Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out	

Other Background Documents

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

Title of Backgrc Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)	
1.	SSAB Constitution	http://www.southampton.gov.uk/Images/SSAB%20Constitution%20-%20May%202012_tcm46-326912.pdf
2.	SSAB Business Plan 2011-14	http://www.southampton.gov.uk/Images/SSAB%20Business%20Plan%202011-14_tcm46-326926.pdf

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Southampton Safeguarding Adults Board

Annual Report 2013 - 2014

Agenda Item 9

Appendix 1

Independent Chair's Foreword

I am delighted to have the opportunity to introduce the Southampton's Safeguarding Adults Board ['SSAB'] Annual Report for 2013-14. I was appointed as Independent Chair in January 2014 and I am grateful for the achievements made by the Board under the former Chair, Carol Tozer, who steered the SSAB from September 2012 and made good progress in raising the profile of the Board's work. I intend to build on this success in the coming year. My role is to support the effective operation of the SSAB, ensure that it achieves its objectives by developing clear, evidence based priorities and identify targeted actions required by partners to constantly improve multiagency working. In addition, as an Independent Chair, I am able to offer constructive challenge to drive continued improvement in the work of all agencies responsible for providing protection and support to 'adults at risk' in Southampton.

Whilst the need to protect adults at risk is receiving greater media attention there is still limited understanding regarding adult safeguarding responsibilities and, specifically, the work of the Safeguarding Adults Board. The Care Act 2014, due to come into force in April 2015, will for the first time place safeguarding responsibilities for adults on a statutory footing. It will require Local Authorities to undertake safeguarding enquiries where abuse or neglect is suspected. It will also require local authorities to establish a Safeguarding Adults Board and the Care Act provides some details of the membership, functions, funding arrangements and reporting requirements of the Board. The new responsibilities under the Care Act will, however, need to be interpreted within the pre-existing wider legal and cultural framework of obligations owed to individuals who, notwithstanding their vulnerabilities, are entitled to live free from unwarranted or disproportionate interventions.

The implementation of the Care Act will, hopefully, raise the profile of safeguarding adults work nationally. But there is always more that can be done to communicate the key message, that '***safeguarding is everyone's business'*** and ensure that this is widely understood across Southampton.

I am very grateful for the commitment that all members of the Board have demonstrated throughout the year, but also want to take this opportunity to thank Carol Judge and Eleanor Wilson for the support they have offered me as Chair.

I look forward to an exciting year ahead for the Board and commend this Annual Report to you.

Fiona Bateman
Independent Chair
SSAB

1. SSAB Structure

The Southampton Safeguarding Adults Board ['SSAB'] is a standing committee of senior/lead officers within adult social care, health, housing, community safety, criminal justice, voluntary organisations and service user/ carer representative groups. The SSAB's role is to promote the wellbeing and protect 'adults at risk' of harm in its area. Its remit is to set priorities and coordinate the strategic development of adult safeguarding across all sectors in Southampton and to monitor the effectiveness of safeguarding practice within statutory partner agencies.

Adult safeguarding responsibilities arise where there is reasonable cause to suspect that an adult:
(a) has needs for care and support (whether or not the local authority is meeting any of those needs), .
(b) is experiencing, or is at risk of, abuse or neglect, and .
(c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

The SSAB aims to achieve those objectives whilst supporting individuals in maintaining control over their lives and in making informed choices without coercion. In 2013-14 the Board met quarterly and was supported by sub groups and, for specific one off issues, task and finish groups. The work sub-groups undertook for the board varied. For example, the Serious Case Review sub group considered specific cases to ascertain if those cases demonstrated a need for improvements in operational practice or action which might be required at a multi-agency strategic level to better protect adults at risk of abuse and harm. The Board also has a Learning and Development sub group, a Quality Assurance sub-group and a Communications and Community Engagement sub group.

During 2013-14 the priority for the SSAB was on the membership of the main board. As a consequence it is fair to say that many of the sub groups were poorly attended, with the exception of the SCR sub group which continued to meet and in fact increased its meeting schedule to monthly. The Board also prioritised developing clear links with other strategic forums, such as the Health and Wellbeing Board, Safer City Partnership and the Local Safeguarding Children's Board. This work continues in 2014-15 and we are working to re-establish the sub-groups as well as develop solid links with neighbouring Safeguarding Adults Boards in Hampshire, the Isle of Wight and Portsmouth.

2. What has driven the Board in 2013-14?

The Association of Directors of Adult Social Services ['ADASS'] published guidance in March 2013 on the priority areas to improve safeguarding practice. The vision it set for Adult Safeguarding was simply that "*People are able to live a life free from harm, where communities have a culture that does not tolerate abuse, work together to prevent abuse and know what to do when abuse happens"*. Achieving such a vision, particularly in a time of unprecedented organisational change across the statutory sector will take considerable strategic planning; require regular, careful monitoring to evidence improvement in practice and outcomes for individuals as well as close scrutiny of the qualitative and quantitative data collected by statutory partners to identify and resolve practice issues.

The focus for the Southampton Safeguarding Adults Board in 2013-14 was on ensuring that the Board had effective and collaborative leadership. The Independent Chair led on a review of membership so as to secure appropriate seniority and consistent attendance from partner agencies. The SSAB also reviewed the collection of qualitative and quantitative data so as to better understand safeguarding practice in the area. To this end the Board agreed to collate information on an integrated 'Dashboard' which collated key performance indicators from all partner agencies. The performance indicators were identified as those most likely to provide an indication of how safe practice was and whether principles crucial to safeguarding were embedded within the culture of each agency. The SSAB, through its Inter Agency Working Group, continues to review the performance indicators to ensure they remain relevant as practice and the law in this area evolves. The Board also agreed during this period on a new method of collecting direct feedback from service users and carers who had been involved in the safeguarding process. These results are analysed in more detail below. The changes made to data collection during this period, however, ensures that the SSAB is now better informed to guide agencies regarding strategic decision making, it also provides greater transparency to the work of the SSAB.

The SSAB's 2012-13 Annual Report detailed the significant changes within the public sector to those agencies responsible for Adult Safeguarding which either occurred or was anticipated during that period. Much of the changes in functions and responsibility only took effect during 2013-14 and as such the SSAB focus was understandably on ensuring that safeguarding responsibilities maintained a high profile within partner agencies whilst they sought to manage change in both governance arrangements and personnel. In 2013-14 further significant restructures were again anticipated for the Probation Service, Hampshire Constabulary, CCG's Joint Commissioning Unit and Southampton City Council's Adult Social Care Department. SSAB membership certainly helped those agencies to minimise the impact of such changes may have otherwise had on practice and outcomes for adults at risk as reflected in the statistical analysis below. Attendance at Board meetings was consistent and, as a result, SSAB members were well informed about changes in operational arrangements. Attendees were also able to consult partner agencies on proposed restructures and, through a clear common understanding on local needs, were able to work collaboratively to prioritise key issues for the Board to address.

The SSAB members during this period also worked to provide a clear policy framework and guidance to all agencies involved in safeguarding. In May 2013 SSAB ratified the 'Safeguarding Adults Multi-agency Policy, Procedure and Guidance for Southampton, Hampshire, Isle of Wight and Portsmouth' establishing a common threshold for referrals and articulating clear processes for

investigation and decision making across the four Local Authorities in Hampshire. With the adoption of the Multi- agency policy the SSAB continued throughout this period to work with partner agencies to shift the focus of practice away from a statutory support based intervention for safeguarding responses so that safeguarding responses better reflected the wishes of the person affected. The Policy aims to promote a culture of positive risk taking, offering individualised support so that choice and control is maintained by the individual. The SSAB, through its members, seeks to embed a culture of personalised, asset based responses which aim to give individuals the information and support they need so that they and/or their existing support networks, where appropriate, are empowered by the safeguarding process and thereafter in a stronger position to protect themselves from harm in the future. The SSAB continues to promote the ideals that practice must be guided by the principles of:

- Empowerment and a presumption of person led decision making
- Protection by providing support for those in greatest need
- Prevention by taking action before harm occurs
- Proportionality by making the least intrusive response to risk
- Partnership by services working with their communities
- Accountability through accountable and transparent service delivery

Traditionally Safeguarding practice has focused on abuse or neglect perpetrated against an adult at risk by another person. The Multi-agency Policy provided enhanced practice guidance on managing cases involving individuals who self neglect or place themselves at risk of significant harm as a consequence of mental ill health. In 2013-14 the Board recognised the real challenges posed to the provision of care to those who refuse to engage with much needed services and the risks that those who self neglect may pose to themselves and the wellbeing of those in the wider community. Southampton City Council ['SCC'] took the lead in running a workshop involving staff from across the Council (including the Adult Social Care ['ASC'], Housing and Environmental Health departments), Hampshire Fire and Rescue Service and Southern Health Mental Health Access Team so as to discuss and share best practice. As a consequence of this workshop the agencies were able to produce local response guidelines for working with such a vulnerable client group.

Finally the SSAB also provided a regular forum for detailed scrutiny of agency action plans to respond to the recommendations arising from the Francis report into the abuses which took place in Mid Staffordshire NHS Foundation Trust and Winterbourne View Review Concordat as well as recommendations arising from local learning following the Serious Case Review and Domestic Homicide Review in Southampton.

3. Who are 'Adults at Risk' in Southampton and how well are we supporting them?

Each year Southampton City Council's ASC department submits data to the Department of Health on key safeguarding activities, including the number of alerts (that is the first contact between a person concerned about the alleged harm to an adult at risk to Adult Social Care), the number of new and closed referrals (i.e. those alerts which are deemed to meet the safeguarding threshold) and repeat referrals (namely a safeguarding referral where the adult at risk has previously been the subject of a safeguarding referral about a different incident and both of these referrals were in place during the same reporting period). A closed referral is where an investigation has been undertaken, all evidence has been assessed, a conclusion and outcomes have been agreed and the case has been closed. There will be some investigations that start at the end of the reporting year or where, for various reasons, it has not been possible to conclude an investigation during the reporting period and these are recorded as 'new referrals'. The report also details the finding of a completed investigation.

It should be noted that, in line with national guidelines the figures in this report only include new and closed safeguarding referrals where an alleged perpetrator has been identified and which become full safeguarding investigations. It will not therefore reflect in full the wider ranging work with adults at risk undertaken by member agencies to prevent abuse or with those who self neglect. Nor will it represent the work of the Voluntary sector and SSAB in raising awareness of safeguarding responsibilities. It does however provide a useful benchmark for how well statutory agencies are working together to identify and protect adults at risk in Southampton.

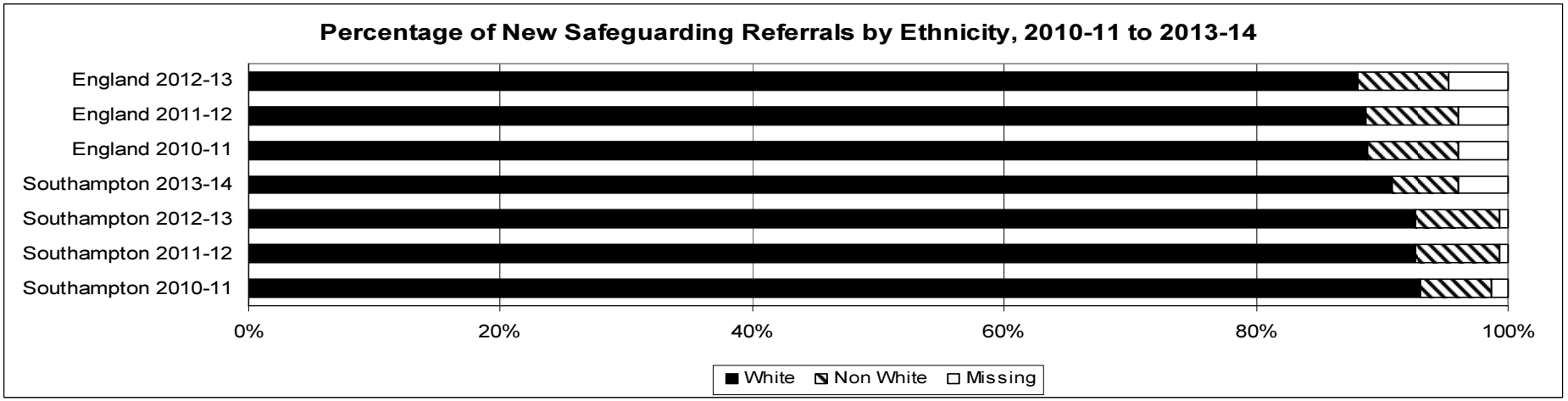
Alerts: In 2013-14 SCC recorded it had received 574 safeguarding alerts. It should be noted that, during this period, there was no single point of access for safeguarding alerts as a consequence staff reported that this may in fact represent an under reporting of alerts. The number of alerts which reached the threshold for a safeguarding investigation was 305, leaving 46.9% to be addressed by other means. At the time of writing this report we do not have the comparative data for England or similar authorities in 2013-14. But when one compares the comparative data for England in 2012-13 (where the alert to referral conversion rate was 64.8% as opposed to 59.4% in Southampton for the same period) , the SSAB acknowledged that alert rates were already lower in Southampton than would otherwise be expected so a further, significant drop in this conversion rate will require careful examination. The SSAB understands that the difference may be explained in part because of inconsistencies in the recording process for alerts which should be addressed by the introduction, in April 2014, of the Single Point of Access for social care and safeguarding enquiries and a dedicated safeguarding team within SCC's ASC department. In addition it should be noted that the alert statistics does not include those received from the Police (known as CA12) which do not result in a safeguarding investigation. In 2013-14 the Local Authority received 1864 such CA12 notifications (compared to 1645 the previous year) the majority of which were for information only. This is an increase of 13% against the number of CA12 alerts received from the Police in 2012-13.

The SSAB previously agreed to set up a task and finish group to conduct an audit of alerts so as to better understand why the conversion rate to referrals was so low. The task remains outstanding and will be a priority for the Quality Assurance and Performance Management sub group in 2014-15. However the Board did recognise that there needed to be one clear route for alerts, that alerts must

be consistently recorded and that those submitting alerts receive specific feedback on the outcome, including where no further action was taken or the matter was referred for action by care management or through another agency. The Board made recommendations to this effect throughout 2013-14 and it is understood that these recommendations helped to shape the design of the customer journey transformations which took place within the ASC department. A key performance indicator for the SSAB to monitor in 2014-15 will be this conversion rate between alerts and referrals so as to demonstrate members of the statutory and voluntary agencies and the private sector understand the Safeguarding process, particularly how to make appropriate alerts. The SSAB must be confident there is a easy, well signposted route for individuals to raise an alert and, once the alert is raised, there is an efficient process within the safeguarding team to best manage screening and signposting so that resources are readily available to carry out investigations and provide support to adults experiencing abuse or neglect.

Referrals: As mentioned above the number of referrals for full investigation increased slightly to 305 from 285 the previous year. It is noteworthy however that during the period there were 26 repeat referrals (8.5%) which is a significant rise from the repeat referrals recorded in 2012-13 (4.2%). Whilst it remains significantly lower than the national comparator for 2012-13 (17.8%) the repeat referral rate is something that the SSAB's Quality Assurance and Performance Management sub group will continue to monitor throughout 2014-15 so as to ensure protection plans are effective at continuing to safeguard individuals after the initial investigation is concluded.

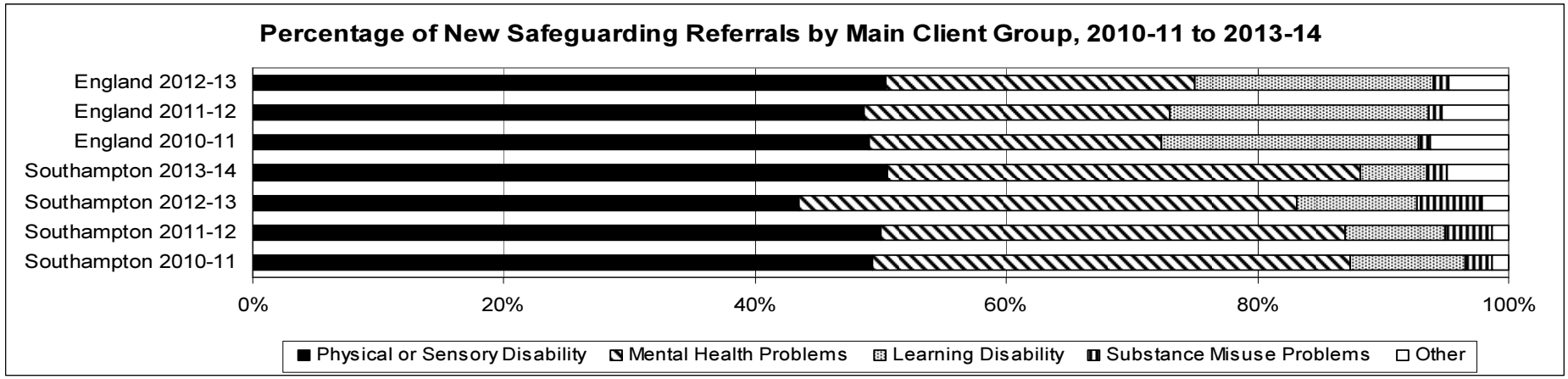
The data suggests that the age range and gender of adults at risk are broadly similar to the national pattern. However, whilst the percentage of new safeguarding referrals involving individuals from ethnic minority backgrounds is only slightly lower than the national percentage it is significantly lower than what might be expected from the adult population living in the city. There seems to have been little change in Southampton's percentages compared with 2010-11. It may be that this reflects a lack of awareness regarding the safeguarding process within these specific communities. In 2014-15 SSAB's community engagement sub group will work to identify why the discrepancy exists and address any actions which arise with established community groups.



Southampton has recorded a higher percentage of alleged victims with mental health problems than the national pattern (37.7 % compared with a national comparator of 24.6 % for 2012-13). This percentage equates to 115 referrals, 48 of which were identified as under 65 years old where their primary need for care was mental ill health. Only 47 of the 115 referrals were received from Southern Health Foundation Trust practitioners who are responsible for providing services to that client group in Southampton. It should also be noted that a further 55 referrals (18%) related to individuals whose primary need related to dementia, which is far higher than the 2012-13 comparator for England (10.7%). This will remain a key performance indicator for the SSAB to monitor in 2014-15 and further work will need to be undertaken to understand whether the data accurately reflects the primary care needs of those requiring safeguarding interventions in Southampton and, if so, what action can be taken to prevent abuse or neglect to this client group and ensure they have adequately protection and redress if harm does occur. The SSAB are also aware that in 2014-15 the way in which this data set is collected will change so that a person's primary support need will be recorded rather than categorise individuals according to the nature of statutory service they receive. Consideration will need to be given as to how this might impact on the Board's ability to monitor emerging trends.

Correspondingly the percentage involving people with learning disabilities is much lower (5.2 % compared with 19.1 % in 2012-13). This may partly be caused by the fact that cases involving alleged victims with learning disabilities tend not to be closed as quickly as other kinds of safeguarding investigations or again could reflect a lack of awareness within this client group so that abuse or neglect is not identified or, where it is, it is addressed through ASC care management rather than the Safeguarding process. In 2014-15 the Quality Assurance and Performance Management sub group will undertake a review of alerts and referrals involving clients with Learning Disabilities so as to identify any issues in either data collection or care management/ safeguarding practice which could account for this discrepancy. Thereafter the SSAB board will develop an action plan to address any concerns.

In 2013-14 the percentage of referrals involving clients with physical or sensory disabilities was 50.5%. This has, for the most part, remained consistent since 2010-11and in line with the national comparator (49.1% for 2012-13). Conversely the percentage of referrals where substance misuse was the primary care need more than doubled between 2010-11 (2.2%) to 5.3% in 2012-13 and then fell dramatically in 2013-14 to 1.6%. Whilst the figure for 2013-14 is similar to the 2012-13 national comparator of 1.1% a more detailed investigation is required to understand what this indicates in respect of safeguarding practice and data collection. To this end the SSAB has already identified a need for the Quality Assurance and Performance Management sub group to conduct an audit of referrals for this client group. Furthermore the Southampton City Clinical Commissioning Group ['SCCCG'] are working with NHS provider trusts to devise an action plan on how to better target interventions for adults at risk with dual diagnosis of mental health and substance misuse. Southern Health NHS Foundation Trust carried out a thematic review of internal investigations into serious incidents involving individuals with a dual diagnosis of mental health and substance misuse problems between 2010 and 2013. Following on from this review a dual diagnosis working group has been hosted by Southern Health and attended by statutory partner agencies, voluntary sector providers, and commissioning representatives across Southampton.

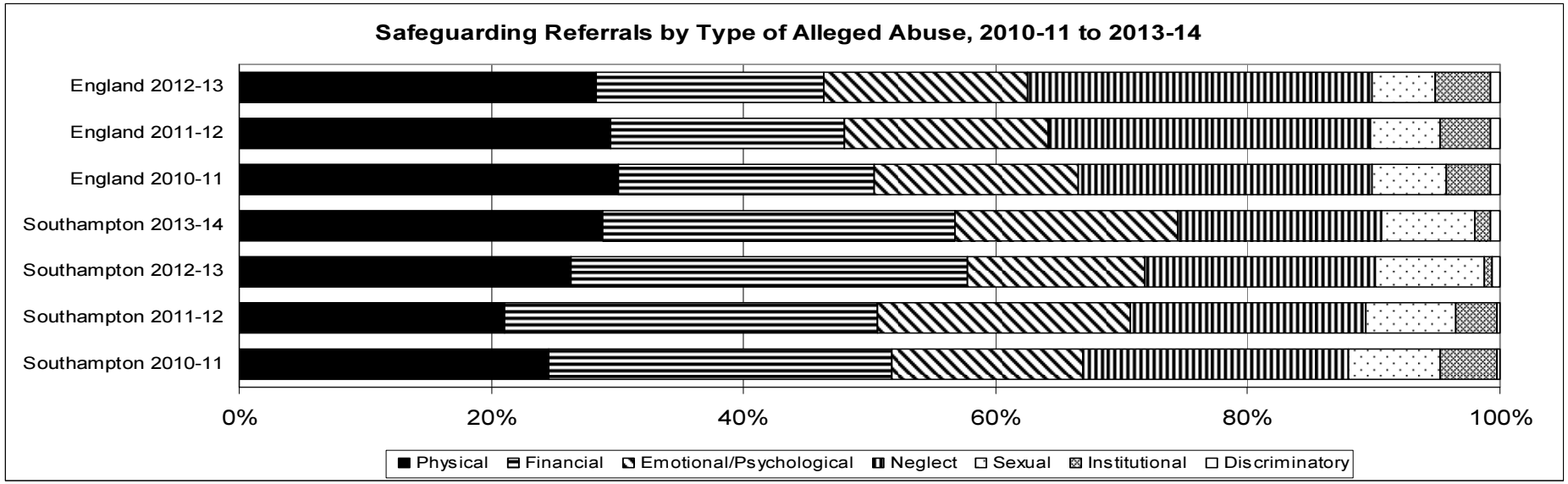


The source of referrals was noted by SSAB members as the data suggested that almost 60% of referrals were made by care managers, social workers and secondary health staff (mainly ward-based NHS staff). This is a different distribution to the national picture for 2012-13 when only 18 % of safeguarding referrals were made by these sources. This could indicate awareness of the safeguarding thresholds and referral routes are very high, as one would expect, among this sector. It could also, in part, be explained by errors in the way this information was recorded, for example, it is understood that during this period if a member of the public or family member raised concerns to the named social worker who then referred the matter for a safeguarding investigation it was the social worker's referral which was likely to be recorded as the source rather than the family member's original alert. Whilst these inconsistencies should

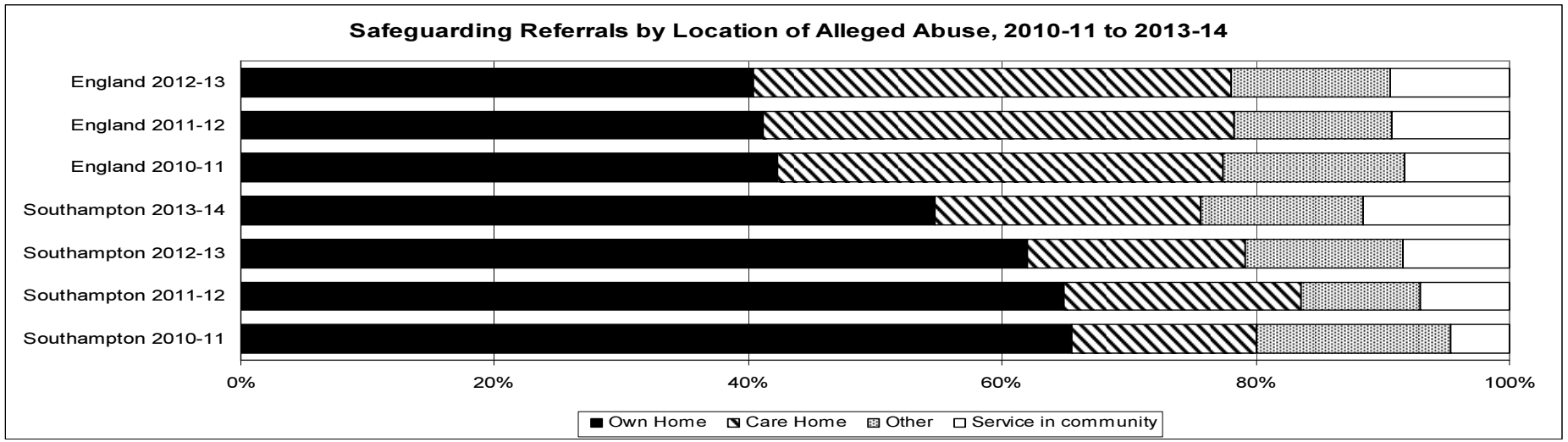
have been addressed through the implementation of the Multi-agency Policy and the introduction of a new Safeguarding Team with consistent practices for collating this information the difference is still so substantial that it will be a performance indicator that the SSAB monitor closely during 2014-15. It is also of note that Southampton has a lower percentage of new safeguarding referrals made by staff in residential/nursing homes (8.8 % compared with 18.3 %). Again this will be monitored closely so as to evidence campaigns to raise public awareness and the Learning and Development sub group's work is having a positive impact on the dissemination of information to this sector and the public.

Southampton has noticeably more safeguarding referrals involving alleged financial abuse than recorded nationally; in fact it was the second highest authority nationally in 2012-13. There has been a small fluctuation in percentage of referrals involving financial abuse (27.2 % in 2010-11 to 31.4 % in 2012-13, reducing again in 2013-4 to 27.8% but this is far higher than the comparative national figure of 18%). This could indicate that a high level of awareness in relation to financial abuse and it is certainly true that the sustained campaigns by SCC regulatory services, specifically Trading Standards' "Support with Confidence" and "Buy with Confidence" will have raised the profile among the population of unacceptable practices so could account for a higher level of referrals relating to financial abuse. The cause, and more importantly actions to address this need, is something that SSAB will investigate further in 2014-15 not least because changes introduced by the Care Act should result in increased financial support for those in need of care and attention. It is therefore anticipated that referrals for financial abuse may rise in the coming year. The SSAB recognises that this does not necessarily indicate an increase in abuse of this nature; rather it is evidence that abuse is identified more frequently and individuals offered greater support and protection from such abuse. It is important however that the SSAB can evidence successful outcomes for individuals who experience such abuse and, in the interim, prioritise planning at a strategic level so that agencies have a clear plan to respond to this challenge collectively.

Allegations of physical abuse are at a similar level in Southampton to those recorded nationally (for 2013-14 the figure was 28.9% in Southampton compared to 28.4% nationally for 2012-13). However allegations involving neglect are far lower in Southampton (16.2% in 2013-14 compared with national figures for 2012-13 of 27.4%. This could be a reflection of the excellent work undertaken by SSAB partner agencies during 2013-14 to address neglect within care settings. For example SCC's Safeguarding in Provider Services ['SIPS'] team worked closely with domiciliary care providers and residential care homes to improve practices. This team has been incorporated into the SCCCG/SCC Integrated Commissioning Unit's Quality Assurance team which is taking a lead on preventative work with health and social care providers. In addition, Solent NHS Trust in partnership with SCC and Southern Health Foundation Trust ran a preventative training programme for social care providers looking at pressure ulcer care. This was a targeted campaign working in the first instance with providers for who repeat grade 3 and 4 ulcer care remained a chronic issue. Solent provided mini-training sessions to staff teams to improve local understanding and practice. Presently the SSAB's Performance Monitoring and Quality Assurance sub group continues to collate data from care and NHS providers regarding avoidable pressure sores (grade 3 and 4) so this remains under observation.



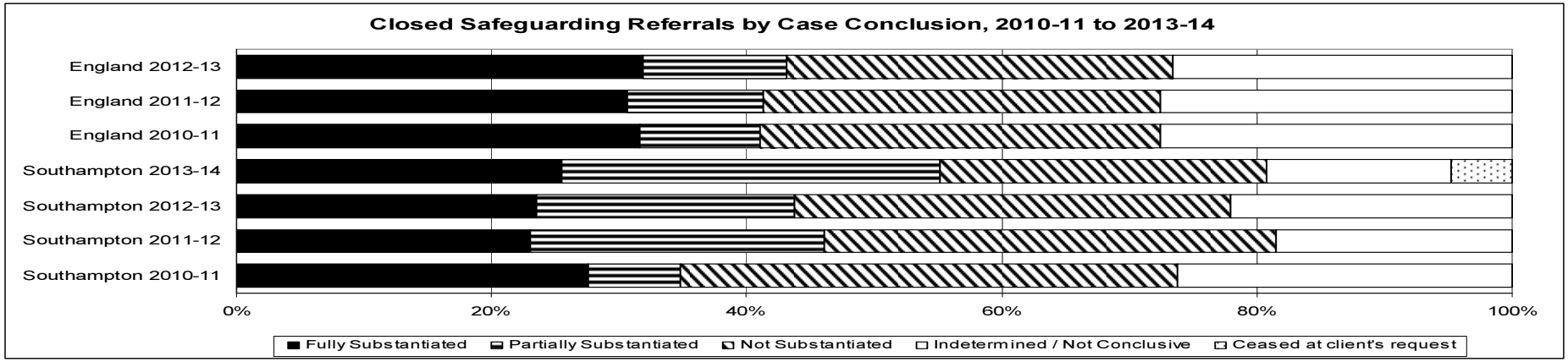
The returns indicate that a far higher proportion of adults at risk experience abuse or neglect in their own home than is recorded nationally, which reflects the fact that Southampton has one of the highest per capita rates of service provision in people's own homes (10th highest domiciliary care/re-enablement in England). By contrast Southampton has lower percentages involving people living in permanent residential or nursing care (20.4 % compared with 36% nationally). When compared with the statistics of the previous year the decline in alleged abuse taking place in permanent nursing home placements is noticeable. Whilst it is possible that there may have been underreporting of incidents where multiple allegations were made against one address it does also demonstrates the positive impact achieved by the SIPS team in targeted interventions within that sector. The SSAB want to be confident that this data accurately reflects the true picture of need in Southampton. For this reason the data collected through the 'dashboard' will be crossed referenced against the returns so as to ensure that allegations of neglect are recorded even where the issue is first raised through an agency's or provider's complaints process.



The 2013-14 returns indicated that 58.6% of alleged perpetrators in Southampton are relatives, carers or otherwise individuals known, but unrelated to the adult at risk. This is the first year that the Department of Health has required this information; it has been collected via the use of new recording during 2013-14. As it is a new set of data it has been contrasted in this report to data regarding the location of alleged abuse. Previously the SSAB had noted that the percentage of referrals where the alleged perpetrator was living with and/or caring for the alleged victim is much higher in Southampton than the comparative national figures, but this could simply reflect the higher percentage of people who remain cared for at home within Southampton. These statistics will warrant closer examination if a trend does emerge.

It is also important to comment that 21% of all new referrals identified that the source of the risk was social care paid support. This refers to any individual or organisation that is paid, commissioned or contracted to provide social care support either through direct payments, directly commissioned by SCC ASC or SCCCG in line with their Continuing Healthcare obligations or privately self-arranged care. It doesn't include social care and health staff who are responsible for assessment and care management functions, GPs, NHS trusts and the Police as these are recorded separately. However, that cohort was identified as the source of the risk for a further 15% of referrals. It should be noted that these figures are lower than the national comparative figures and it is not an indication that the allegations against the Police, Social care or Health staff have been substantiated. It is nonetheless a matter for the SSAB to keep under close scrutiny as it could identity practice issues better addressed at strategic multi-agency level e.g. commissioning and performance management or contract monitoring concerns.

Completed investigations: In total 337 investigations were completed and closed during this period. These are further broken down by the conclusions, on the balance of probabilities, of the investigations; namely whether the allegations of abuse was **substantiated**, **partly substantiated** (i.e. some, but not all, allegations of abuse can be proven on the balance of probabilities), **not substantiated** (because the allegation of abuse has been disproven on the balance of probabilities) or **not determined / inconclusive** (this could be either because the evidence was inconclusive or the investigation is stopped before it is fully completed). The SSAB wish to take this opportunity to commend those undertaking safeguarding investigations during 2013-14 and would wish to highlight the impressive rate of cases concluded. It is also highly noteworthy that of the 337 investigations only 49 cases were recorded as inconclusive, with a further 16 cases ceasing at the service users request. This is lower than the national average (14.5% in 2013-14 compared to 26.7% for England in 2012-13) but the SSAB remains keen to reduce this figure further in 2014-15.Conversely the number of cases classified as Partially Substantiated is still much higher than the national average and in 2011-12 was the 10th highest of the 152 authorities. This is only a matter of concern if there is evidence of failings by the partner agencies to work collaboratively and effectively when gathering evidence at present there is no evidence to suggest this is the case, but more qualitative data analysis might be useful to fully explore this. In particular it would be useful to investigate why only 19% of alleged financial abuse is fully substantiated (compared to 25% across all investigations). In addition, further scrutiny would help the Board to understand why allegations of abuse/ neglect against those over 85 are most likely to be not substantiated. Whilst it is accepted that it can be difficult to secure evidence where the victim may lack mental capacity or of financial abuse, especially where this occurs within familial relationships, the SSAB's sub groups will conduct audits of inconclusive and partly substantiated cases and, if necessary, produce an action plan to address any issues of concern which do arise. This audit will also identify good practice among investigative staff which can then be shared locally and nationally to further improve safeguarding practice.

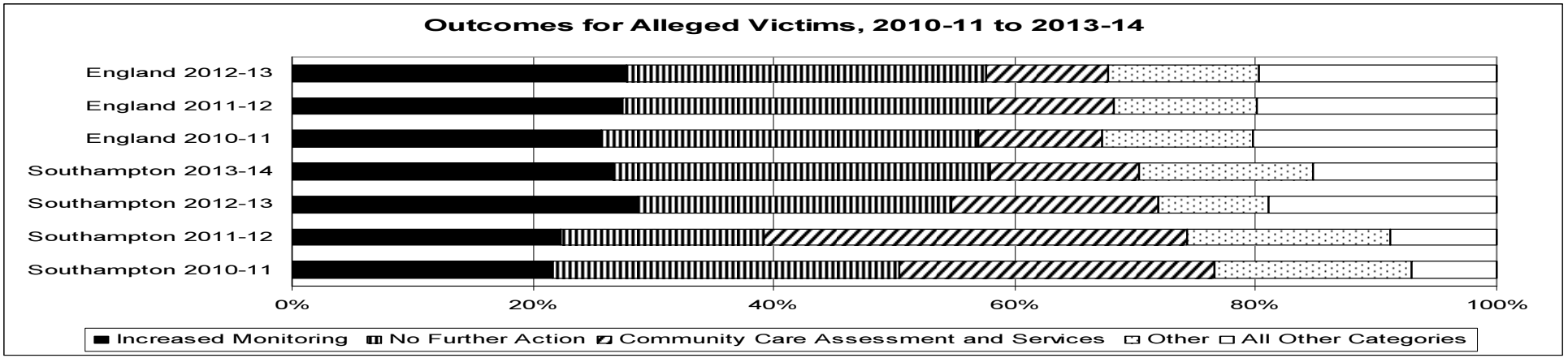


It is reassuring that, despite the low level of referrals involving victims with learning disabilities detailed above, investigations are most likely to conclude that the allegation is substantiated or partially substantiated (77 %) and least likely to be classified as inconclusive or not determined. These findings were quite different to the situation nationally where, in 2012-13, only 35 % of investigations involving victims with learning disabilities were classified as fully substantiated This is evidence, if more were needed, of the particular vulnerabilities of this group it may also identify that there are particular pockets of good practice within the agencies responsible for investigations or supporting this client group which should be shared locally and nationally to improve practice for this client group. This information will be utilised by the SSAB to inform discussions about how to best target provision to this client group so as to prevent abuse and neglect, identify when it is occurring and assist individuals to protect themselves from likely sources of harm.

Key to the safeguarding process is the outcome for the victim, including whether they were adequately protected and were able to secure criminal or civil justice. As mentioned previously the SSAB reviewed the process for securing feedback from service users and carers who had been through a safeguarding investigation using "I" statements which were created to reflect the key outcomes for customers ADASS had recommended within their 2013 guidance. In the main, service users who responded are satisfied with the safeguarding process. In 2013 the SSAB had proposed to conduct a more intensive review of service user feedback because it was accepted that data regarding outcomes and user experience was not as comprehensive as it could and should be. Specifically the SSAB wanted to understand why individuals refused or were unable to respond it was accepted that the number of people unable/unwilling to respond was too high (over a third of all completed investigations the service users were unable to respond to the feedback questions), so the SSAB had recommended advocates be involved in this feedback data collection process. Work continues within the SSAB to support the use of advocates throughout the safeguarding process, but it should be noted that 82.6% of those who were assessed as lacking mental capacity received support to understand the safeguarding process by an advocate, family member or friend. Work has also already begun on reviewing way in which the SSAB capture user feedback including reviewing whether the "I" statements are user friendly. Consideration is also being given to how best to secure anonymous feedback so that the service users or their advocate/ representative is not prevented from giving an honest response for fear of causing offence to the staff who have supported them during the safeguarding process.

Objectively, records show that of the 337 investigations concluded in 2013-14 72% were recommended for either no further action (36.2%) or for a community care assessment or increased monitoring. The percentage of outcomes which recommended 'increased monitoring' has grown from almost 22 % in 2010-11 to 29 % in 2012-13. This percentage is quite similar to the national pattern. The percentage of cases with a recommendation that the victim receives a community care assessment/services has fallen but this is still above the national figure for 2012-13. Often where an investigation has been inconclusive the recommendation may be for no further action. Similarly it may be that the interim protection plan put in place at the start of the safeguarding investigation has worked effectively such that at the conclusion of the process there is no further need for statutory input. However it is alarming that a large proportion of concluded investigations during this period recoded that the risk either remained (6.5%) or was reduced (38.6%) with only 18.7% of cases concluding with the risk having been removed. It is also of concern that 79% of cases recommended no further action, continued monitoring or Police action (e.g. a caution) for the alleged perpetrator. Again this information will be considered by the Board

to determine how best to secure outcomes which not only protect individuals but also seek to prevent reoccurrence and achieve a restorative result for the victim. To this end the SSAB will ask that agencies to collate figures for 2014-15 on access to civil and criminal justice following safeguarding investigations.



4. Review of the SSAB Business Plan 2013/14

The SSAB's Business Plan for 2011-14 outlined 12 key priorities for adult safeguarding which were intended to reflect local priorities and needs. This has been kept under regular review and progress reported in each annual report during this period as such it is not intended to repeat the objective achieved in previous years, but rather concentrate on those objectives which were outstanding. It should be noted that in some cases it has been difficult to accurately measure the success of some outcomes and other matters identified have, because of changes in national policy or practice not progress, but where work remains outstanding this has been commented on and identified as a priority for 2014-15 below.

The SSAB's business plan expected to undertake a range of activities aimed at the prevention of harm and promote awareness of safeguarding. The SCC's website was central to the delivery of this objective; however with the Customer Journey transformation within SCC's ASC department it is fair to say that the website now does require further work to update it. The Safeguarding Team Manager is working with SCC to ensure information on the website reflects accurately the safeguarding process and contact details are clear and accurate. The SSAB are also looking to develop separate web presence so that the work of the SCC Adults Safeguarding team and the SSAB are differentiated and more carefully defined within the public consciousness. The 2013-14 programme of public awareness training was unfortunately reported to have had limited impact outside SCC ASC staff. Though it is understood that safeguarding awareness training was made available to all SCC departments and through the VIP (Voluntary and Independent Sector) Training Programme, that sector later reported it was not easily accessible to the voluntary or private sector providers. Developing an accurate picture of training needs throughout the sector will therefore be a key priority for the Pan Hampshire Learning and Development sub-group and local task and finish group in 2014-15.

The organisational changes across the statutory sector and the resulting changes in personnel also impacted on the advances that had been made in developing close links with other strategic forums. Despite these changes the SSAB continued to operate throughout 2013-14 and benefit from consistent attendance by members from partner agencies who worked hard to maintain links. This has made it considerably easier to re-establish these links quickly. The SSAB has worked with key strategic partnerships such as Safer City Partnership so that there is now a clear reporting structure between the two; recommendations from Domestic Homicide Reviews or Safeguarding Serious Case Reviews are shared and inform practice across the sector. There remains work to be done, e.g. operational staff are working to agree clearer referral routes between community safety casework and adult safeguarding. This should ensure the work undertaken by the SSAB and SCP is better understood and that Boards' work complements, without duplication, to more effectively and efficiently achieve our respective objectives. In addition, the SSAB is now represented on the LSCB and remains keen to work more closely with the LSCB in the future particularly in developing good practice models across agencies responsible for safeguarding so that practitioners do 'Think Family' when safeguarding issues arise. In addition links between the Chairs of the SSAB's in Hampshire, Isle of Wight and Portsmouth have been established and SSAB is represented on the Inter-Agency working group which meet to ensure that policies, process and practice are consistent across the Pan Hampshire authorities so as to minimise duplication or opportunities for miscommunication.

As set out above in 2013-14 the SSAB provided clear policy framework in ratifying the Multi-agency policy, which includes guidance on information sharing. It also published a self neglect policy and local guidelines. Member agencies have also adopted the Domestic Violence pledge.

During 2013-14 the SSAB remained committed to shaping services according to feedback from service users. The Board worked with Choices Advocacy to improve the way in which information was presented to services users and carers within feedback surveys so that this might better inform practice at operational level. In addition the SSAB continued the practice of real life case examples discussion at each meeting. Work continues to encourage greater participation at SSAB meetings and sub group level from voluntary groups who represent the voice of the user and carers and direct consultation with relevant carer and service user forums are anticipated for 2014-15 to discuss the SSAB's strategic plan.

5. SSAB Actions and Priorities 2014/15

As you will note from the above report the SSAB has an ambitious programme for 2014-15. A key priority is to re-establish the sub groups and ensure effective participation within these groups from across partner members. To this end the SSAB held a business planning meeting in May and agreed a new structure for the Board. The Independent Chair has also met with representatives from the voluntary sector to increase membership on the sub groups so as to promote the voice of the service user and carers and secure wider constructive challenge when reviewing safeguarding policy and practice.

The SSAB's current business plan was due to be completed by the end of 2014. The Care Act 2014, in force from April 2015, will require the SSAB to publish a strategic plan outlining the actions it will take to help and protect adults at risk of abuse or neglect in its area. It is the SSAB's intention to re-establish the sub groups so that they are able to undertake the tasks already identified within this report. This should ensure that the Board is in a good position in Winter 2014 to consult with partner agencies, Healthwatch and service users/carers before finalising the plan.

The SSAB, with the support of the Quality Assurance and Performance Management sub group, will conduct and report the findings of detailed audits in relation the conversion rate of alert to referrals, review protection plans for cases where repeat referrals have occurred. They will continue to review the data collected both for the Department of Health and through the 'dashboard' and advise the Board of any trends emerging so that this can inform the strategic plan for 2015. The Quality Assurance and Performance Management sub group will undertake a review of alerts and referrals involving client with Mental Health issues and Learning Disabilities so as to identify any issues in either data collection or care management/ safeguarding practice which could account for respective high and low referral rates in relation to this client group.

The Learning and Review sub group will conduct themed audit of closed investigations involving specific user groups, such as those with Learning Disabilities, Dementia etc so as to understand how the safeguarding process and practice could and should be changed to improve the outcomes for these groups. Furthermore this group will audit closed referral by type of abuse where there is a substantial difference

between the figures in Southampton by comparison to the national figures. The priority will be to review cases involving allegations of financial abuse and neglect so that any good practice can be identified and adapted to improve outcomes across investigations for all types of abuse.

The SSAB will also ask the Prevention and Community Engagement Sub-group to review the low referral rate for service users from ethnic minority backgrounds and identify why the discrepancy exists and, if need be, devise an action plan to address concerns with established community groups. This group will also be asked to consider the findings of more detailed auditing undertaken in respect of the referral rate for vulnerable service user groups and devise a sector wide action plan so preventative and awareness raising work can be effectively targeted to these specific vulnerable groups of service users.

Finally a Learning and Development task and finish group will be established to focus specifically on the safeguarding training needs of services operating within Southampton to map what is currently available and what is required against the National Competency Framework for Safeguarding Adults so that partners can more closely align their individual training programmes, avoid duplication and provide a comprehensive training programme across the statutory, voluntary and private sector in the most cost effective manner.

Recommendations

6.1 SSAB to endorse and ratify the Annual Report.

6.2 Once the Annual Report is ratified, SSAB's Independent Chair and Board Manager will develop an action plan to enable the priorities highlighted above to be realised, to agree a work programme for the coming year and to assign lead roles amongst member organisations. Implementation of the action plan will be monitored and contributions from member organisations secured as appropriate.

6.3 The Annual Report to be presented at a range of senior management and strategic forums as follows:

- SSAB Independent Chair to present to People Director, Overview and Scrutiny Committee, Council Management Team, Health and Wellbeing Board and Southampton Connect

- SSAB member organisations to present to chief officers and relevant strategic forums within their own organisations.

6.4 SSAB to agree (in accordance with the SSAB media protocol) a media release to promote the positive work on safeguarding at a local level highlighted in the report.

6.5 A SSAB development day to be held in January 2015 to review progress and to ensure appropriate arrangements are in place for April 2015 when the Board is placed on a statutory footing.

DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:		ADULT SOCIAL CARE LOCAL ACCOUNT FOR 2013/14.		
DATE OF DECISION:		24 JULY 2014		
REPORT OF:		DIRECTOR OF PEOPLE		
CONTACT DETAILS				
AUTHOR:	**Name:**	**Helen Woodland**	**Tel:**	**023 8083 4856**
	E-mail:	**Helen.woodland@southampton.gov.uk**		
Director	**Name:**	**Alison Elliott**	**Tel:**	**023 8083 2602**
	E-mail:	**Alison.elliott@southampton.gov.uk**		

BRIEF SUMMARY:

Adult Social Care is required to publish a Local Account making available to partners and the public, key performance information concerning the previous financial year along with important strategic and policy developments for the immediate future and beyond. It is recognised that the Health Overview and Scrutiny Panel are key consultation partners with regard to this publication and therefore it is presented for feedback and comment.

RECOMMENDATIONS:

(i) To consider the contents of the proposed 2013/14 Adult Social Care Local Account and offer suggestions and feedback prior to its publication.

REASONS FOR REPORT RECOMMENDATIONS:

1 The Panel is invited to consider the proposed Local Account which provides progress updates on the objectives set out in the previous Account. It has been prepared using an appropriate balance between statistical information and qualitative evidence in order to make it engaging and informative for a variety of audiences including our Service Users. Key partners have been engaged and consulted with and where appropriate parts of the Account have been co-produced with Service User's and representative groups. It has been considered and approved by People Directorate Management Team in consultation with the Cabinet Member for Adult Social Care

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED:

2 None

DETAIL (Including consultation carried out):

3. The publication of an annual Local Account is a DOH recommendation that encourages transparency and accountability through telling local people what we do and what we spend our money on. It sets out what we did over the last year, what our customers have told us and how we plan to improve. The report also contains real stories of people who have received adult social care.

4. The Account is based on the Adult Social Care Outcomes Framework (ASCOF) which is split into four areas:
    - Improving quality of life for people with care and support needs
    - Promoting independent, healthy living
    - Providing a positive customer experience
    - Ensuring safe care for vulnerable adults
5. The following partners have been consulted on the content:
    - Healthwatch
    - Consult and Challenge Group who co-produced some parts
    - Health and Wellbeing Board
6. Research used to inform the Account includes:
    - Adult Social Care service user survey 2014 – 1200 questionnaires distributed to gather information for us to benchmark and identify trends in user feedback.
    - Quotes and experiences from service users and their carers/families via practitioners.

RESOURCE IMPLICATIONS:

Capital/Revenue

7. None

Property/Other

8. None

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

9. None

Other Legal Implications:

10 None

KEY DECISION?

NOT APPLICABLE

WARDS/COMMUNITIES AFFECTED:

NOT APPLICABLE

SUPPORTING DOCUMENTATION

Appendices

1.	Draft Adult Social Care Report 2013-14 – Local Account
2.	Adult Social Care Customer Survey Report 2013-14
3.	Published 2011-12 Local Account

Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out? **NO**

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Local Account
Adult Social Care report 2013/14

Contents

Welcome

ALISON ELLIOTT TO DRAFT WELCOME ONCE REST OF CONTENT COMPLETE

Introduction from Dave Shields, Cabinet Member for Health & Adult Social Care from May 2013 to present

These are difficult time for our public services in England. The impact of the government's austerity public spending programme is being felt particularly hard by more vulnerable members in society.

People with long term care needs or disability, people with learning disability, mental health service users, care leavers and the homeless are all affected by reductions in Council social care budgets, wider welfare reforms and the general economic downturn. Here in Southampton the Council is doing its level best to ensure that the people with the greatest needs are afforded some protection from the reductions in public spending.

This Local Account provides highlights of what we as a Council have managed to achieve over the past year within a very tight budget. These achievements are a testament to the hard work and dedication of both our own in-house care staff and those employed externally on contracts with the Council.

Looking forward it is hard to envisage that the current pattern of social care provision in England will remain unchanged over the next few years if spending plans remain as they are. Councils like Southampton will be increasingly forced to prioritise adult social care spending so as to ensure the best possible outcomes and safety standards for people with the greatest care needs. In the absence of any additional funding for care services – either from central government or from local taxation – Councils will have to choose their spending priorities when arranging and/or directly providing care services.

I very much welcome the commitment of all the mainstream political parties to far greater integration of NHS and social care services. I am keen that we build on the excellent work locally on the joint commissioning of care and public health so that we can create genuinely integrated services centred on the needs of our citizens, especially the most vulnerable.

To get this right we will need service providers (in both the public and independent sectors), commissioners (buyers of outcomes) and, most importantly, service users and their carers to come together in order to make sure that the increasingly limited resources available to us are used to their best effect.

Transforming the patter of local care service provision won't always be easy but – given the challenges we now face – we have little other choice.

What is the Local Account?

We want to be open and transparent about what we have achieved, what we can do better and what has influenced the development of our services during 2013/2014.

The Local Account is a report for local people setting out what money has been spent on Adult Social Care and what has been achieved with that money. One of the main measures of our performance is from the results from eight of the questions from the Adult Social Care Survey 2013/2014 and is called “social care related quality of life.”

What is included? The Local Account is based on the Adult Social Care Outcomes framework which is split into 4 areas and was developed by the Government:

- Improving quality of life for people with care and support needs
- Promoting independent, healthy living
- Providing positive customer experience
- Ensuring safe care for vulnerable adults

In each of the areas listed above you will find information on:

- What we did over the last year
- What you have told us
- Our plans to improve in 2014/15

We have included a Glossary of Terms at the back of this document.

What do we know about the people of Southampton?

Southampton's Joint Strategic Needs Assessment (JSNA) provides in-depth analysis of the social care needs of local people. Some of this information is key to understanding what services we need to develop. For instance:

- The 2012 Office for National Statistics Mid-Year Population Estimate shows a residential population in Southampton of 239,400
- The number of people over 85 in the city is forecast to grow from 4,931 in 2013 to 6,362 in 2020 – an increase of 29% (Hampshire County Council's 2013-based Small Area Population Forecasts)
- 77.7% of residents recorded themselves in the 2011 census as white British (compared to 88.7 in 2001). This suggests that Southampton continues to become a more diverse city.
- The city is ranked the fifth most deprived local authority in the South East and 81st out of the 326 local authorities in England (based on index of multiple deprivation, 2010 census)

Who were our customers in 2013/14?

ACTIVITY

Area	Figure
Number of times we were contacted by members of the public	9,641
Number of times we were contacted by health care professionals on behalf of members of the public	2,735
Number of new assessments	4,813
New customers aged 18-64	1,707
New customers aged 65+	3,106

ABOUT OUR CUSTOMERS

Area	%
Have a physical disability, frailty or life-limiting illness	62.5 %
Have mental health issues (including those with dementia)	26.7 %
Have learning disabilities	7.4 %
People seeking asylum or transition to adult life	3.3 %

WHAT SUPPORT DO OUR CUSTOMERS RECEIVE?

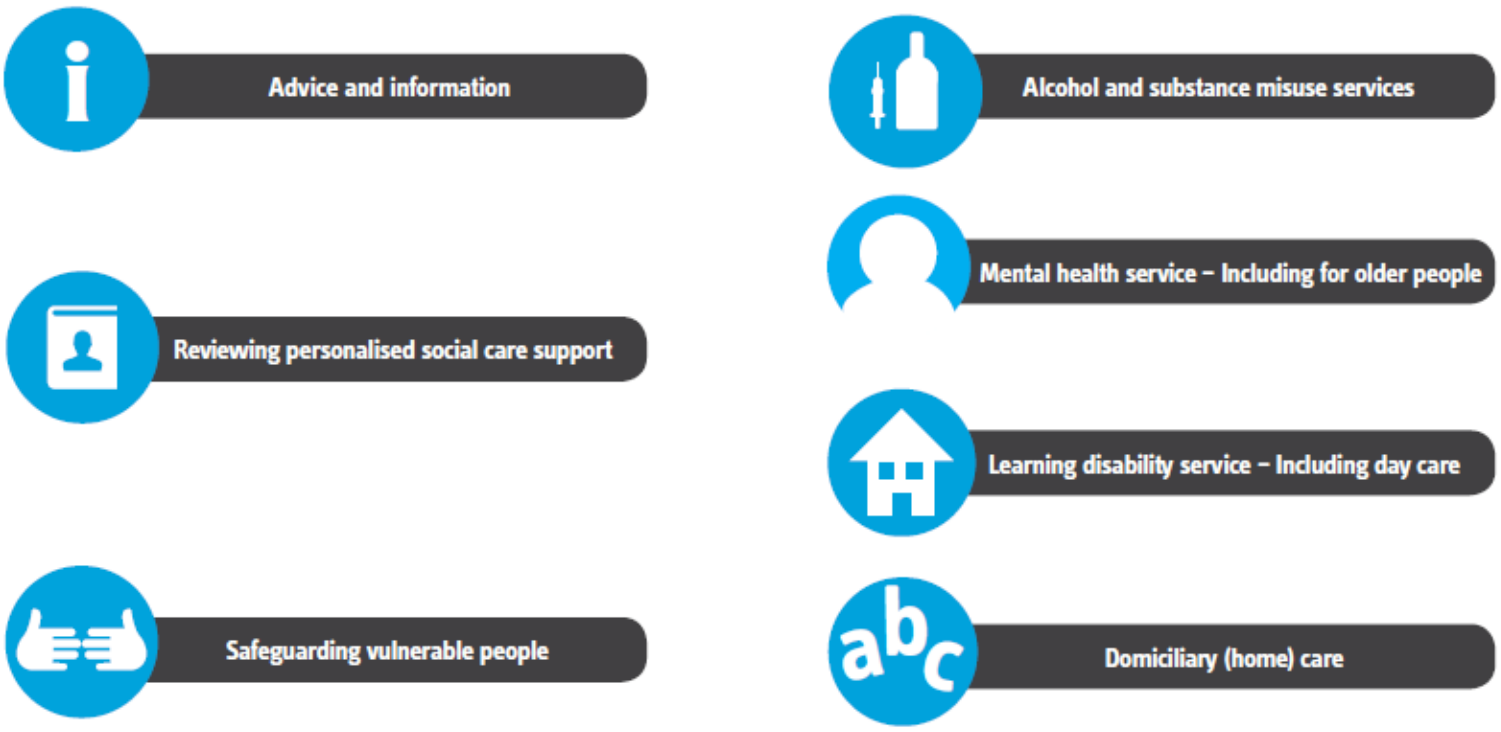
Area	Figure

Receive ASC support in their own home	8,252
Receive permanent residential care	761
Receive permanent nursing care	490
People offered a Personal Budget	3,572
In receipt of Direct Payments	456
People provided with respite support/carer specific services	797

Adult Social Care Services in Southampton

Adult Social Care's key overriding objective is to make a real and positive difference to people's lives, and to improve the outcomes for people in need of services.

The Council directly provides many services and activities for the people of Southampton:



Adult Social Care Services provided directly by the council in 2013/14 include:

Residential Care
Three homes for people with dementia (Holcroft House, Woodside Lodge and Glen Lee), and one residential respite home for people with a learning disability (Kentish Road). Directly provided residential provision makes up approximately 20% of our total residential provision. These homes work closely to ensure the provision of care and support to individuals with increasing high needs.

City Care First Support
City Care First Support is our reablement team which aims to provide rehabilitation and reablement to the majority of individuals referred to our services. Recruitment is continuing to expand the team so that all those with eligible needs can benefit from this service. The 'Care at Home' team within the service provides short-term 24 hour care to support people to stay at home following a crisis.

Shared Lives
Shared Lives is a scheme where individuals and families provide care in their home for up to three people with disabilities, aged over 18. Recent publicity has been successful and the scheme has increased its number of carers to increase matching opportunities for prospective service users.

Day Services
For people with learning disabilities day services are provided at Freemantle , St Denys and Woolston Community Centres. We also provide services to people with physical disabilities at Sembal House which is also used for mental health drop in groups and for health and wellbeing activities. We provide the Nutfield day service which has staff trained in both care support and gardening skills. Wooden Reflections is a woodwork project for both people with learning difficulties and mental health problems. Stella Maris is a youth/drop in service for people with learning difficulties.

The External Market

Most of the social care support that our customers receive is provided externally by both private and voluntary sector agencies.

Adult Social Care works with a range of partners across the council, including Housing, Leisure, Economic Development and Children's Services. Our external partners include the NHS, Clinical Commissioning Group, voluntary sector providers, private and not for profit organisations, to ensure that services that we provide to local people are of a high quality.

Issues of quality across the sector are identified by our contract management arrangements, by CQC, the Care Quality Commission or where we have individual cases of concern. We are committed to ensuring that all organisations are able to deliver safe and good quality care. We have been working with residential care providers to assess and improve quality locally. We have developed a quality audit process that sees all residential providers assessed and reviewed, with a view to supporting these organisations to improve service quality, where necessary. This programme is continuing to be rolled-out across all future care service contracts, and we will work with health colleagues to ensure consistency of approach.

Southampton is improving care staff training. We continue to work with service providers to make the training we offer relevant and accessible. We have provided resources for care homes to update equipment to enable them to be ready to work with individuals with more complex needs in the future. We have also developed a residential provider forum to ensure consistency of key messages and training. We will be undertaking a review of way the council contracts with providers to ensure we are doing this the best way possible. We will also be developing a programme to work with the sector formally to both continue to improve quality and outcomes for service users, and to ensure the sector is able to respond to future demands and expectations.

Adult Social Care priorities in Southampton

We have worked with the local NHS to produce our **Joint Strategic Needs Assessment** (JSNA) view here which identifies the current and future health and wellbeing needs of the local population. It helps to identify the key issues that the local health service and the council need to work together on to improve the wellbeing of people in Southampton and will inform commissioning decisions.

The JSNA has helped to inform the Joint Health and Wellbeing Strategy view here. This is a joint strategy produced by the council and Southampton City Clinical Commissioning Group. It is designed to address some of the key health needs which will improve the health of people living in the city and reduce health inequalities.

The strategy sets out approximately 60 actions around the following 3 themes:

1. Building resilience and prevention to achieve better health and wellbeing
2. Best start in life
3. Ageing and living well

Measures from the national outcomes frameworks for Adult Social Care, Public Health and the NHS will be used to measure progress against the actions contained in the strategy.

The Director of Public Health's Annual Report is structured around the Public Health Outcomes Framework and includes data regarding the indicators each year. These same indicators are also included within the relevant sections of the JSNA Data Compendium

The cost of Adult Social Care

It is estimated that Southampton City Council needs to save £76m between 2015 and 2018 as a result of reductions in government funding and increasing costs. Although having achieved savings totalling £8m in the last two years, Adult Social Care will need to continue to find savings over the next three years if the council is to achieve its £76M target. In 2013/14 the council budgeted to spend £574m. Adult Social Care makes up a significant proportion of this budget. In 2013/14 £91m was both budgeted and actually spent on Adult Social Care Services. The chart shows that the services we spent the most on were adult disability care services. These are services or support that is either purchased on behalf of older or physically disabled people or is given as a Direct Payment. Within this section the majority of spend was targeted towards older people.

Council budgets for 2013/2014 (millions)

Schools	137
Resources	122
Children's Services and Learning	97
Health and Adult Social Care	91
Environment & Transport	65
Housing & Leisure Services	28
Communities	24
Leaders Portfolio	10

How Adult Social Care spent the money

Adult disability care services	36%
Learning disabilities	24%
All other services including infrastructure, care management, senior management	12%
In-house care services	11%
Mental health and substance misuse	9%
Supporting People	8%

Improving quality of life for people with care and support needs

What did we do over the last year?

Developing creative ways to meet social care needs in the community
We have started a “Buyer’s Group” for people to pool together some/all of their Personal Budget and get better value by buying a service of their choice together. We have also helped address loneliness and isolation through starting 3 Time Banks in the city. A Time Bank is a way of bringing together local people with different skills and talents to share. The currency of the Time Bank is “time credits”. People earn time credits every time they share their skill/talent, and all skills /talents are valued equally; 1 hour of your time = 1 hour of anyone else’s time. Everyone agrees to both **give** help (i.e. earn time credits), and **take** help (i.e. spend time credits) in the Bank.

Quality of services
We continue to focus on quality. As a result, fewer residential and nursing homes are on ‘safeguarding’ suspensions. Our training programme for care staff is better utilised.

Carer’s assessments and support
Work around exploring ways of providing improved assessment and support to carers has started but developments are now being considered alongside the recently published draft Care Act guidance and will inform future service delivery from April 2015.

Redesigning our processes to make things easier
Our electronic assessment forms have been redesigned so that basic information about our customer appears on every form.

Adult Social Care is part of the Government initiative, Tell Us Once, which SCC has signed up to. When a customer needs to let us know about a change in their circumstances e.g. a change of address, they only need to let one department know.

We have successfully linked PARIS, the electronic social care recording system to the national NHS Personal Demographics Service (PDS). This has meant the pilot team have been able to synchronise and share key information with Health. Following the successful pilot, we hope to roll this out to other staff

Making better use of the Internet
We have recently purchased an online Knowledge Hub, which once live later this year will provide a comprehensive directory of resources available locally to adults including those with social care needs, their carers, families and other interested parties. Relevant and specific advice and information will be easy to find to enable people to find an appropriate solution for themselves and also to plan ahead and make informed choices.

What did you tell us?

When we asked our service users 'overall, how satisfied or dissatisfied are you with the care and support services you receive?' 87.3% responded by saying that they were satisfied. Of which, 62.9% said they were 'very/extremely satisfied'

In the Adult Social Care Survey you told us that:

- 76.5 % of our customers felt they had at least adequate control over their daily life.
- 65.7 % of our customers are able to spend their time doing things they value or enjoy.
- 57.5 % of people with a learning disability felt they make all the choices they want and are happy not to make the ones they don't make.

Plans to improve in 2014/15

MANAGEMENT TEAM DRAFTING 15/07

Promoting independence and healthy living

What did we do over the last year?

Community Equipment Service
We have a new community equipment service in place, which started on 1 July 2013. This offers an efficient and responsive equipment and adaptations service to all people in need in the city.

Front Door
We are continuing to develop a central contact point where staff will be able to listen/advise customers, take information, signpost to other organisations if appropriate, supply information about equipment purchases or refer for ongoing support if needed. The online Knowledge Hub described above will also make it a lot easier for customers to find the information/advice they need.

Reablement
The Reablement service is now the starting point for the majority of people in need of adult social care services where the focus is on getting well, healthy and independent. This service encompasses personal care services, day service, OT and specialist recovery provision. Assessments and support are much more based upon customer goals and on enabling customers to manage and control care themselves in the way that they want. To support this we have introduced a new Assessment – Reablement plan.

What did you tell us?

In the past year, have you found it easy or difficult to find information or advice about support, services or benefits?

Response	%
Very difficult	8.1
Fairly difficult	19.8
Very easy	47.8
Fairly easy	24.4

Plans to improve in 2014/15 MANAGEMENT TEAM DRAFTING 15/07

Providing a positive customer experience

What did we do over the last year?

People Directorate

MANAGEMENT TEAM DRAFTING RESPONSE 15/07

Commissioning
We have developed the Integrated Commissioning Unit, with a strong focus on quality and contract compliance. Reviews of services include working with users to ensure their views lead to continued improvement.

Support to carers
We have commissioned a new information, advice and support service that has a strong online presence coupled with a requirement to improve access to information and advice. The new service starts on 1st September.

Co-production
The Consult and Challenge group is a Southampton 'co-production' group and is attended by a group of service users and carers. The group is successfully working towards ensuring that through working in partnership, service users and carers work alongside professionals and are involved at every level of project delivery e.g. assisting with the rigorous selection process for the purchasing of the online Knowledge Hub and then with the development of how a customer will find the information they need. The Consult and Challenge group want to see disabled people involved in all decisions that affect them from ground level up to government level which is apparent from their vision Statement - **Disabled People heard loud and clear!**

New Review Team
In order to help ensure our customers are safe and the support we are giving them remains suitable, we now have a dedicated Review Team. Each new customer has their support plan reviewed automatically after 3 months and then again after 12 months unless there are reasons which mean an earlier review is necessary.

Changes to care plans

MANAGEMENT TEAM DRAFTING RESPONSE 15/07

What did you tell us?

Overall, how satisfied are you with the care and support services you receive?

Response	%
I am extremely or very satisfied	62.9
I am quite satisfied	24.4
I am neither satisfied or dissatisfied	8.4
I am quite dissatisfied	1.9
I am extremely or very dissatisfied	2.3
Response	%

Plans to improve in 2014/15

MANAGEMENT TEAM DRAFTING 15/07

Ensuring safe care for vulnerable adults

What did we do over the last year?

Engagement
We have developed links and joint working relationships with other strategic organisations placing adult safeguarding at the centre of the community safety agenda so as to make “Safeguarding Everyone’s Business”.

Service planning and development
We are seeking feedback from customers about experiences and using this to inform future service planning and development, which includes empowering families to come up with their own solutions through possibly increasing how often we use Family Group Conferences as part of the safeguarding process. We recognise carers as “expert partners” or “experts by experience” and are developing services which are responsive to carer’s needs and improving practice.

Effective partnership working
We are implementing a clear and robust inter-agency performance monitoring and review framework for adult safeguarding aimed at improving quality in local care services.

Monitoring the impact of safeguarding adults work
We are undertaking activities aimed at the implementation of strategies to promote awareness of safeguarding issues and how to report concerns to ensure that users of these services are safe and their quality of life is maintained.

Accountability
The Local Safeguarding Adult’s Board has strong leadership for safeguarding adults at risk locally. Robust operational links are in place enabling it to challenge and hold local services to account.

% of Adult Safeguarding Referrals by type of Abuse 2013-14

Response	%
Financial	27.8
Physical	28.9
Emotional/psychological	17.7
Neglect	16.2
Sexual	7.3
Institutional	1.3
Discriminatory	0.8

What did you tell us?

Which of the following statements best describe how safe you feel?

Response	%
I feel as safe as I want	59.4
Generally, I feel adequately safe but not as safe as I would like	33.1
I feel less than adequately safe	4.7
I don't feel at all safe	2.8

Plans to improve in 2014/15

MANAGEMENT TEAM DRAFTING 15/07

Plans and priorities for 2014/2015 – corporate/People directorate

ALISON ELLIOTT DRAFTING

Service user quotes/stories – to appear throughout the Account

“Emily (trainee social worker) has been outstanding and is a credit to your department and we wish her the best for the future” – husband of a service user

OTHERS BEING DRAFTED AT MANAGEMENT TEAM MEETING 15/07

Glossary

Benchmarking
Local authorities regularly compare their costs and activity levels against other authorities, to identify good practice and learn from other authorities; this activity is known as benchmarking.

Block Contracts
A block contract is where the authority groups together a block of similar services for tender to an external organisation, guaranteeing a certain amount of business with the company.

Care Quality Commission (CQC)
The Care Quality Commission began operating on 1 April 2009 as the independent regulator of health and adult social care in England. They replaced three earlier commissions: the Healthcare Commission, the Commission for Social Care Inspection and the Mental Health Act Commission. Their job is to make sure that care provided by hospitals, dentists, ambulances, care homes and services in people's own homes and elsewhere meet government standards of quality and safety.

Carer
If you care for someone who is frail, ill or disabled, and you are not paid for this, you are a carer. Usually you will be caring for a relative or friend, and you can be of any age.

City Care First Support
City Care First Support is a joint Adult Social Care team specialising in rehabilitation services and preventing entry to hospital. It works in an intensive way with users to help them regain or maintain their independence. 50% of service users regain sufficient mobilisation to live independently in the community without ongoing support.

Commissioning
The term commissioning means the way that the local authority and health authority plan, organise and buy services to do with care in the community.

Community Care
Community Care means all the services and support we give to people who have problems caused by getting old, or with mental health, learning disabilities and physical or sensory disabilities. We try to help people live independently in their own homes, or in homely surroundings in the community (including residential and nursing homes).

Continuing Health Care

This is healthcare that is provided over a long time, or for an unknown period of time. Continuing Care can be provided in hospital, or you can be supported by health services at home or in residential or nursing homes. The NHS and Adult Care and Support have to meet all the health and care needs they have identified.

Day Care
Day-time care is usually provided at a centre, and offers a wide range of services from social and educational activities to training, therapy and personal care.

Domiciliary Care
This means services provided to you at home, that help you to live independently within the community. Domiciliary care can include meals on wheels, community nursing and home care. Home care services may be arranged either from Adult Care and Support or from a voluntary or independent provider.

Joint Funding
This is where two or more organisations, for example Adult Care and Support and Health, agree to share the costs of running a project or service.

Multi-disciplinary
This is a team or group which is made up of people from several different statutory (legal) and/or non-statutory organisations, who all have different areas of expertise.

Providers
Any person, group of people or organisation supplying a community care service. Providers may be either statutory (set up by government/legislation) or non-statutory people or organisations.

Referral
We make a referral when you contact us for help. A referral is usually a set of notes taken during your first contact with Adult Services. We use the notes when we meet you to make an assessment of your needs. You don't have to phone us in person for us to make a referral for you. Someone can call us on your behalf, for example a GP, or a relative or friend.

Rehabilitation & Reablement
This involves teaching people the skills to help them remain living independently in their own homes. This can be after an operation or illness, and can involve a Physiotherapist or Occupational Therapist.

Respite Care
If you are a carer this can give you a temporary break from the care you provide. The respite care may take place in the home of the person you care for, with an approved carer, or in a day centre, or in a setting away from the home. It may be for very short periods of a few hours, more typically for one or two nights, or for longer periods of up to 2-3 weeks.

Safeguarding of vulnerable adults
In 2000, the Department of Health and the Home Office jointly published the 'No Secrets' document. This provided the framework for councils to work with partner agencies such as the police, NHS and regulators to tackle abuse and prevent its occurrence. Local authorities were given lead responsibility for setting up multi-agency committees and procedures.

Spectrum Centre for Independent Living
Spectrum CIL is an organisation of disabled people firmly rooted in the disability movement, born of the civil rights campaigns in the sixties; the guiding principle being that disability issues are human rights issues. They work to the 'social model of disability' which defines disability in terms of negative attitudes and discrimination caused by a society which fails to meet the needs of people with impairments.

Self Directed Support
Self directed support is about people being in control of the support they need to live the life they choose. It is often referred to as 'personalisation' or 'personal budgets'. There are different ways to describe it, but whatever name is given to it, it is about giving people real power and control over their lives. People are able to self-direct their care or support in a number of different ways:

- **A personal budget**. This is money that is available to someone who needs support. The money comes from their local authority services. The person controlling the budget (or their representative) must:
  - know how much money that they have for their support
  - be able to spend the money in ways and at times that make sense to them
  - know what outcomes must be achieved with the money.
- **An individual budget**. This is money for support that could come from several places - including social services, the Independent Living Fund and Supporting People.
- **A Direct Payment**. This is money that is paid directly to you so you can arrange your own support.
- **A personal health** budget is relatively new and the Department of Health is still in the process of piloting them. It is an allocation of resources made to a person with an established health need (or their immediate representative).

Spot purchasing
This is a method of buying services for individuals. Buying services this way, means we can be very flexible and make sure you get exactly what you need. This differs from the block contract way of buying services.

Voluntary sector
Organisations, often charities, which operate on a non profit-making basis, to provide help and support to the group of people they exist to serve. They may be local or national, and they may employ staff, or depend on volunteers.

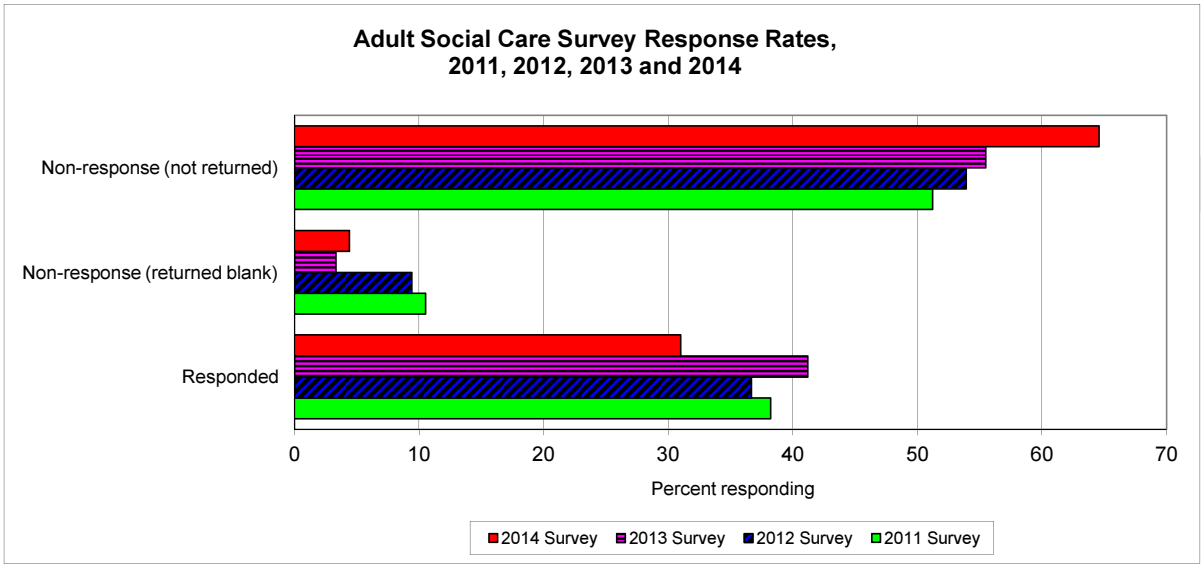
Acknowledgements:

Healthwatch
Consult and Challenge Group
Busy People Group

Table 2: ADULT SOCIAL CARE SURVEY DRAFT RESULTS, SOUTHAMPTON (2014)

Method of Collection		2011 Percentage	2012 Percentage	2013 Percentage	2014 Percentage	Change
1	By post	78.0	79.6	91.6	87.3	-4.4
2	Face to face	0.0	0.0	0.0	0.0	0.0
3	By telephone	0.4	0.0	0.9	0.2	-0.7
4	Blank Returned Questionnaire	21.6	20.4	7.4	12.5	5.0
	Total respondents and blank responses	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Response/Non-Response		2011 Percentage	2012 Percentage	2013 Percentage	2014 Percentage	Change
1	Responded	38.2	36.7	41.2	31.0	-10.2
2	Non-response (returned blank)	10.5	9.4	3.3	4.4	1.1
3	Non-response (not returned)	51.2	53.9	55.5	64.6	9.1
	Total respondents and non-respondents	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**



Response/Non-Response		2011 Percentage	2012 Percentage	2013 Percentage	2014 Percentage	Change
	Permanent residential / nursing home residents	13.9	32.9	31.3	29.8	-1.5
	People living in the community	86.1	67.1	68.7	70.2	1.5
	Total respondents and non-respondents	**100.0**	**100.0**	**100.0**	**100.0**	**0.0**

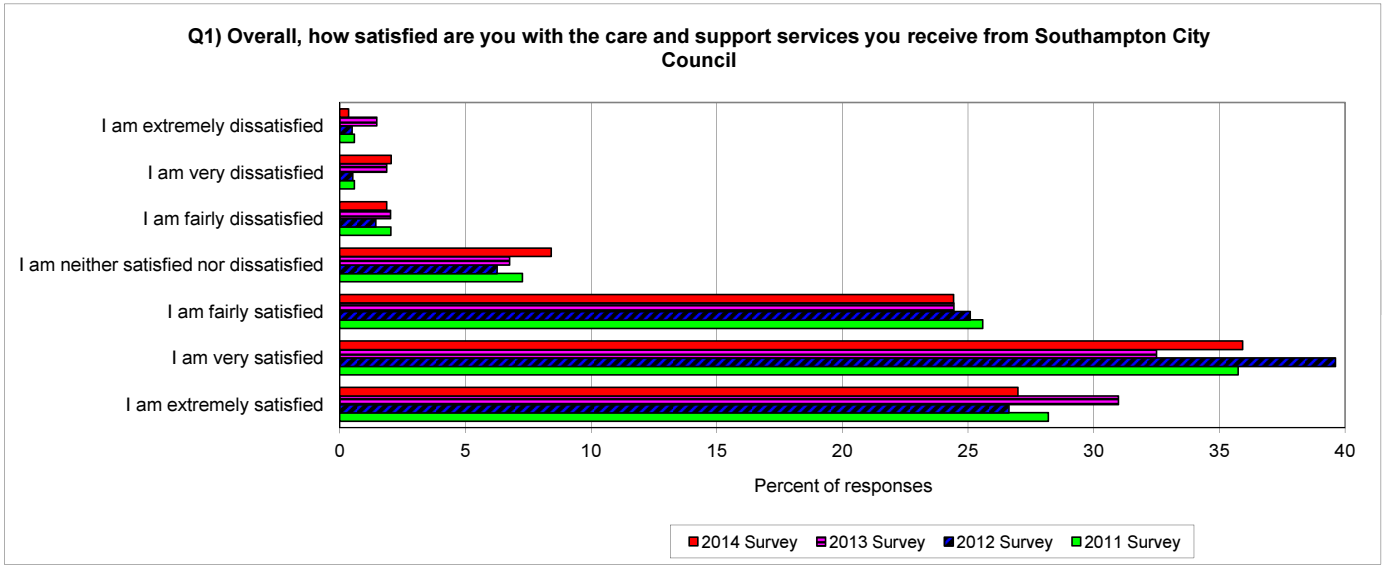
Notes:

1) The data presented in this report is based on sample surveys. Because the size of each survey varies, and because the mixture of respondents varies (e.g. the percentage living in residential care may be higher or lower), each percentage is merely an estimate of the truth value in the population of adult social care users. Typically this estimate may be up to 5 percentage points different to the actual population percentage.

Section 1: Overall satisfaction with your social care and support

Q1 - Overall, how satisfied are you with the care and support services you receive from [Social Services]?		2011 Percentage *	2012 Percentage	2013 Percentage	2014 Percentage	Change
1	I am extremely satisfied	28.2	26.6	31.0	27.0	-4.0
2	I am very satisfied	35.8	39.6	32.5	35.9	3.4
3	I am fairly satisfied	25.6	25.1	24.4	24.4	0.0
4	I am neither satisfied nor dissatisfied	7.3	6.3	6.7	8.4	1.7
5	I am fairly dissatisfied	2.0	1.4	2.0	1.9	-0.2
6	I am very dissatisfied	0.6	0.5	1.9	2.0	0.2
7	I am extremely dissatisfied	0.6	0.5	1.5	0.3	-1.1
	Total respondents	**100.0**	**100.0**	**100.0**	**100.0**	0.0

-9 Non-Response



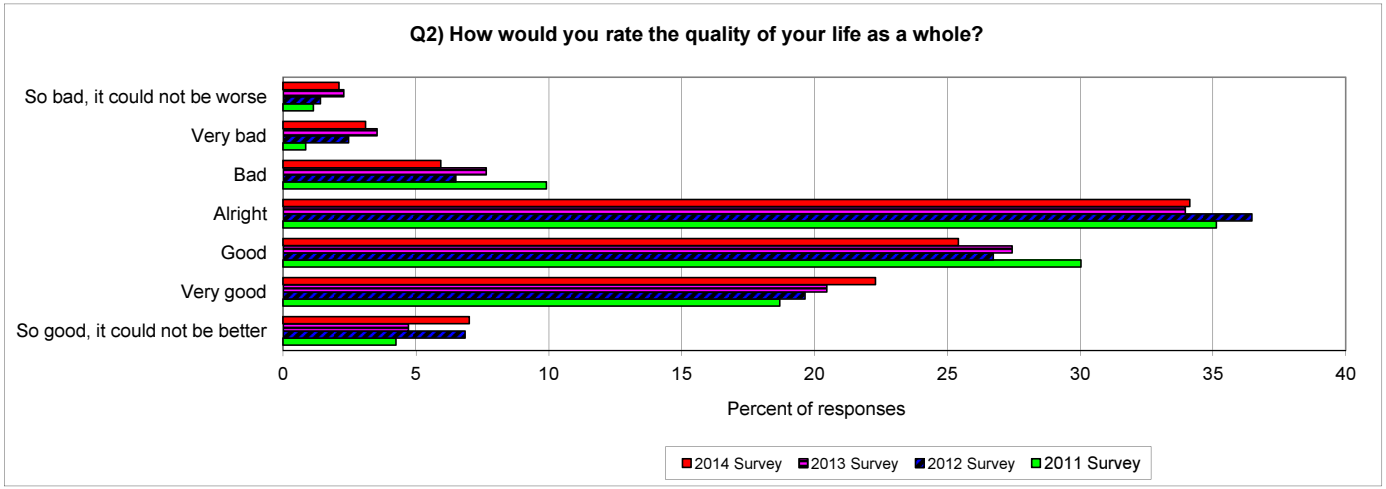
This question is used to calculate ASCOF indicator 3A Overall satisfaction of people who use services with their care and support.

* These figures exclude learning disabled service users.

Section 2: Your quality of life

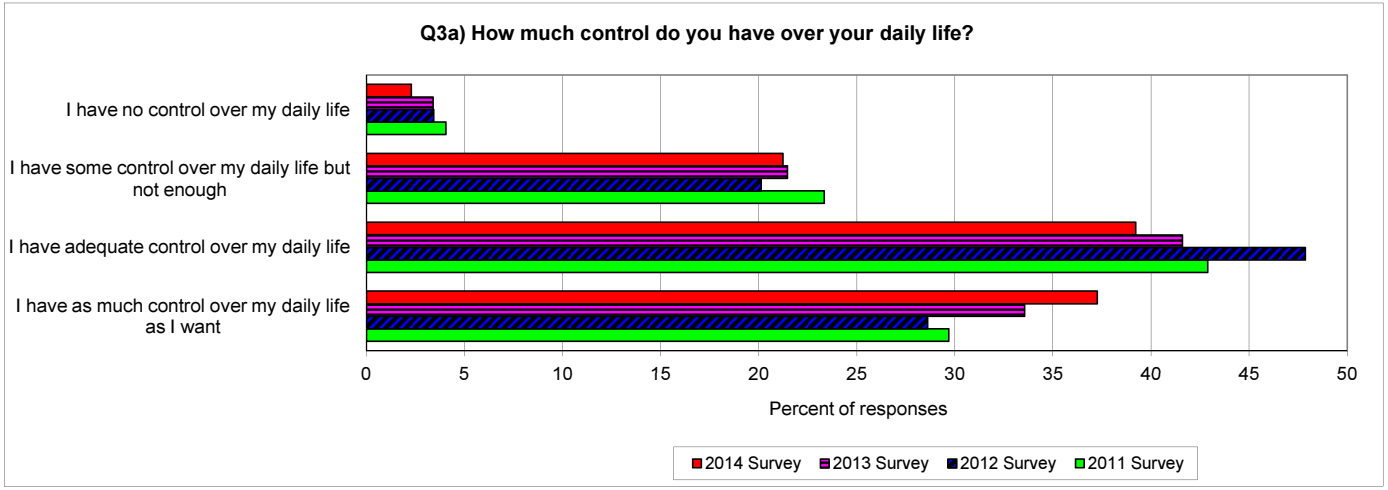
Q2 - Thinking about the good and bad things which make up your quality of life, how would you rate the quality of your life as a whole?	2011 Percentage *	2012 Percentage	2013 Percentage	2014 Percentage	Change
1 So good, it could not be better	4.2	6.8	4.7	7.0	2.3
2 Very good	18.7	19.6	20.5	22.3	1.8
3 Good	30.0	26.7	27.4	25.4	-2.0
4 Alright	35.1	36.5	33.9	34.1	0.2
5 Bad	9.9	6.5	7.6	5.9	-1.7
6 Very bad	0.8	2.5	3.5	3.1	-0.4
7 So bad, it could not be worse	1.1	1.4	2.3	2.1	-0.2
Total respondents	**100.0**	**100.0**	**100.0**	**100.0**	**0.0**
-9 Non-Response					
% "Very Good" and "So good, it could not be better"	22.9	26.5	25.2	29.3	

* These figures exclude learning disabled service users.



Q2b - Do care and support services help you to have a better quality fo life?	2011 Percentage	2012 Percentage	2013 Percentage	2014 Percentage	Change
1 Yes		86.4	84.1	85.0	0.9
2 No		13.6	15.9	15.0	-0.9
Total respondents		**100.0**	**100.0**	**100.0**	0
-9 Non-Response					

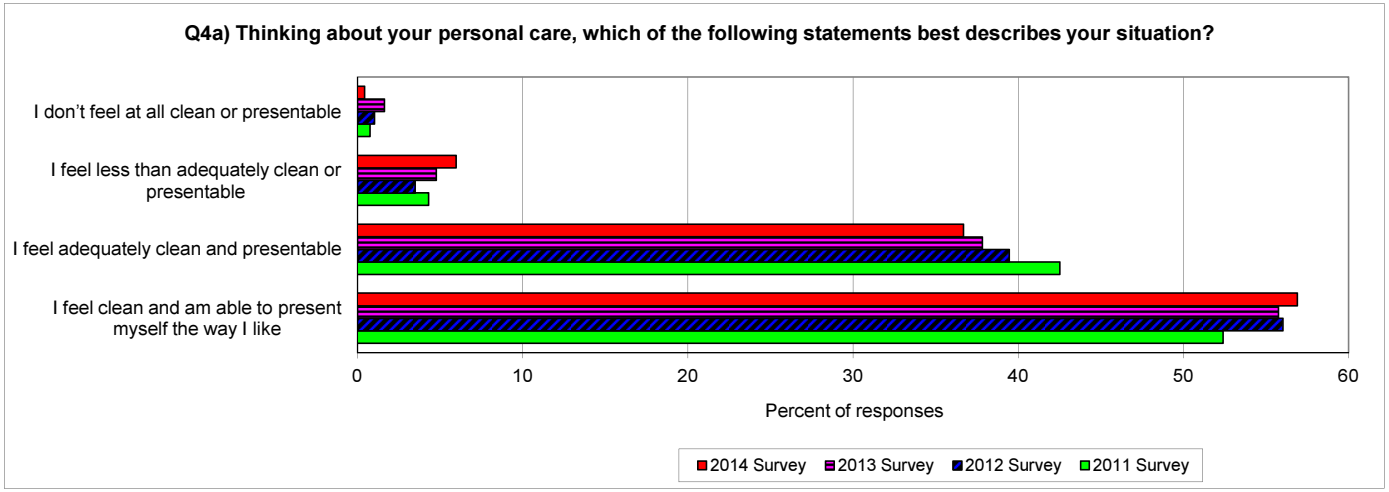
Q3a - Which of the following statements best describes how much control you have over your daily life?		2011 Percentage	2012 Percentage	2013 Percentage	2014 Percentage	Change
1	I have as much control over my daily life as I want	29.7	28.6	33.5	37.3	3.7
2	I have adequate control over my daily life	42.9	47.9	41.6	39.2	-2.4
3	I have some control over my daily life but not enough	23.4	20.1	21.5	21.2	-0.2
4	I have no control over my daily life	4.1	3.4	3.4	2.3	-1.1
	Total respondents	**100.0**	**100.0**	**100.0**	**100.0**	**0.0**
-9	No response					



This question is used to calculate ASOC indicator 1B the proportion of people who use services who have control over their daily life.
It also forms part of ASCOF indicator 1A Social care-related quality of life.

Q3b - Do care and support services help you in having control over your daily life?		2011 Percentage	2012 Percentage	2013 Percentage	2014 Percentage	Change
1	Yes		83.6	82.0	83.2	1.2
2	No		16.4	18.0	16.8	-1.2
	Total respondents		**100.0**	**100.0**	**100.0**	**0.0**
-9	Non-Response					

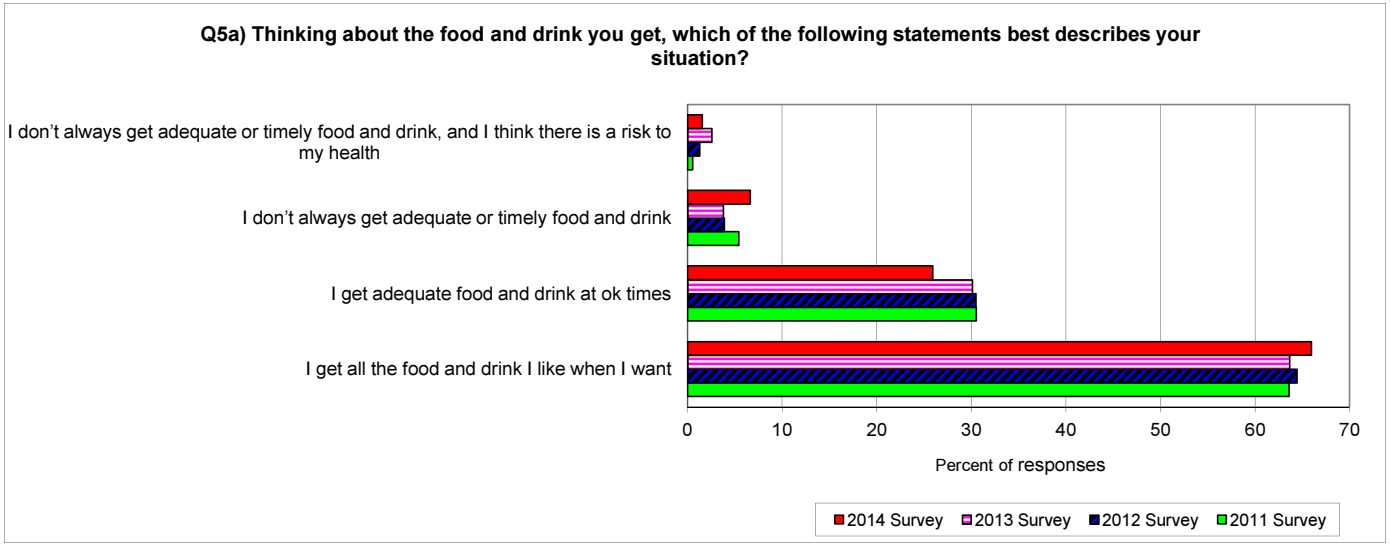
Q4a - Thinking about your personal care, by which we mean being clean and presentable in appearance, which of the following statements best describes		2011 Percentage	2012 Percentage	2013 Percentage	2014 Percentage	Change
1	I feel clean and am able to present myself the way I like	52.4	56.0	55.8	56.9	1.1
2	I feel adequately clean and presentable	42.5	39.5	37.8	36.7	-1.1
3	I feel less than adequately clean or presentable	4.3	3.5	4.8	6.0	1.2
4	I don't feel at all clean or presentable	0.8	1.0	1.6	0.4	-1.2
	Total respondents	**100.0**	**100.0**	**100.0**	**100.0**	**0.0**
-9	No response					



This question forms part of ASCOF indicator 1A Social care-related quality of life.

Q4b - Do care and support services help you in keepinc clean and presentable?		2011 Percentage	2012 Percentage	2013 Percentage	2014 Percentage	Change
1	Yes		68.1	This was a voluntary question this year		
2	No		31.9			
	Total respondents		**100.0**			
-9	No response					

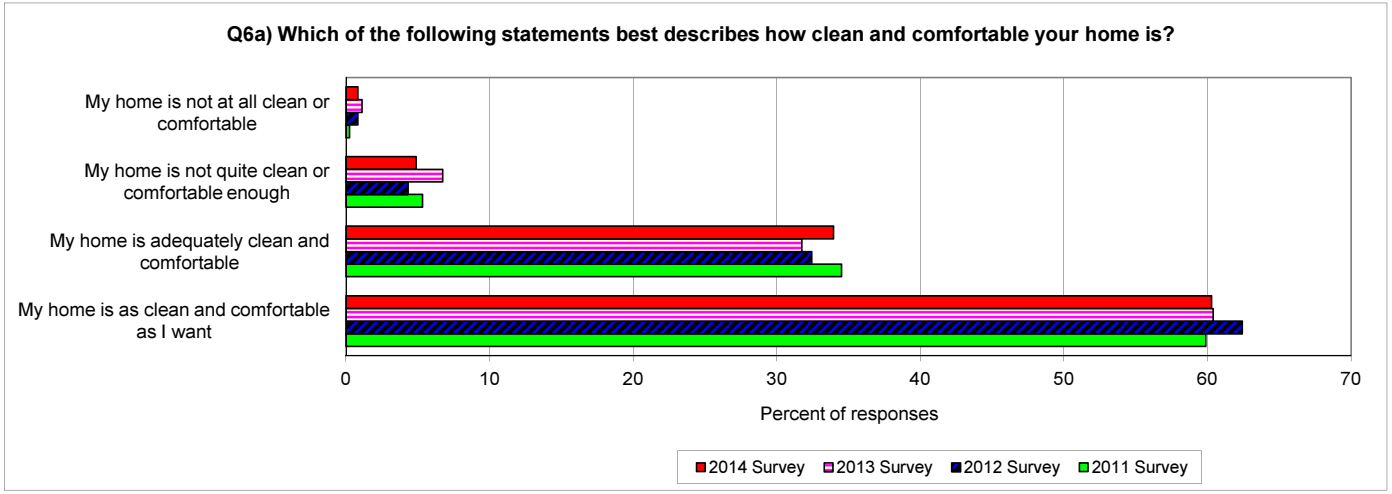
Q5a - Thinking about the food and drink you get, which of the following statements best describes your situation?		2011 Percentage	2012 Percentage	2013 Percentage	2014 Percentage	Change
1	I get all the food and drink I like when I want	63.6	64.4	63.6	65.9	2.3
2	I get adequate food and drink at ok times	30.5	30.5	30.1	25.9	-4.2
3	I don't always get adequate or timely food and drink	5.4	3.9	3.8	6.6	2.9
4	I don't always get adequate or timely food and drink, and I think ther	0.5	1.3	2.5	1.5	-1.0
	Total respondents	**100.0**	**100.0**	**100.0**	**100.0**	**0.0**
-9	No response					



This question forms part of ASCOF indicator 1A Social care-related quality of life.

Q5b - Do care and support help you get food and drink?		2011 Percentage	2012 Percentage	2013 Percentage	2014 Percentage	Change
1	Yes		60.8	This was a voluntary question this year		
2	No		39.2			
	Total respondents		**100.0**	**0.0**		**0.0**
-9	No response					

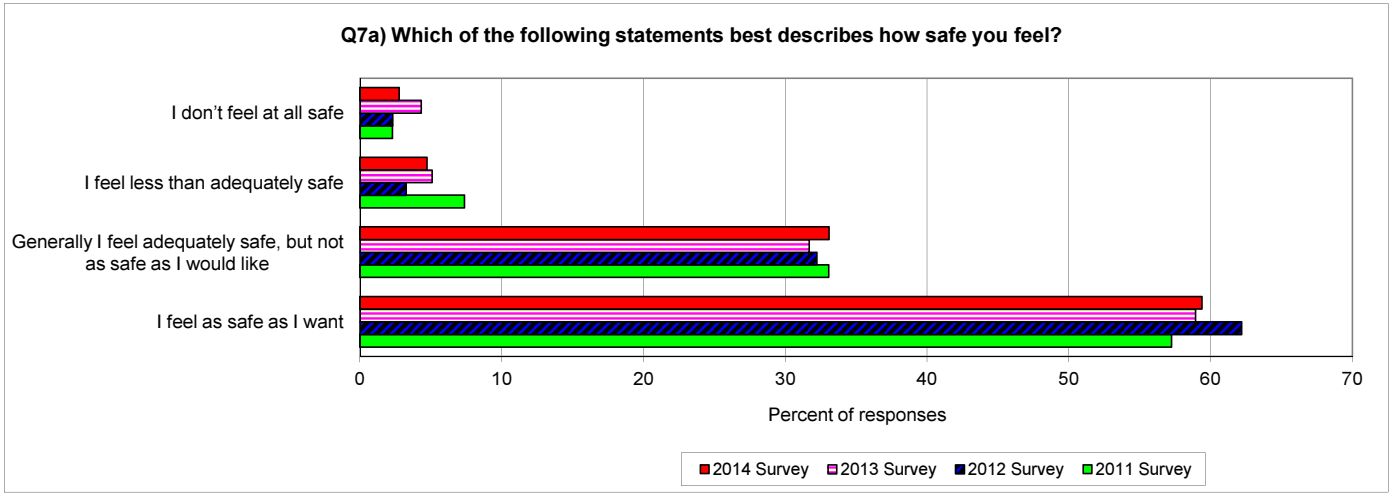
Q6a - Which of the following statements best describes how clean and comfortable your home is?		2011 Percentage	2012 Percentage	2013 Percentage	2014 Percentage	Change
1	My home is as clean and comfortable as I want	59.9	62.4	60.4	60.3	-0.1
2	My home is adequately clean and comfortable	34.5	32.4	31.7	34.0	2.2
3	My home is not quite clean or comfortable enough	5.3	4.3	6.7	4.9	-1.8
4	My home is not at all clean or comfortable	0.3	0.8	1.1	0.8	-0.3
	Total respondents	**100.0**	**100.0**	**100.0**	**100.0**	**0.0**
-9	No response					



This question forms part of ASCOF indicator 1A Social care-related quality of life.

Q6b - Do care and support services help you in keeping your home clean and		2011 Percentage	2012 Percentage	2013 Percentage	2014 Percentage	Change
1	Yes		59.3	This was a voluntary question this year		
2	No		40.7			
	Total respondents		**100.0**	**0.0**		**0.0**
-9	No response					

Q7a - Which of the following statements best describes how safe you feel?		2011 Percentage	2012 Percentage	2013 Percentage	2014 Percentage	Change
1	I feel as safe as I want	57.3	62.2	58.9	59.4	0.5
2	Generally I feel adequately safe, but not as safe as I would like	33.1	32.2	31.7	33.1	1.4
3	I feel less than adequately safe	7.4	3.3	5.1	4.7	-0.4
4	I don't feel at all safe	2.3	2.3	4.3	2.8	-1.5
	Total respondents	**100.0**	**100.0**	**100.0**	**100.0**	**0.0**
-9	No response					

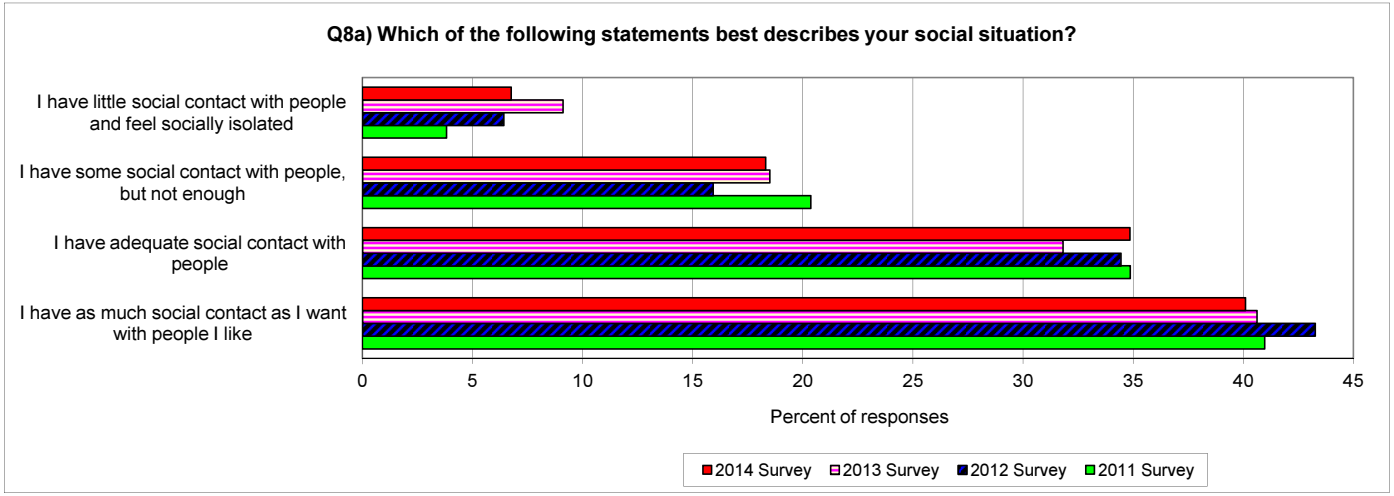


This question is used to calculate ASCOF indicator 4A The proportion of people who use services who feel safe.
This question also forms part of ASCOF indicator 1A Social care-related quality of life.

Q7b - Do care and support services help you in feeling safe?		2011 Percentage	2012 Percentage	2013 Percentage	2014 Percentage	Change
1	Yes		67.3	76.8	78.9	2.1
2	No		32.7	23.2	21.1	-2.1
	Total respondents		**100.0**	**100.0**	**100.0**	**0.0**
-9	No response					

This question is used to calculate ASCOF indicator 4B The proportion of people who use services who say that those services have made them feel safe and secure.

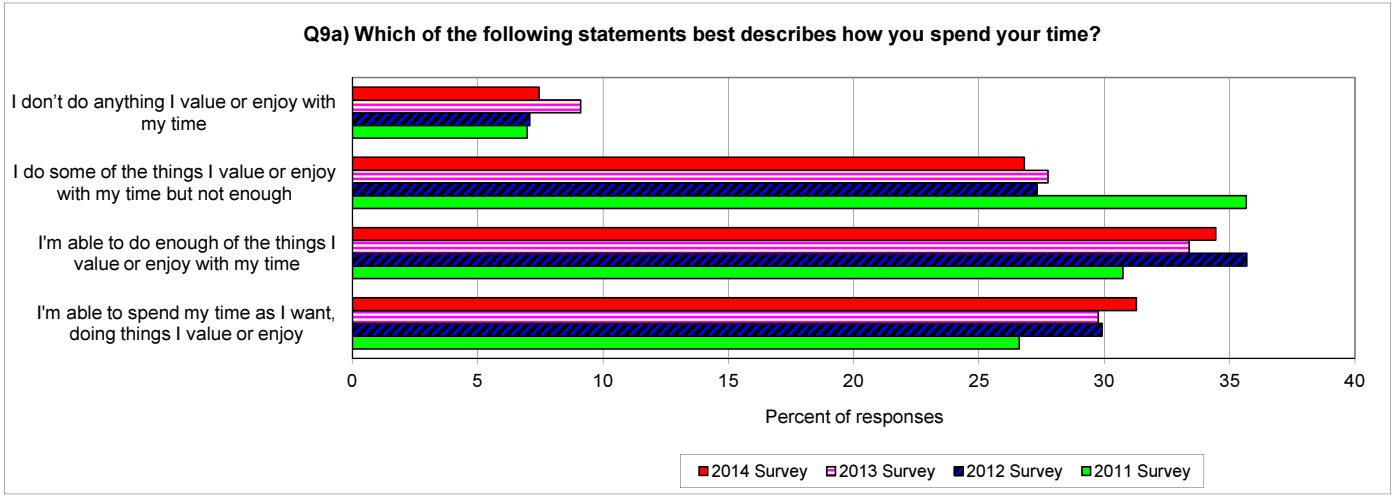
Q8a - Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?		2011 Percentage	2012 Percentage	2013 Percentage	2014 Percentage	Change
1	I have as much social contact as I want with people I like	41.0	43.3	40.6	40.1	-0.5
2	I have adequate social contact with people	34.9	34.4	31.8	34.8	3.0
3	I have some social contact with people, but not enough	20.4	15.9	18.5	18.3	-0.2
4	I have little social contact with people and feel socially isolated	3.8	6.4	9.1	6.7	-2.4
	Total respondents	**100.0**	**100.0**	**100.0**	**100.0**	**0.0**
-9	No response					



This question forms part of ASCOF indicator 1A Social care-related quality of life.

Q8b - Do care and support services help you in having social contact with		2011 Percentage	2012 Percentage	2013 Percentage	2014 Percentage	Change
1	Yes		53.4	This was a voluntary question this year		
2	No		46.6			
	Total respondents		**100.0**	**0.0**		**0.0**
-9	No response					

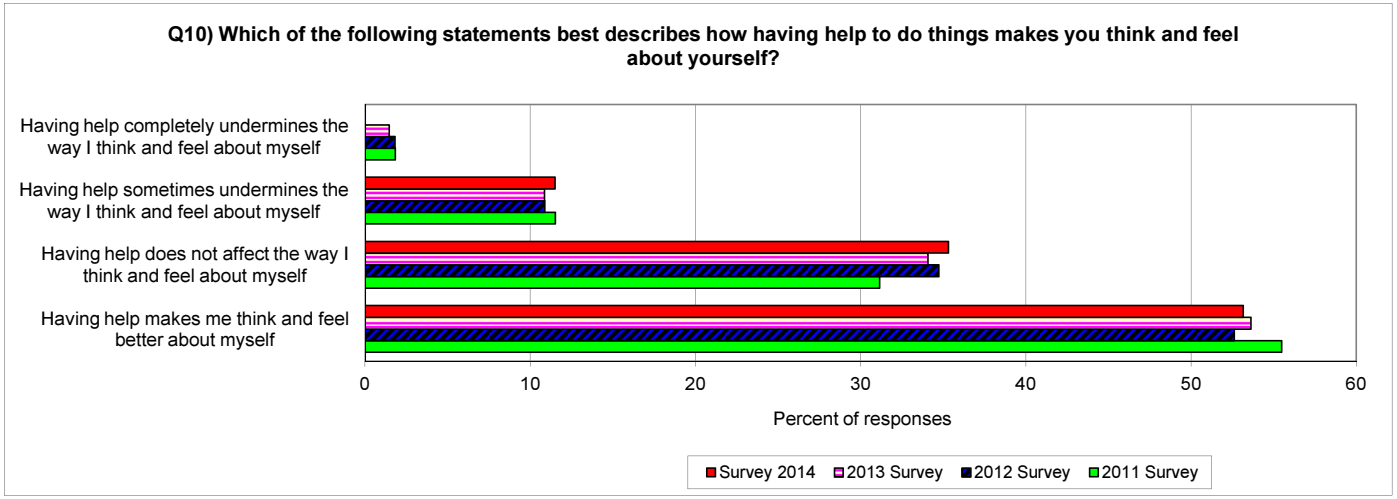
Q9a - Which of the following statements best describe how you spend your		2011 Percentage	2012 Percentage	2013 Percentage	2014 Percentage	Change
1	I'm able to spend my time as I want, doing things I value or enjoy	26.6	29.9	29.8	31.3	1.5
2	I'm able to do enough of the things I value or enjoy with my time	30.7	35.7	33.4	34.5	1.1
3	I do some of the things I value or enjoy with my time but not enough	35.7	27.3	27.7	26.8	-0.9
4	I don't do anything I value or enjoy with my time	7.0	7.1	9.1	7.4	-1.7
	Total respondents and non-respondents	**100.0**	**100.0**	**100.0**	**100.0**	**0.0**
-9	No response					



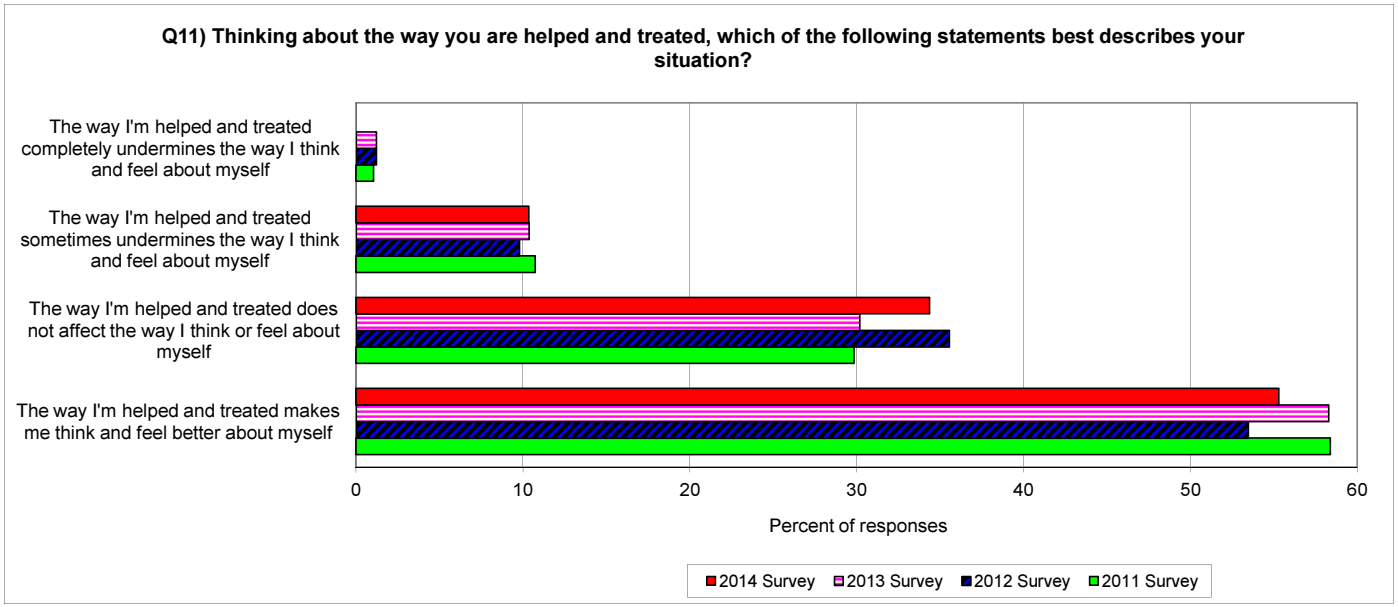
This question forms part of ASCOF indicator 1A Social care-related quality of life.

Q9b - Do care and support services help you in the way you spend your time?		2011 Percentage	2012 Percentage	2013 Percentage	2014 Percentage	Change
1	Yes		51.0	This was a voluntary question this year		
2	No		49.0			
	Total respondents and non-respondents		**100.0**	**0.0**		**0.0**
-9	No response					

Q10 - Which of the following statements best describes how having help to do things makes you think and feel about yourself?		2011 Percentage	2012 Percentage	2013 Percentage	2014 Percentage	Change
1	Having help makes me think and feel better about myself	55.5	52.6	53.6	53.2	-0.5
2	Having help does not affect the way I think and feel about myself	31.2	34.7	34.1	35.3	1.3
3	Having help sometimes undermines the way I think and feel about myself	11.5	10.9	10.9	11.5	0.7
4	Having help completely undermines the way I think and feel about myself	1.8	1.8	1.5	0.0	-1.5
	Total respondents	**100.0**	**100.0**	**100.0**	**100.0**	**0.0**
-9	No response					



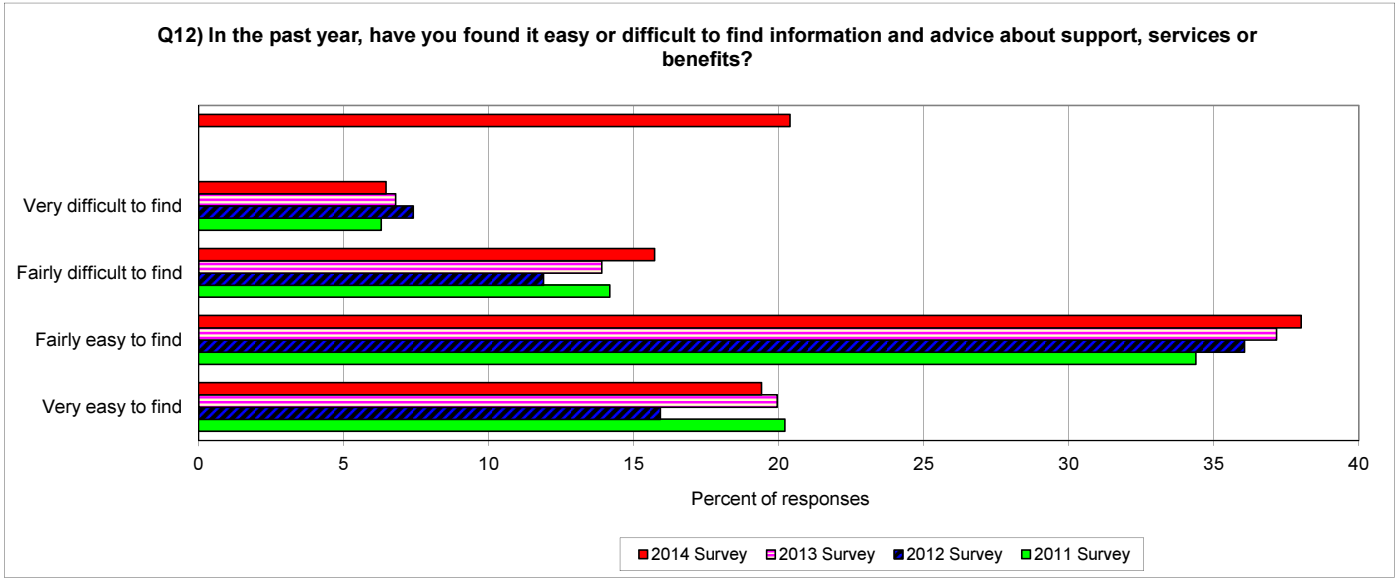
Q11 - Thinking about the way you are helped and treated, and how that makes you think and feel about yourself, which of the following statements best describes your situation?		2011 Percentage	2012 Percentage	2013 Percentage	2014 Percentage	Change
1	The way I'm helped and treated makes me think and feel better about myself	58.4	53.5	58.3	55.3	-3.0
2	The way I'm helped and treated does not affect the way I think or feel about myself	29.8	35.5	30.2	34.4	4.2
3	The way I'm helped and treated sometimes undermines the way I think and feel about myself	10.7	9.8	10.4	10.3	0.0
4	The way I'm helped and treated completely undermines the way I think and feel about myself	1.0	1.2	1.2	0.0	-1.2
	Total respondents and non-respondents	**100.0**	**100.0**	**100.0**	**100.0**	**0.0**
-9	No response					



This question forms part of ASCOF indicator 1A Social care-related quality of life.

Section 4: Knowledge and information

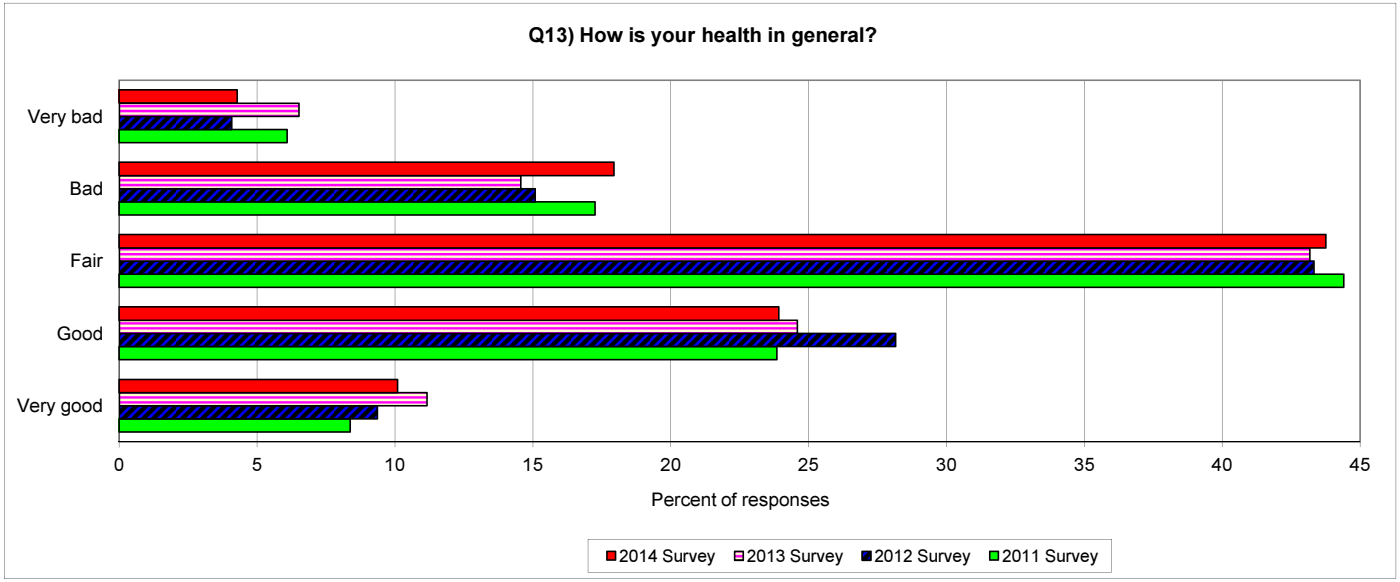
	Q12 - In the past year, have you found it easy or difficult to find information and advice about support, services or benefits?	2011 Percentage	2012 Percentage	2013 Percentage	2014 Percentage	Change
1	Very easy to find	20.2	15.9	19.9	19.4	-0.5
2	Fairly easy to find	34.4	36.1	37.2	38.0	0.9
3	Fairly difficult to find	14.2	11.9	13.9	15.7	1.8
4	Very difficult to find	6.3	7.4	6.8	6.5	-0.3
5	I've never tried to find information or advice	24.9	28.7	22.2	20.4	-1.8
	Total respondents	**100.0**	**100.0**	**100.0**	**100.0**	**0.0**
-9	No response					



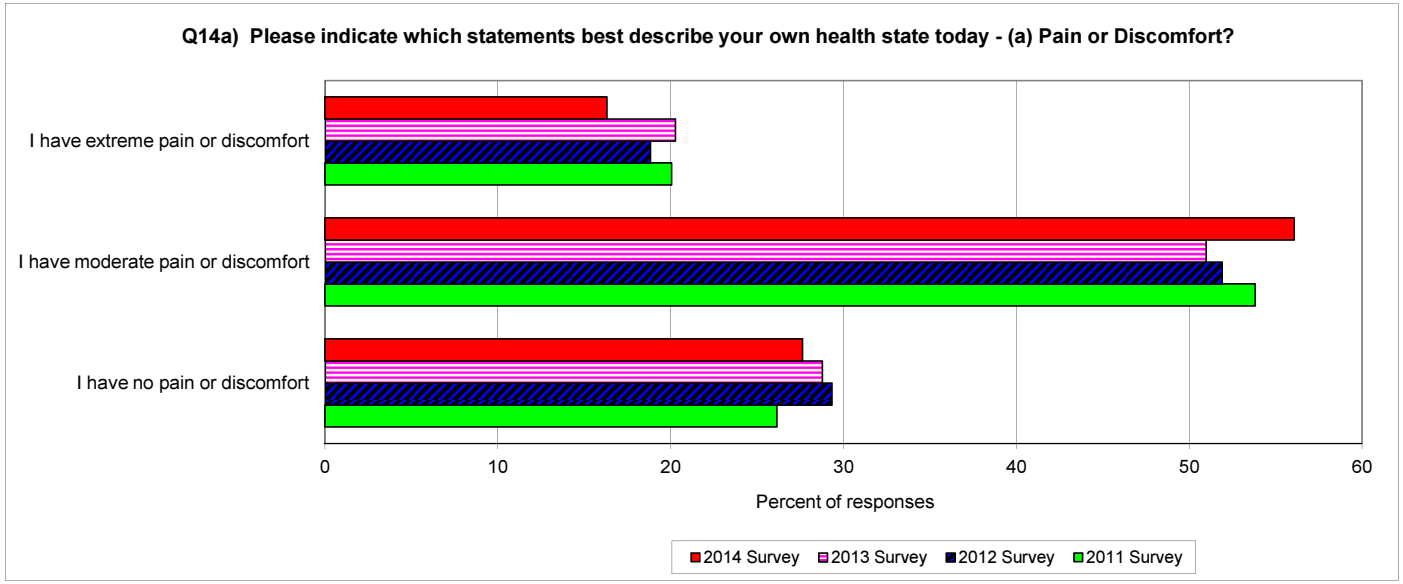
This question is used to calculate ASCOF indicator 3D The proportion of people who use services and carers who find it easy to find information about services.

Section 5: Your health

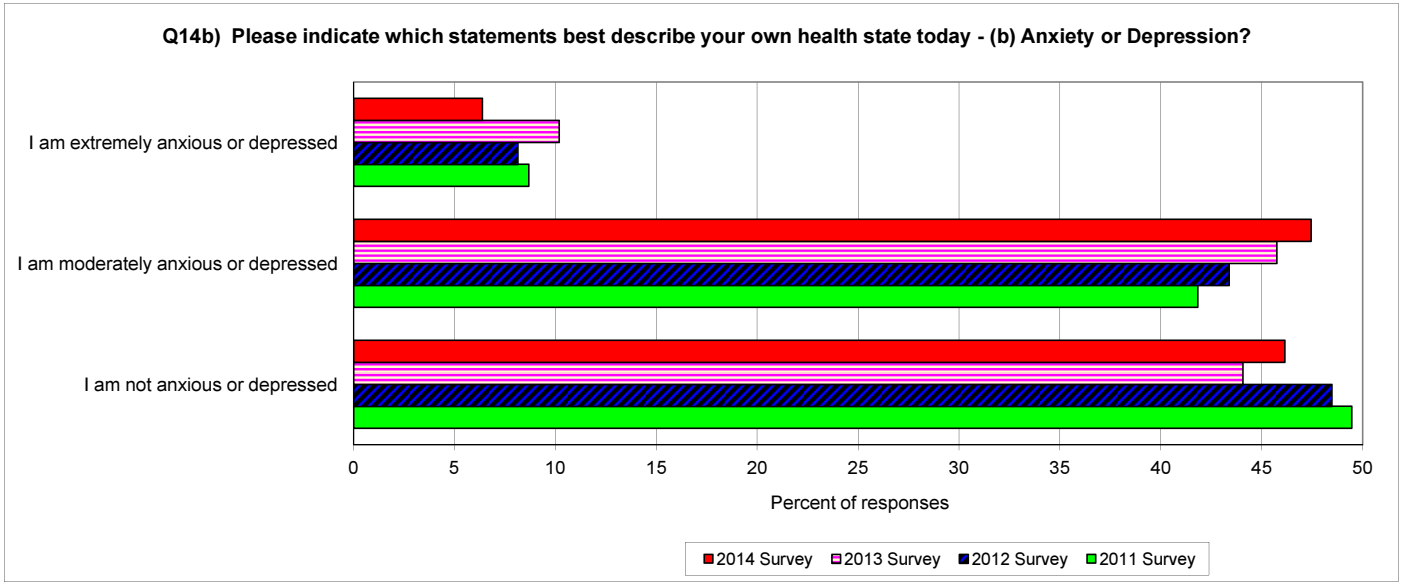
Q13 - How is your health in general?		2011 Percentage	2012 Percentage	2013 Percentage	2014 Percentage	Change
1	Very good	8.4	9.4	11.2	10.1	-1.1
2	Good	23.9	28.2	24.6	23.9	-0.7
3	Fair	44.4	43.3	43.2	43.8	0.6
4	Bad	17.3	15.1	14.6	17.9	3.4
5	Very bad	6.1	4.1	6.5	4.3	-2.2
	Total respondents	**100.0**	**100.0**	**100.0**	**100.0**	**0.0**
-9	No response					



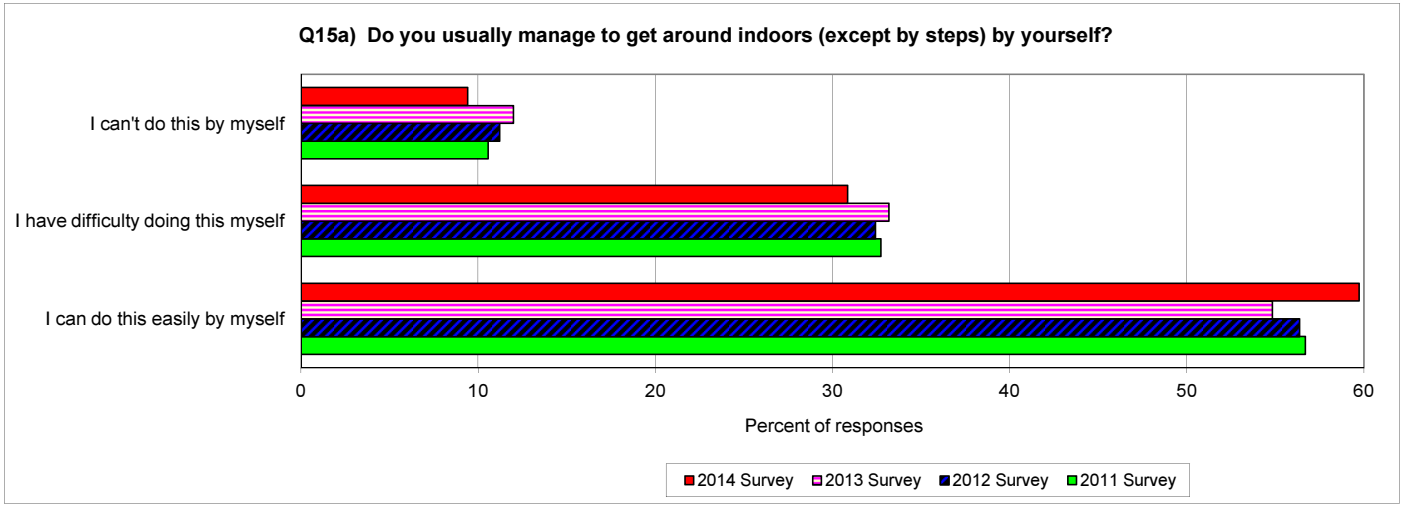
Q14 - By placing a tick in one box in each group below, please indicate which statements best describe your own health state today. A) Pain or discomfort		2011 Percentage	2012 Percentage	2013 Percentage	2014 Percentage	Change
1	I have no pain or discomfort	26.1	29.3	28.8	27.6	-1.1
2	I have moderate pain or discomfort	53.8	51.9	51.0	56.1	5.1
3	I have extreme pain or discomfort	20.1	18.8	20.3	16.3	-4.0
	Total respondents	**100.0**	**100.0**	**100.0**	**100.0**	**0.0**
-9	No response					



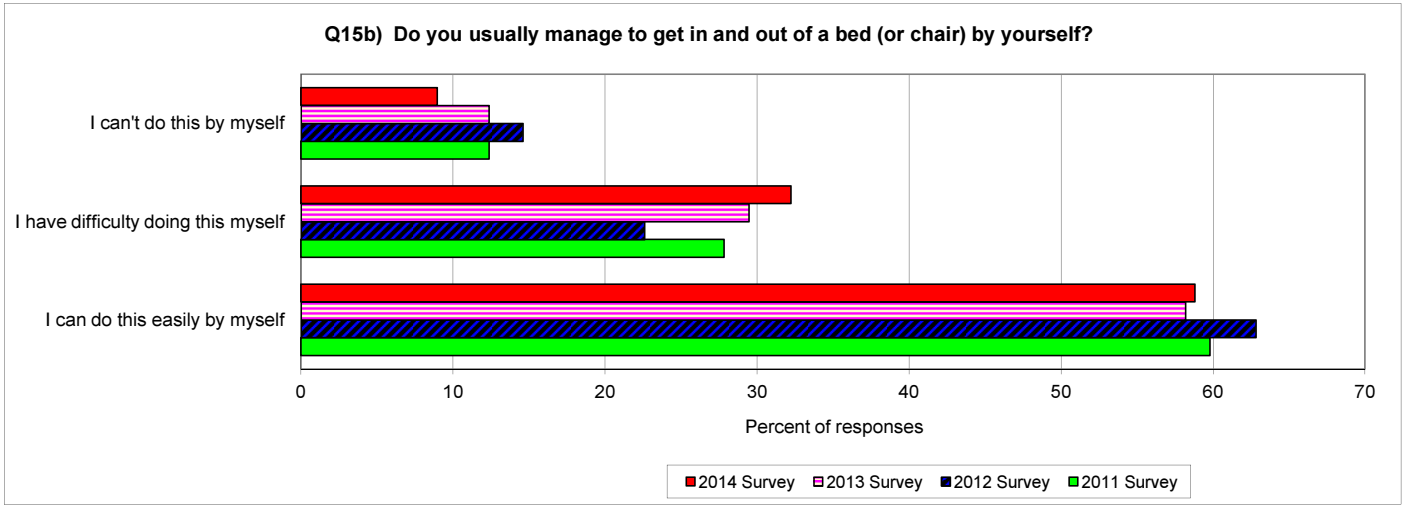
Q14 - By placing a tick in one box in each group below, please indicate which statements best describe your own health state today. B) Anxiety or depression		2011 Percentage	2012 Percentage	2013 Percentage	2014 Percentage	Change
1	I am not anxious or depressed	49.5	48.5	44.1	46.2	2.1
2	I am moderately anxious or depressed	41.8	43.4	45.7	47.5	1.7
3	I am extremely anxious or depressed	8.7	8.1	10.2	6.4	-3.8
	Total respondents	**100.0**	**100.0**	**100.0**	**100.0**	**0.0**
-9	No response					



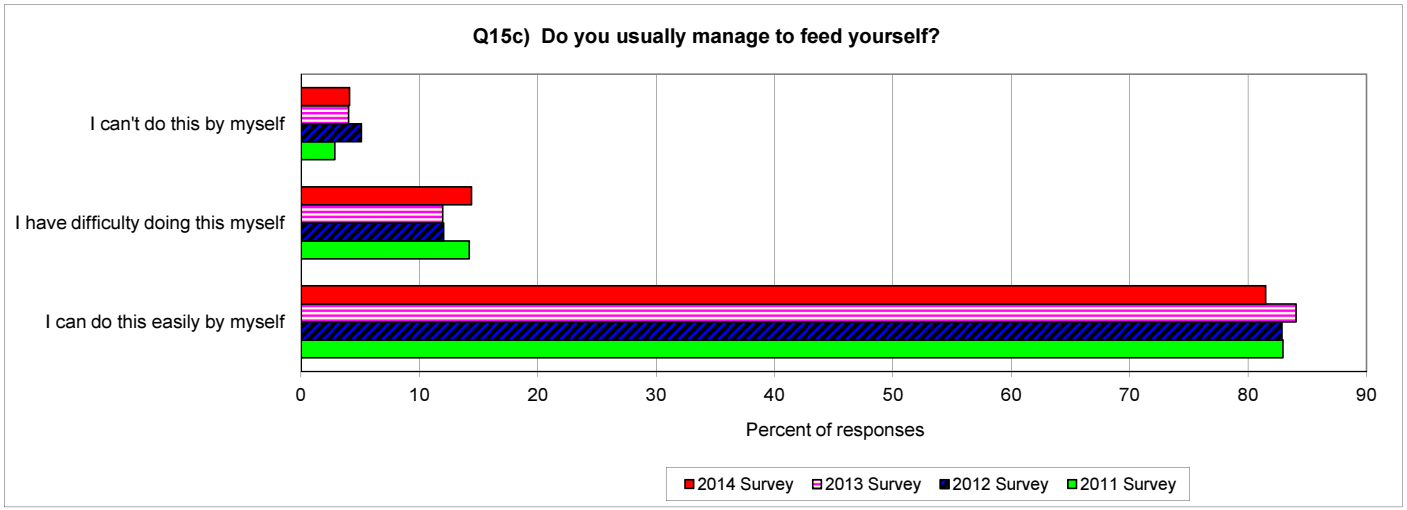
Q15 - Please tick in the box that best describes your abilities for each of the following questions labelled from a to d. A) Do you usually manage to get around indoors (except by steps) by yourself?		2011 Percentage	2012 Percentage	2013 Percentage	2014 Percentage	Change
1	I can do this easily by myself	56.7	56.4	54.8	59.7	4.9
2	I have difficulty doing this myself	32.7	32.4	33.2	30.9	-2.3
3	I can't do this by myself	10.6	11.2	12.0	9.4	-2.6
	Total respondents	**100.0**	**100.0**	**100.0**	**100.0**	**0.0**
-9	No response					



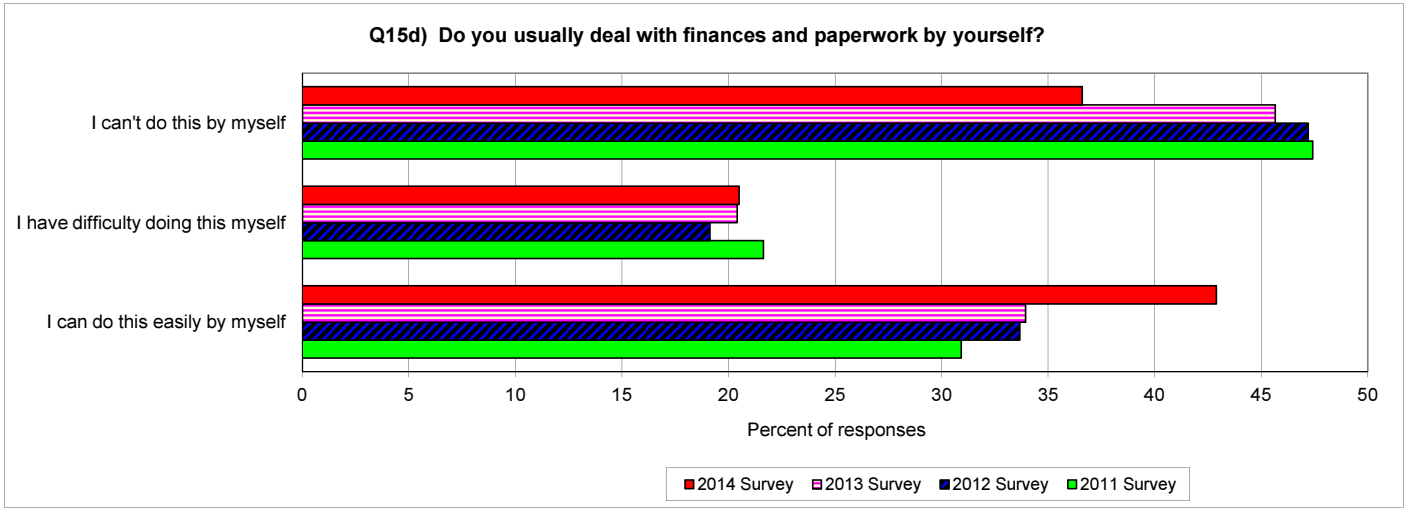
Q15 - Please tick in the box that best describes your abilities for each of the following questions labelled from a to d. B) Do you usually manage to get in and out of a bed (or chair) by yourself?		2011 Percentage	2012 Percentage	2013 Percentage	2014 Percentage	Change
1	I can do this easily by myself	59.8	62.8	58.2	58.8	0.6
2	I have difficulty doing this myself	27.8	22.6	29.5	32.2	2.8
3	I can't do this by myself	12.4	14.6	12.4	9.0	-3.4
	Total respondents	**100.0**	**100.0**	**100.0**	**100.0**	**0.0**
-9	No response					



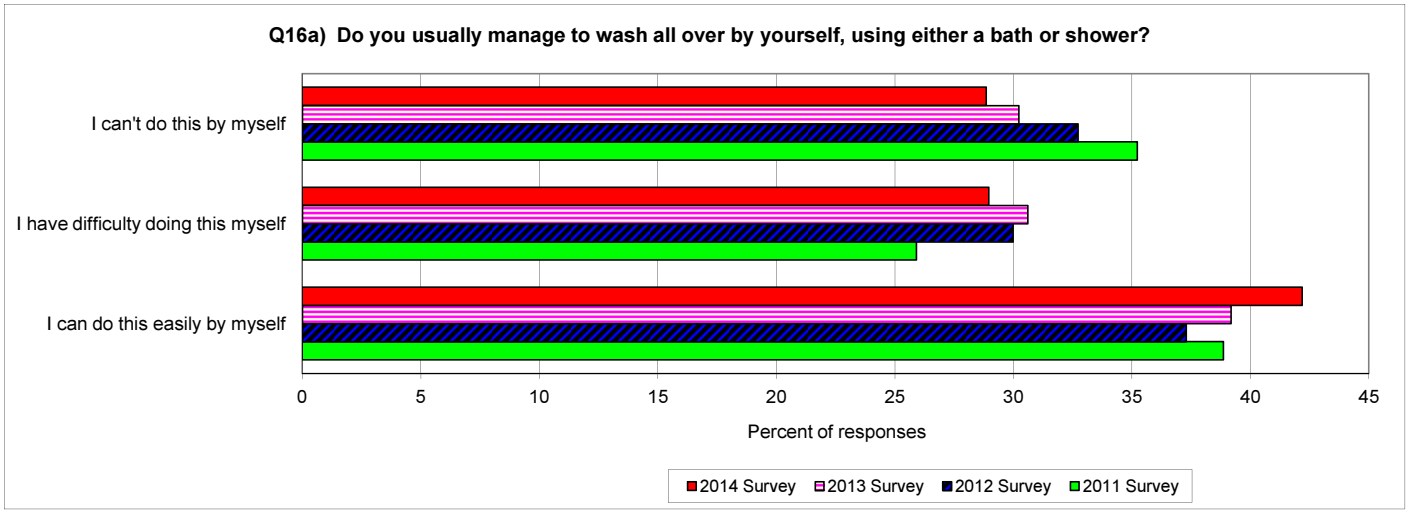
Q15 - Please tick in the box that best describes your abilities for each of the following questions labelled from a to d. C) Do you usually manage to feed yourself?		2011 Percentage	2012 Percentage	2013 Percentage	2014 Percentage	Change
1	I can do this easily by myself	82.9	82.9	84.0	81.5	-2.5
2	I have difficulty doing this myself	14.2	12.0	12.0	14.4	2.5
3	I can't do this by myself	2.8	5.1	4.0	4.1	0.1
	Total respondents	**100.0**	**100.0**	**100.0**	**100.0**	**0.0**
-9	No response					



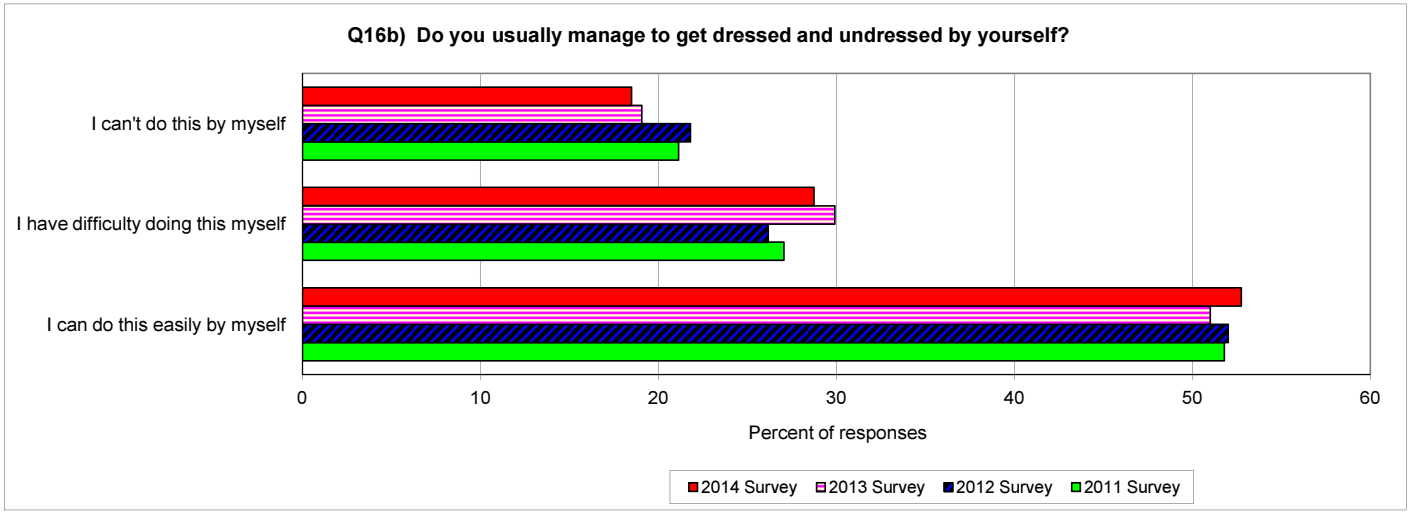
Q15 - Please tick in the box that best describes your abilities for each of the following questions labelled from a to d. D) Do you usually deal with finances and paperwork - for example, paying bills, writing letters - by yourself?		2011 Percentage	2012 Percentage	2013 Percentage	2014 Percentage	Change
1	I can do this easily by myself	30.9	33.7	33.9	42.9	9.0
2	I have difficulty doing this myself	21.6	19.1	20.4	20.5	0.1
3	I can't do this by myself	47.4	47.2	45.7	36.6	-9.1
	Total respondents	**100.0**	**100.0**	**100.0**	**100.0**	**0.0**
-9	No response					



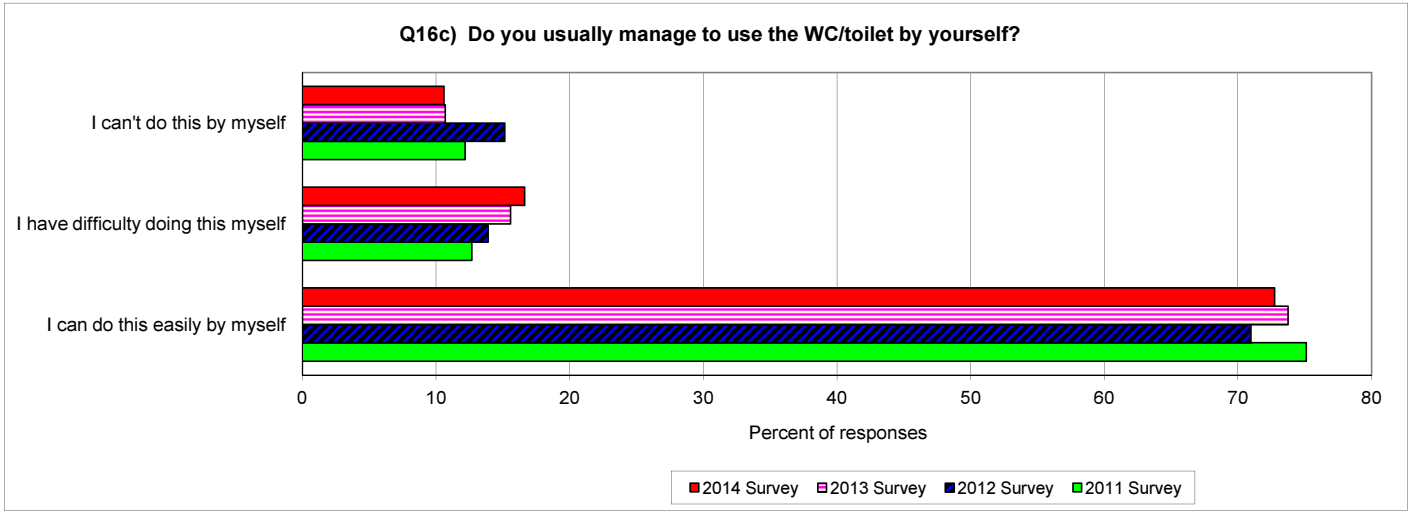
Q16 - Please place a tick in the box that best describes your abilities for each of the following questions labelled from a to d. A) Do you usually manage to wash all over by yourself, using either a bath or shower?		2011 Percentage	2012 Percentage	2013 Percentage	2014 Percentage	Change
1	I can do this easily by myself	38.9	37.3	39.2	42.2	3.0
2	I have difficulty doing this myself	25.9	30.0	30.6	29.0	-1.6
3	I can't do this by myself	35.2	32.7	30.2	28.9	-1.4
	Total respondents	**100.0**	**100.0**	**100.0**	**100.0**	**0.0**
-9	No response					



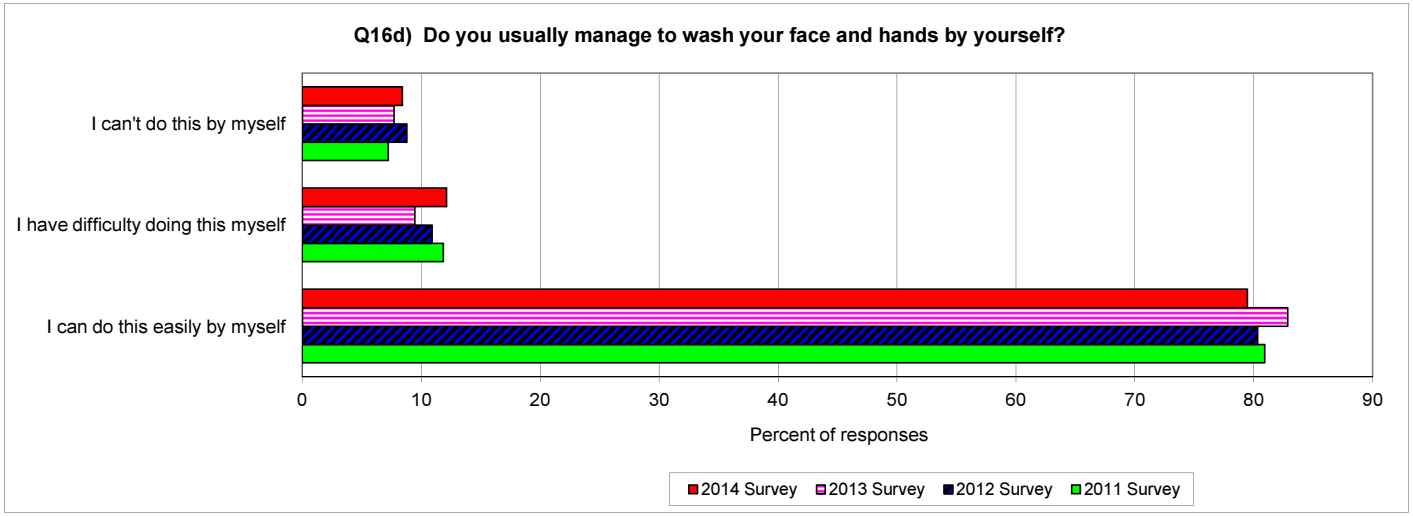
Q16 - Please place a tick in the box that best describes your abilities for each of the following questions labelled from a to d. B) Do you usually manage to get dressed and undressed by yourself?		2011 Percentage	2012 Percentage	2013 Percentage	2014 Percentage	Change
1	I can do this easily by myself	51.8	52.0	51.0	52.8	1.7
2	I have difficulty doing this myself	27.1	26.2	29.9	28.7	-1.2
3	I can't do this by myself	21.1	21.8	19.1	18.5	-0.6
	Total respondents	**100.0**	**100.0**	**100.0**	**100.0**	**0.0**
-9	No response					



Q16 - Please place a tick in the box that best describes your abilities for each of the following questions labelled from a to d. C) Do you usually manage to use the WC/toilet by yourself?		2011 Percentage	2012 Percentage	2013 Percentage	2014 Percentage	Change
1	I can do this easily by myself	75.1	71.0	73.8	72.7	-1.0
2	I have difficulty doing this myself	12.7	13.9	15.6	16.6	1.1
3	I can't do this by myself	12.2	15.1	10.7	10.6	-0.1
	Total respondents	**100.0**	**100.0**	**100.0**	**100.0**	**0.0**
-9	No response					

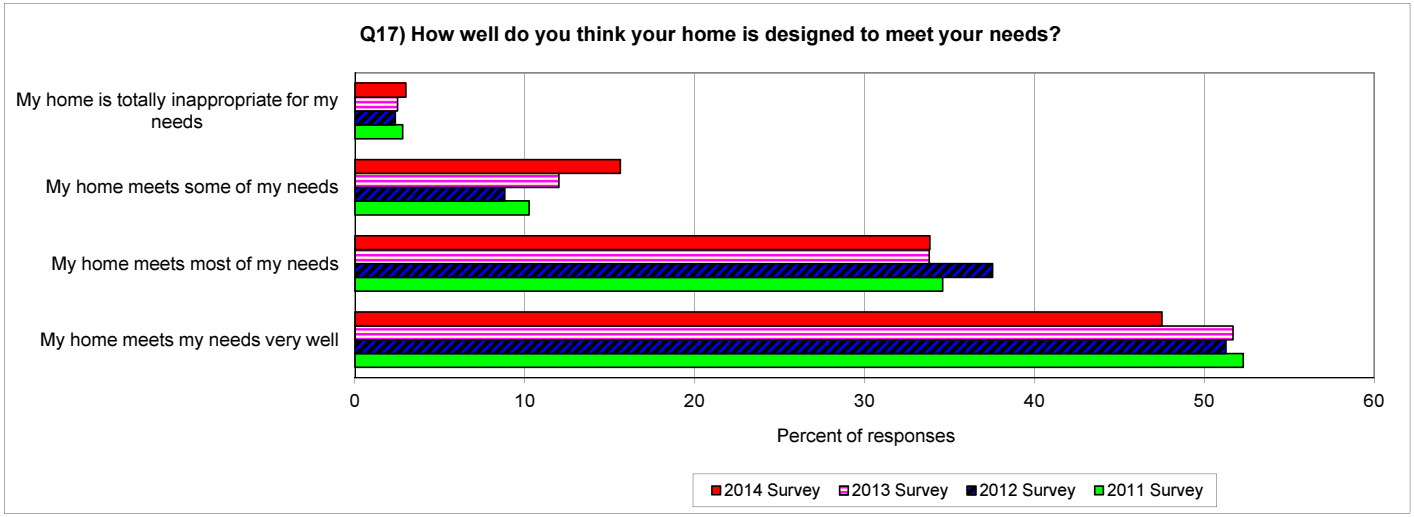


Q16 - Please place a tick in the box that best describes your abilities for each of the following questions labelled from a to d. D) Do you usually manage to wash your face and hands by yourself?		2011 Percentage	2012 Percentage	2013 Percentage	2014 Percentage	Change
1	I can do this easily by myself	80.9	80.3	82.8	79.5	-3.4
2	I have difficulty doing this myself	11.9	10.9	9.5	12.1	2.7
3	I can't do this by myself	7.2	8.8	7.7	8.4	0.7
	Total respondents	**100.0**	**100.0**	**100.0**	**100.0**	0.0
-9	No response					

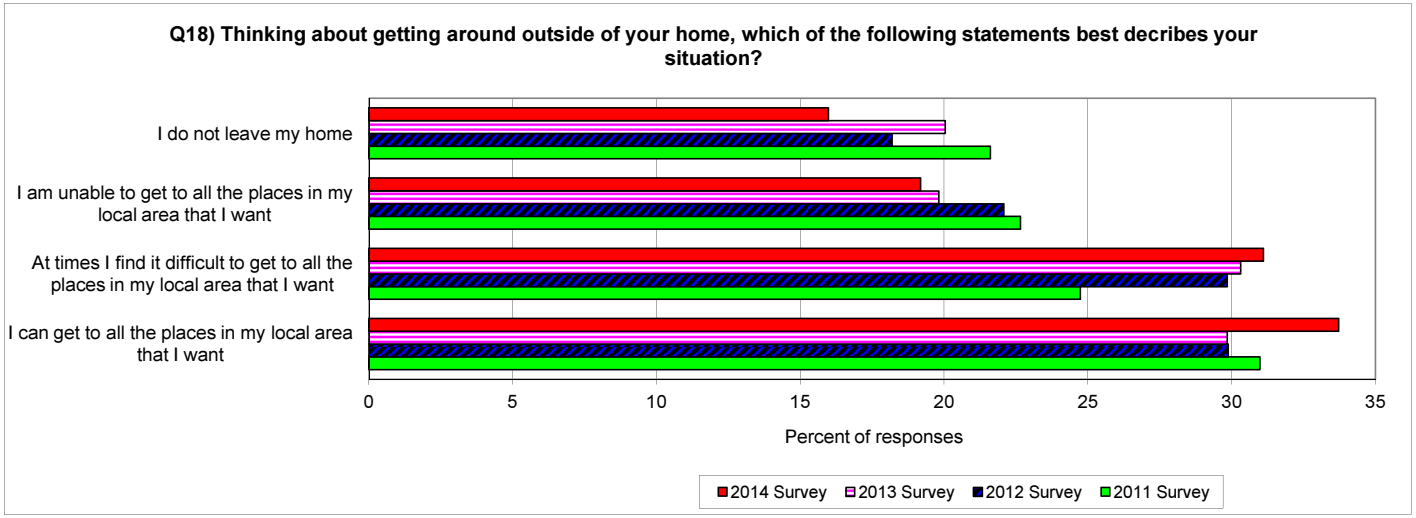


Section 6: About your surroundings

Q17 - How well do you think your home is designed to meet your needs?		2011 Percentage	2012 Percentage	2013 Percentage	2014 Percentage	Change
1	My home meets my needs very well	52.3	51.3	51.7	47.5	-4.2
2	My home meets most of my needs	34.6	37.5	33.8	33.8	0.1
3	My home meets some of my needs	10.3	8.8	12.0	15.6	3.6
4	My home is totally inappropriate for my needs	2.8	2.4	2.5	3.0	0.5
	Total respondents	**100.0**	**100.0**	**100.0**	**100.0**	**0.0**
-9	No response					



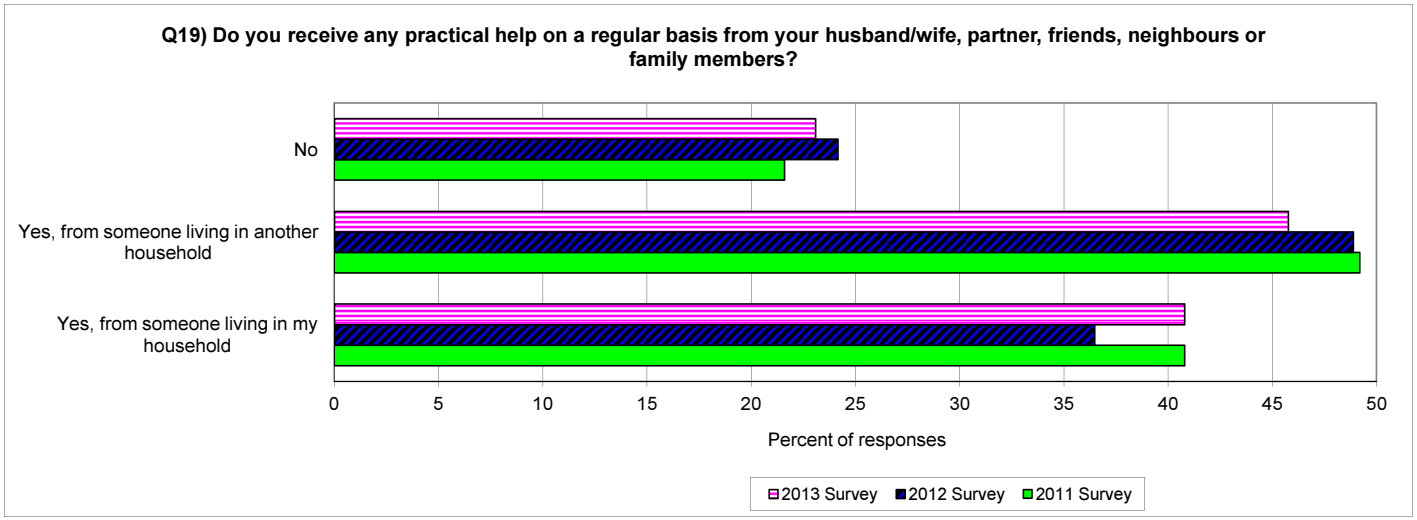
Q18 - Thinking about getting around outside of your home, which of the following statements best describes your present situation?		2011 Percentage	2012 Percentage	2013 Percentage	2014 Percentage	Change
1	I can get to all the places in my local area that I want	31.0	29.9	29.8	33.7	3.9
2	At times I find it difficult to get to all the places in my local area that I want	24.7	29.8	30.3	31.1	0.8
3	I am unable to get to all the places in my local area that I want	22.7	22.1	19.8	19.2	-0.6
4	I do not leave my home	21.6	18.2	20.0	16.0	-4.1
	Total respondents	**100.0**	**100.0**	**100.0**	**100.0**	**0.0**
-9	No response					



Section 7: About yourself, the service user

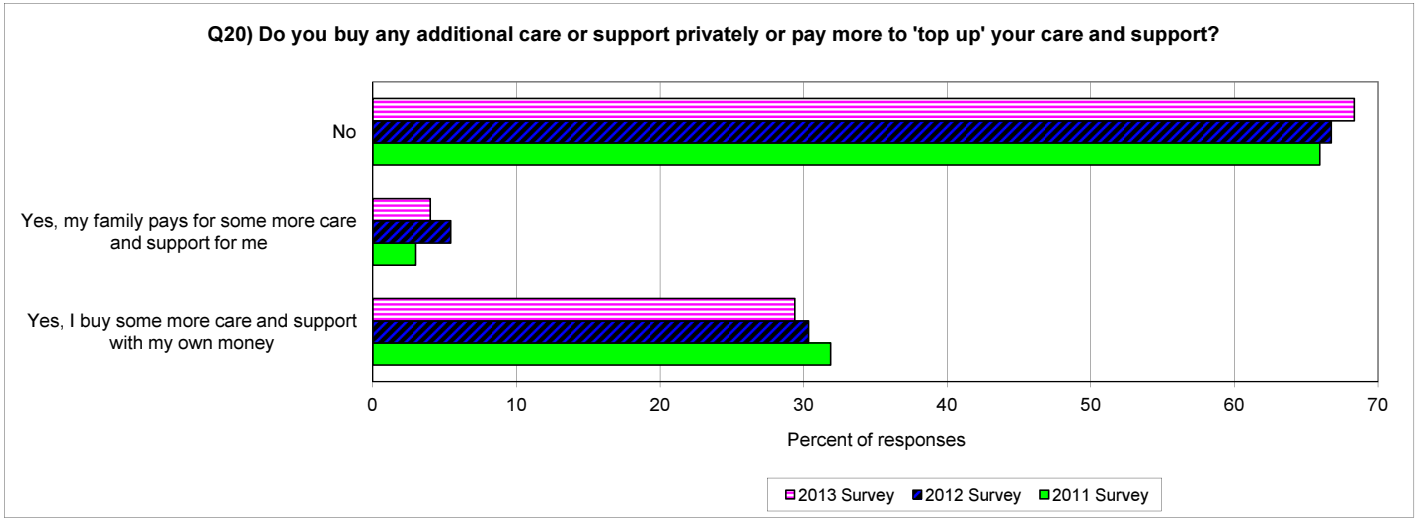
Q19 - Do you receive any practical help on a regular basis from your husband/wife, partner, friends, neighbours or family members?		2011 Percentage	2012 Percentage	2013 Percentage	2014 Percentage	Change
a	Yes, from someone living in my household	40.8	36.5	40.8		
b	Yes, from someone living in another household	49.2	48.9	45.8		
c	No	21.6	24.2	23.1		
	Total respondents who chose one or more of the above answers					

The sum of responses to question 19 a, b and c may not equal the number of total respondents as clients can tick more than one answer.

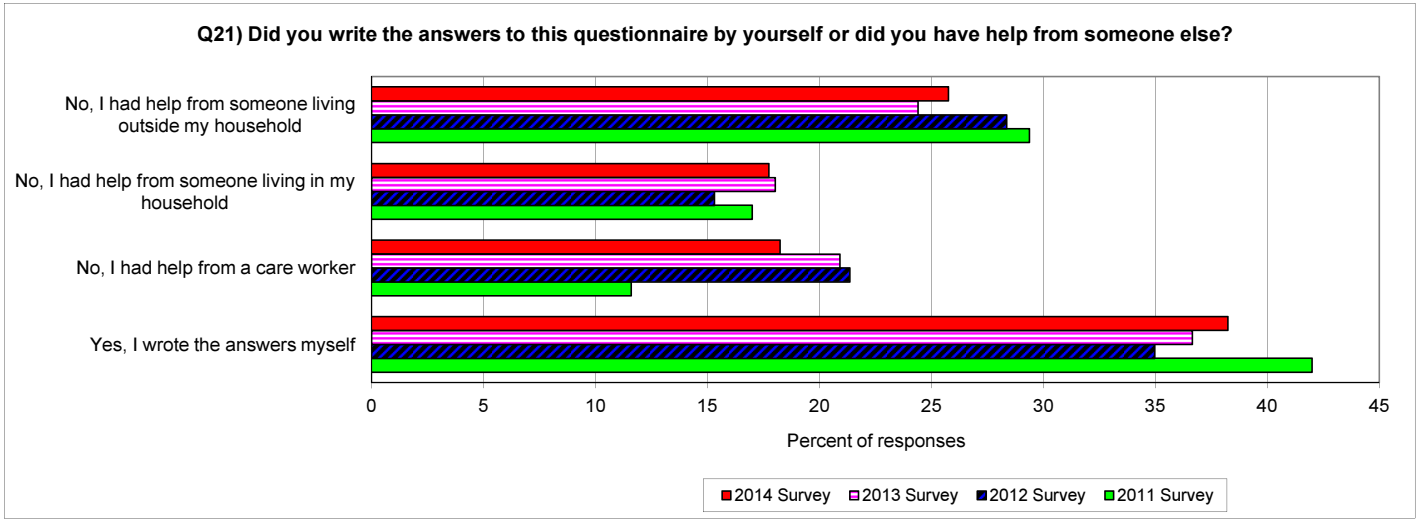


Q20 - Do you buy any additional care or support privately or pay more to 'top up' your care and support?		2011 Percentage	2012 Percentage	2013 Percentage	2014 Percentage	Change
a	Yes, I buy some more care and support with my own money	31.9	30.3	29.4		
b	Yes, my family pays for some more care and support for me	3.0	5.4	4.0		
c	No	65.9	66.7	68.3		
	Total respondents who chose one or more of the above answers					

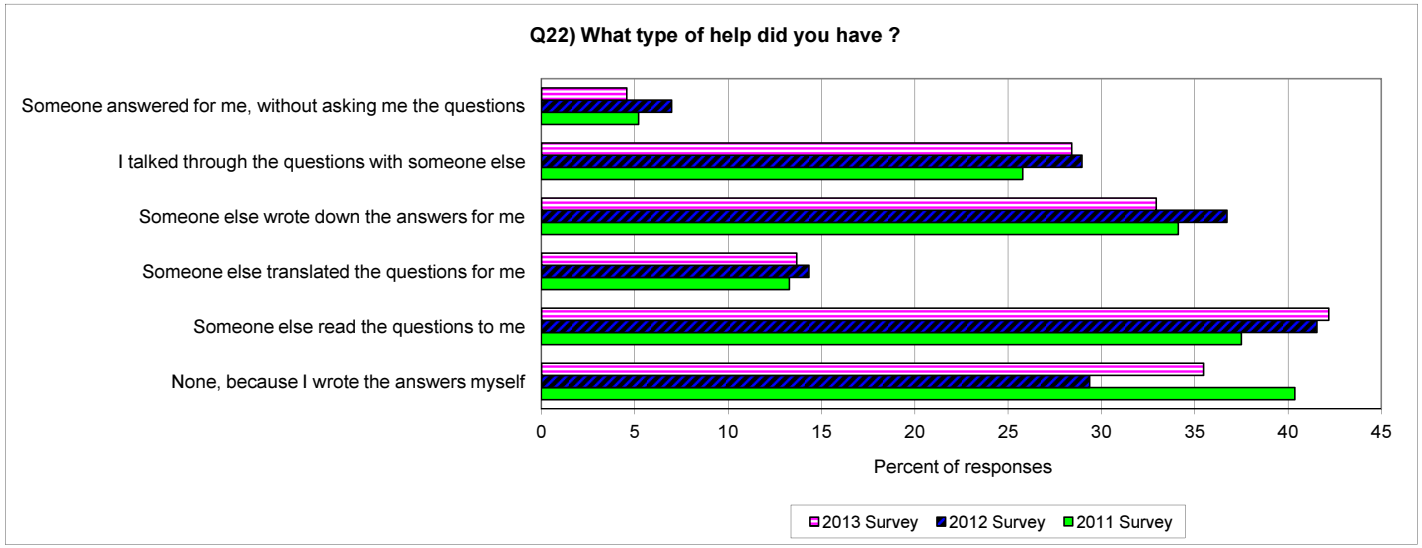
The sum of responses to question 20 a, b and c may not equal the number of total respondents as clients can tick more than one answer.



Q21 - Did you write the answers to this questionnaire by yourself or did you have help from someone else?		2011 Percentage	2012 Percentage	2013 Percentage	2014 Percentage	Change
1	Yes, I wrote the answers myself	42.0	35.0	36.7	38.2	1.6
2	No, I had help from a care worker	11.6	21.4	20.9	18.2	-2.7
3	No, I had help from someone living in my household	17.0	15.3	18.0	17.7	-0.3
4	No, I had help from someone living outside my household	29.4	28.4	24.4	25.8	1.4
	Total respondents	**100.0**	**100.0**	**100.0**	**100.0**	**0.0**
-9	No response					



Q22 - What type of help did you have?		2011 Percentage	2012 Percentage	2013 Percentage	2014 Percentage	Change
a	None, because I wrote the answers myself	40.4	29.4	35.5		
b	Someone else read the questions to me	37.5	41.5	42.2		
c	Someone else translated the questions for me	13.3	14.3	13.7		
d	Someone else wrote down the answers for me	34.1	36.7	32.9		
e	I talked through the questions with someone else	25.8	28.9	28.4		
f	Someone answered for me, without asking me the questions	5.2	7.0	4.6		
	Total respondents who chose one or more of the above answers					



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Local Account

Adult Social Care report 2011/12








www.southampton.gov.uk/living/adult-care/

SOUTHAMPTON CITY COUNCIL

Agenda Item 10

Appendix 3

Contents

Welcome

Welcome to the second Adult Social Care Local Account for Southampton which covers the period between April 2011 and March 2012.

The report covers a period of economic challenge for all local authorities as reductions in government spending are impacting on our services. However it is more important than ever that we perform well and provide good quality, safe services.

Adult Social Care made significant reductions in spending in the three years up to April 2012 of £8.9 million, whilst protecting and supporting the most vulnerable people in the city. This will be an ongoing challenge for us, but we will transform and improve our services for the users of our services within a reduced budget.

We are transforming the way that support is provided. The majority of our service users are living in their own homes and receive a Personal Budget and choose how they want to spend it. We now aim to improve the range of choices by providing people with more advice and support and to develop the range of available local services.

We are developing an effective reablement service that will also help people to achieve their own goals and to feel in control. This is central to our plans to enable people to live independently.

The Local Account has been informed by the key priorities and action plan of the Southampton City Council Plan here which highlights our commitment to improve safeguarding of vulnerable children, young people and adults.

We will continue to work with local people and organisations to make a difference to the lives of our customers through improved access to social care support, which will maximise wellbeing and independence in the local community.

We recognise the crucial role played by carers in providing unpaid care, preventing greater demand on our services and invaluable support.

We have used the feedback built on from the first Local Account to make changes to the report and make it more accessible to local people. We want it to become a report that enables local people to understand what we are doing, how we are doing it, and how well we are doing it. We want to hear your views on the report so that we can continue to develop it in a way that is meaningful and useful to you.

Introduction from Dave Shields, Cabinet Member for Health & Adult Social Care from May 2013 to present

These are difficult financial times for public services in England. The impact of the government's public spending programme is being felt particularly hard by more vulnerable members in society.

People with long term care needs or disability, people with learning disability, mental health service users, care leavers and the homeless have all been affected by reductions in Council social care budgets, wider welfare reforms and the general economic downturn. Here in Southampton the council is doing its level best to ensure that the people in the greatest need are afforded some protection from the reductions in public spending.

This Local Account provides some highlights of what we as a council have managed to achieve within a very tight budget which is a testament to the hard work and dedication of both our own in-house care staff and those employed externally on contracts with the council.

Looking forward it is hard to envisage that the current pattern of social care provision in England will remain unchanged over the next few years if current spending plans remain as they are. Councils like Southampton will be increasingly forced to prioritise their social care spending to ensure high quality outcomes and safety standards for people with the greatest care needs. Without additional funding – either from central government or from local taxes – the council will have to balance these priorities with the ability to maintain existing directly provided services.

I very much welcome the commitment of all main political parties to far greater integration of NHS and social care services. I am keen that we build on the excellent work locally on the joint 'commissioning' of care and public health so that we can create genuinely integrated services centred on the needs of our clients.

To get this right will require all service providers (public and independent sector), commissioners (buyers of outcomes) and, most importantly, service users and their carers to work better together to make sure that the increasingly limited resources available to us are used to their best effect.

What is the Local Account?

We want to be open and transparent about what we have achieved, what we can do better and what has influenced the development of our services during 2011/2012.

The Local Account is a report for local people setting out what money has been spent on Adult Social Care and what has been achieved with that money. One of the main measures of our performance is from the results from eight of the questions from the Adult Social Care Survey 2011/2012 and is called “social care related quality of life.”

What is included?

The report is based on the Adult Social Care Outcomes Framework here which is split into four areas and was developed by the Government:

- ✔**Improving quality of life for people with care and support needs**
- ✔**Promoting independent, healthy living**
- ✔**Providing positive customer experience**
- ✔**Ensuring safe care for vulnerable adults**

In each of the sections listed on the left you will find information on:

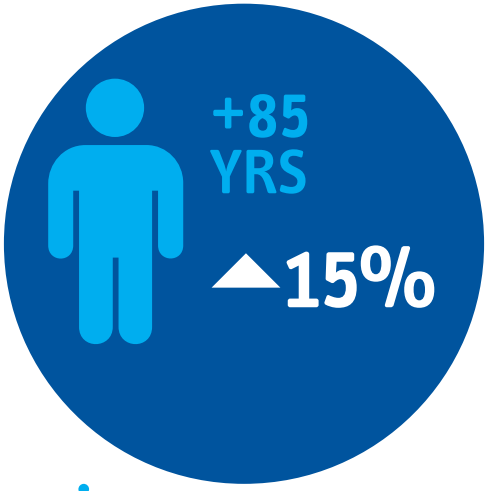
- ✔**What we did over the last year**
- ✔**What you have told us**
- ✔**Our plans to improve in 2013**

We have included a Glossary of Terms at the back of this document.

What do we know about the people of Southampton?

Southampton's Joint Strategic Needs Assessment (JSNA) provides in-depth analysis of the social care needs of local people. Some of this information is key to understanding what services we need to develop. For instance:

The 2011 census shows a residential population in Southampton of 236,900.



The number of people over 85 in the city is forecast to grow from 5,200 to 6,000 between 2010 and 2017 – an increase of over 15%.

77.7% of residents recorded themselves in the census as white British (compared to 88.7 in 2001). This suggests that Southampton is becoming a more diverse city.

The city is ranked the fifth most deprived local authority in the South East and 81st out of the 326 local authorities in England. (Based on index of multiple deprivation, 2008 census)

Who were our customers in 2011/12?

Activity

9,814	Number of times we were contacted by members of the public
4,637	Number of times we were contacted by health care professionals on behalf of members of the public
3,631	Number of new assessments
1,443	New customers aged 18–64
2,188	New customers aged 65+

About our customers

65%	Have a physical disability, frailty or life-limiting illness
25%	Have mental health issues (including those with dementia)
7%	Have learning disabilities
3%	People seeking asylum or transition to adult life

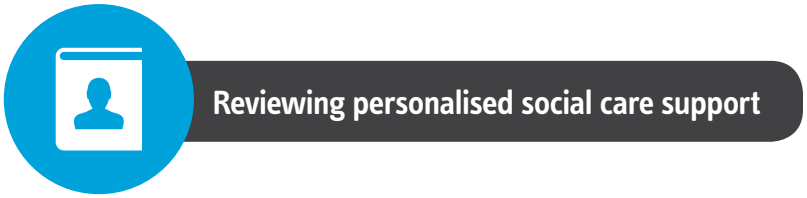
What support do our customers receive?

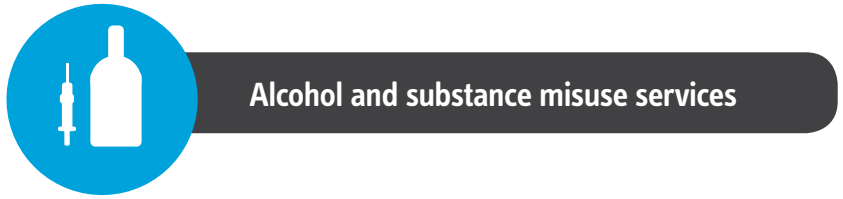
9,415	Receive Adult Social Care support in their own home
809	Receive permanent residential care
445	Receive permanent nursing care
2,915	People offered a Personal Budget
510	In receipt of Direct Payments
1,374	People provided with respite support/carer specific services

Adult Social Care Services in Southampton

Adult Social Care's key overriding objective is to make a real and positive difference to people's lives, and to improve the outcomes for people in need of services.

The Council directly provides many services and activities for the people of Southampton:





Adult Social Care Services provided directly by the council in 2011/12 include:

Residential care – three homes for people with dementia (Holcroft House, Woodside Lodge and Glen Lee), one home for people needing residential rehabilitation (Brownhill House) and one residential respite home for people with a learning disability (Kentish Road). Directly provided residential provision makes up approximately 20% of our total residential provision. The refurbishment of all five homes is almost complete which has improved the living environment for residents. Closer working relationships have been formed between Day Services and our residential homes. This means that residents have more opportunities to take part in community activities, such as gardening and working in local allotments.

City Care First Support is our reablement team which aims to provide rehabilitation and reablement to the majority of individuals referred to our services. Recruitment is continuing to expand the team so that all those with eligible needs can benefit from this service. The 'Care at Home' team within the service provides short-term 24 hour care to support people to stay at home following a crisis.

Shared Lives is a scheme where individuals and families provide care in their home for up to three people with disabilities, aged over 18. The Shared Lives scheme has historically supported people with learning disabilities but has expanded in the last year to support those with mental health needs. The campaign continues to recruit more carers to expand further and increase opportunities for people with dementia.

Day Services for people with learning disabilities are provided at Freemantle Centre, St Denys, Woolston, Prospect Resource Centre. We also provide services to people with physical disabilities at Sembal House which has currently been re-opened following a significant refurbishment, including a new café, activities rooms and IT suite. Sembal House is also used for mental health drop in groups and for health and well-being activities.

We provide the Nutfield day service which has staff trained in both care support and gardening skills. Wooden Reflections is a woodwork project for both people with learning difficulties and mental health problems. Stella Maris is a youth/drop in service for people with learning difficulties. Other agencies provide a variety of day opportunities.

In common with many other local authorities, Southampton is finding it increasingly challenging to recruit the necessary numbers of staff to meet the increasing need for Adult Social Care Services locally. We are developing a workforce strategy which will address this. Actions will include considering how we can attract people to consider a career in social care and how we can support individuals to gain qualifications.

Residential care, City Care First Support and Shared Lives are all subject to regulation and Inspection by the Care Quality Commission (CQC). Currently all of these services that we provide are meeting the required standards.

> **"The support planning team was excellent, not only compassionate, efficient but nothing was too much trouble. Thank you so much"**
>
> Service user

Bobby's Story*

Bobby was living in shared housing with other alcohol and drug users. He had mental health problems and occasional other drug use. He chose to go to a residential detox unit for 11 nights. Whilst there he worked on some of his anxieties about his living accommodation and relationship breakdowns which he found very helpful.

After detox he attended the day programme provided by the New Road Centre, changed his accommodation and was successfully discharged from treatment.

*Name has been changed to protect the privacy of customer

The external market

Most of the social care support that our customers receive is provided externally by both private and voluntary sector agencies.

Adult Social Care works with a range of partners across the council, including Housing, Leisure, Economic Development and Children's Services. Our external partners include the NHS, Clinical Commissioning Group, voluntary sector providers, private and not for profit organisations, to ensure that services that we provide to local people are of a high quality.

Issues of quality across the sector are identified by our contract management arrangements, by CQC, the Care Quality Commission or where we have individual cases of concern. We are committed to ensuring that all organisations are able to deliver safe and good quality care. We have been working with residential care providers to assess and improve quality locally. We have developed a quality audit process that will see all residential providers assessed and reviewed, with a view to supporting these organisations to improve service quality, where necessary. This programme will be rolled-out across all future care service contracts, and we will work with health colleagues to ensure consistency of approach.

Southampton is improving staff training. We continue to work with service providers to make the training we offer relevant and accessible. We have also provided resources for care homes to update equipment to enable them to be ready to work with individuals with more complex needs in the future.

We will be undertaking a review of way the council contracts with providers to ensure we are doing this the best way possible. We will also be developing a programme to work with the sector formally to both continue to improve quality and outcomes for service users, and to ensure the sector is able to respond to future demands and expectations.

Adult Social Care priorities in Southampton

We have worked with the local NHS to produce our **Joint Strategic Needs Assessment** (JSNA) view here which identifies the current and future health and wellbeing needs of the local population. It helps to identify the key issues that the local health service and the council need to work together on to improve the wellbeing of people in Southampton and will inform commissioning decisions.

The JSNA has helped to inform the Joint Health and Wellbeing Strategy view here. This is a joint strategy produced by the council and Southampton City Clinical Commissioning Group. It is designed to address some of the key health needs which will improve the health of people living in the city and reduce health inequalities.

The strategy sets out approximately 60 actions around the following 3 themes:

1. Building resilience and prevention to achieve better health and wellbeing

2. Best start in life

3. Ageing and living well

Measures from the national outcomes frameworks for Adult Social Care, Public Health and the NHS will be used to measure progress against the actions contained in the strategy.

The cost of Adult Social Care

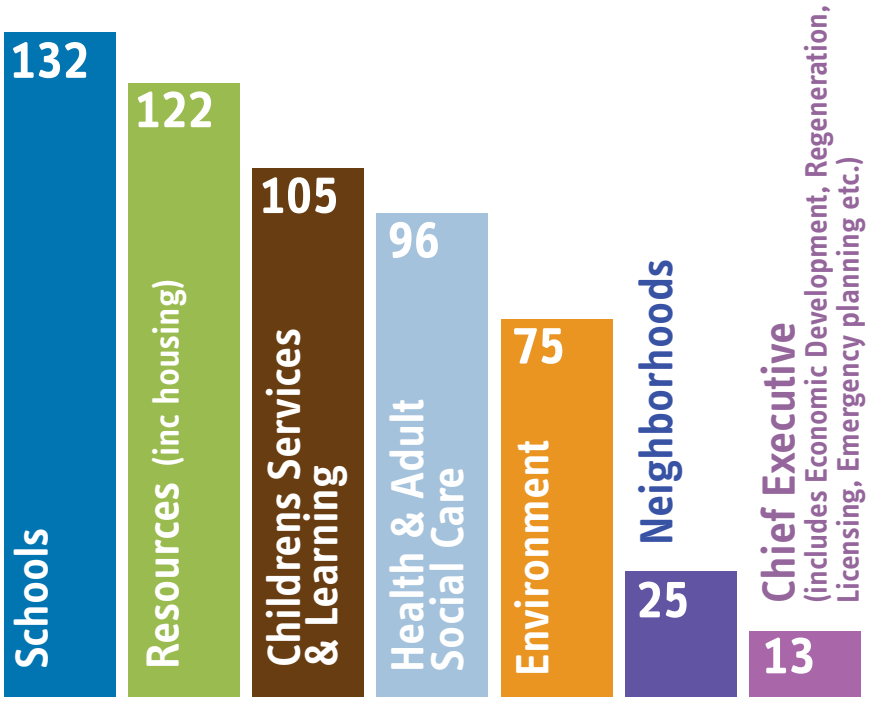
It is estimated that Southampton City Council needs to save £78m between 2013 and 2017 as a result of reductions in government funding and increasing costs. Although having achieved savings totalling £8.9m, Adult Social Care will need to continue to find savings over the next three years if the council is to achieve its £78M target.

In 2011/12 the council spent £567m. Adult Social Care makes up a significant proportion of this budget. In 2011/12 £96m was spent on Adult Social Care Services.

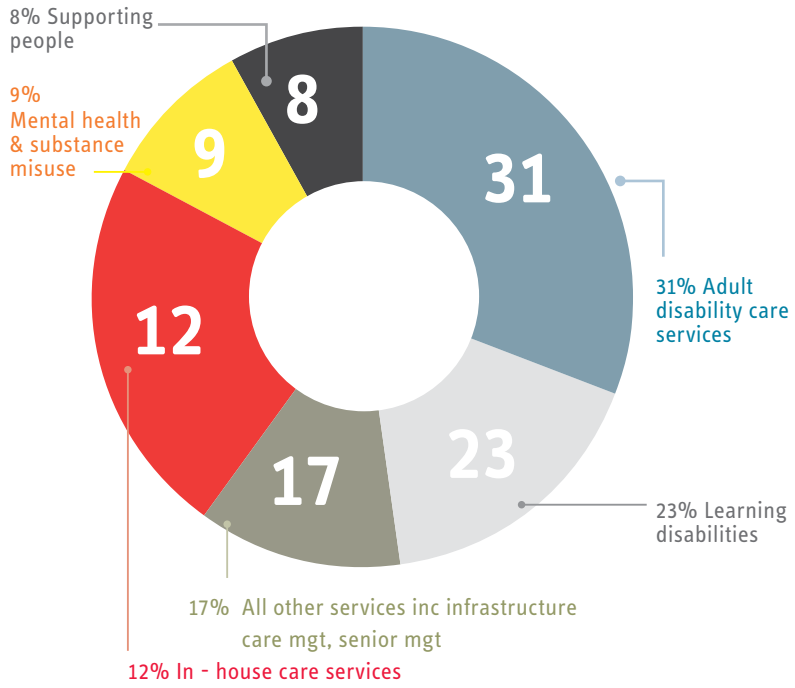
The chart shows that the services we spent the most on were adult disability care services. These are services or support that is either purchased on behalf of older or physically disabled people or is given as a Direct Payment. Within this section the majority of spend was targeted towards older people.

> **"I found the Steps to Wellbeing services very helpful, and developed a good working relationship with my therapist"**
>
> Steps to Wellbeing service user

Council budgets for 2011/2012



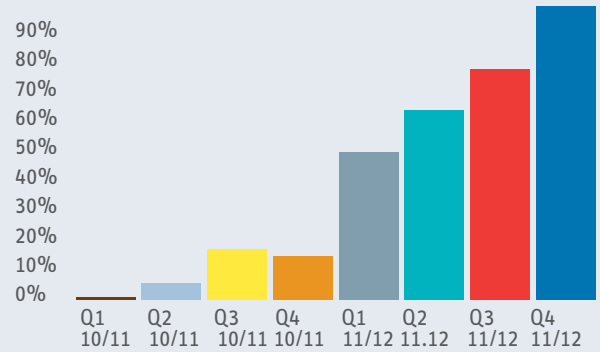
How Adult Social Care spent the money



Improving quality of life for people with care and support needs

What did we do over the last year?

- Since July 2010 all eligible new customers have been offered Personal Budgets and by the end of 2013 our aim is that nine out of ten people will have been offered a Personal Budget. The number of people opting to receive this as a Direct Payment continues to increase.



% of people eligible for support offered a Personal Budget

Personal Budgets

Personal Budgets

- The system used to decide the level of funding eligible customers receive from the council has been improved. The system now takes into account the views of carers and any short term increased support someone might need to improve their independence.

- We are developing a quality audit process that will see all local residential providers assessed and reviewed, with a view to supporting these organisations to improve service quality, where necessary.

- One of our aims for 2011/2012 was to help our customers make better use of their leisure time. In our survey the percentage of customers able to spend their time doing things they enjoy or value increased from 57% to 66%.

- A 'pilot' support planning team has gathered evidence to inform what support our customers will need in future so that resources can be developed in the community. This will enable people to manage independently as much as possible.

What did you tell us?

- When we asked our service users 'overall, how satisfied or dissatisfied are you with the care and support services you receive?' 92% responded by saying that they were satisfied. Of which, 40% said they were 'very satisfied' and 27% said they were 'extremely satisfied.'

In the Adult Social Care Survey you told us that:

- 77% of our customers felt they had at least adequate control over their daily life.

- 66% of our customers are able to spend their time doing things they value or enjoy.

- 96% of people with a learning disability felt they make all the choices they want and are happy not to make the ones they don't make.

Plans to improve in 2013

- To develop new innovative ways to meet the social care needs in the community.

- To build upon the success of the quality audit process developed with local residential providers and roll this out to all Adult Social Care Services in the city.

- We are exploring ways to provide improved assessment and support to carers.

- Our processes are being redesigned so that customers no longer need to continually repeat the same information to a number or professionals.

One of our priorities 2011/2012 is to make better use of web-based services so that customers can find the information they need and access the support they need without coming to us in person.

Promoting independence and healthy living

What did we do over the last year?

- We supported the development of the Southampton Service User Network (SSUN), an organisation run by and for the benefit of people who have experience of mental illness. This enables those involved to be in control of how they are supported and to offer support to others. SSUN's aim is to be the 'one stop' place in the city to access information, practical peer support and social contact with others and this enables people to go from strength to strength.

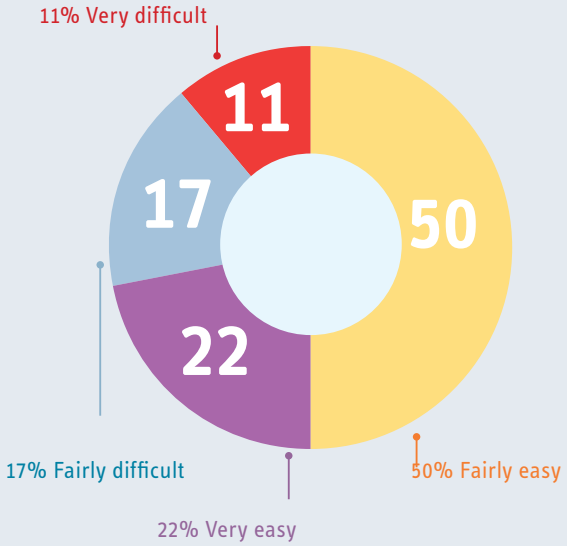
- Southampton participated in two personal health budget pilot schemes, one for people with NHS continuing health care needs and one for people who misuse alcohol. The majority of people who took part in a personal health budget pilot benefited through both improved outcomes and increased satisfaction levels. Among the reported benefits were increased self-confidence, a better social life, reduced use of GP services and prescriptions and better relationships with health professionals.

- Continued development of the telecare service within the city to enhance opportunities for individuals to live at home independently.

- A review of the Joint Equipment Store was completed in 2012, and a tender process commenced for equipment provision across Southampton City Council and the Clinical Commissioning Group. The provision of equipment and technician service has been redesigned to improve the service and provide improved value for money.

What did you tell us?

In the past year, have you found it easy or difficult to find information or advice about support, services or benefits?



Plans to improve in 2013

- Continue to build upon the review of the Joint Equipment Store ensuring that services provide value for money and are customer focussed.

- The majority of people contacting Adult Social Care for the first time want advice or information and we need to improve how we provide this. A central contact point is being developed where staff will be able to listen, advise, take information, signpost to other organisations if appropriate, supply or inform about equipment purchase or refer on if ongoing support is needed.

- We need to focus much more on getting people well, healthy and independent. In future the reablement service will be the starting point for the majority of people in need of adult social care services. This service will encompass personal care services, day service, OT and specialist recovery provision. Assessments and support will be much more based upon customer goals and on enabling customers to manage and control care themselves in the way that they want.

"Many thanks for your help in setting up the support plan for our mother. Without you and your team's efforts we would not have know what was possible"

Mr Lawrence

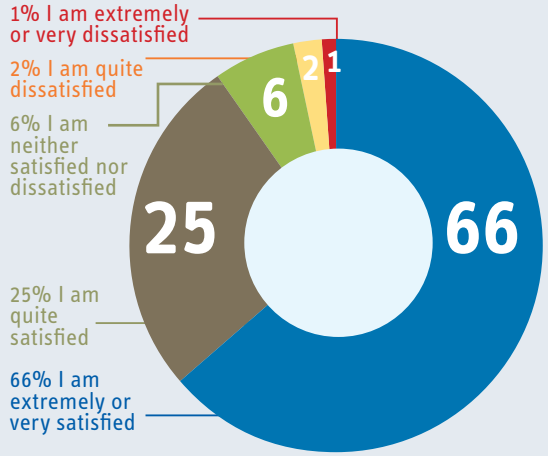
Providing a positive customer experience

What did we do over the last year?

- 330 carers received separate assessments. This is a significant increase from the previous year.
- Southampton 'Improving Access to Psychological Therapies' service (IAPT) has been extremely successful. At the end of treatment 98% of patients felt that at the assessment, they would get the care that mattered to them either most or all of the time. Patients described the service as 'first class', 'brilliant', 'excellent', 'positive', 'thought provoking', 'challenging'.
- Technology has been made available to City Care First Support and occupational therapists to enable them to record assessments and plans within people's homes. This has quickened the process and enhanced the customer experience.
- A process has been developed to enable the linking of records within the Social Care IT system and the Health IT system.
- We are working in partnership with the Clinical Commissioning Group (CCG) to help shape services in Southampton.
- We have developed a new 'Contributions Policy' which will ensure that there is a fair, transparent and consistent approach to charging all people who receive support from Adult Social Care.

What did you tell us?

Overall, how satisfied are you with the care and support services you receive?



Plans to improve in 2013

- We are changing our service by working in partnership with Housing, Children's Services and Public Health and have formed a new directorate called People. The aim is to streamline the way we work and collect information so that customers are only assessed once.
- Although carers have reported that they feel involved in discussions, they feel that we need to improve access to information and advice about services, benefits and support. A review of internet based information is being carried out as well as a review of all fact sheets aimed at carers.
- The Consult and Challenge group view website here is a Southampton 'co-production' group and is attended by a group of service users and carers. The group aims to ensure that through working in partnership, service users and carers work alongside professionals and are involved at every level of project delivery. The Consult and Challenge group want to see disabled people involved in all decisions that affect them from ground level up to government level which is apparent from their vision Statement - **Disabled People heard loud and clear!**
- We believe that reviews are a valuable means to ensure that people are safe, and to assess and review the quality and effectiveness of the support. We are now increasing the focus of our work on outcomes and therefore we will need to review more frequently. We plan to involve customers in agreeing the frequency of their reviews and to improve timeliness by implement a reviewing team.
- Customers and staff become frustrated at delays and bureaucracy involved in making minor changes to a care plan in the event of a small change in circumstance, such as a carer being ill or a fall. In future we will plan ahead for crisis or changes in circumstances which will ensure customers can get an immediate decision to increase or decrease care provided by the council.

Ensuring safe care for vulnerable adults

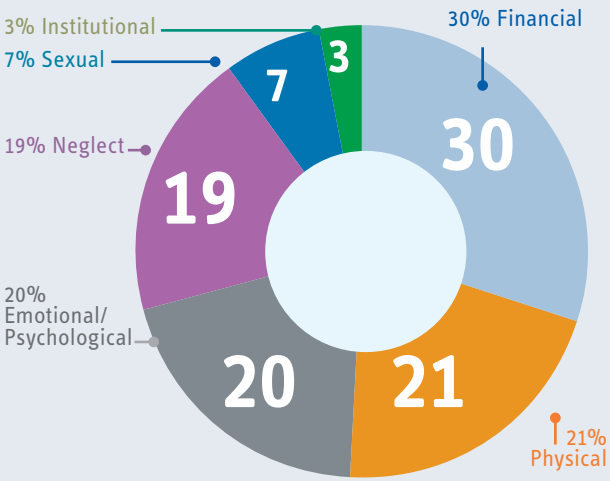
What did we do over the last year?

- Trading Standards, in conjunction with Adult Social Care, are developing a 'Trigger Tool' to enable those persons providing services such as Environmental Health or Housing to recognise areas of need and provide those people who are vulnerable with information and resources to support them.
- When an individual opts to receive a Direct Payment but there are concerns around potential financial abuse, a Multi-agency Risk Panel has been developed. The panel, in conjunction with the customer considers the level of risk and benefits and works to ensure that safeguards are in place. A formal reviewing and monitoring process has been implemented to support the identification of financial abuse for more vulnerable recipients of a Direct Payment.
- Positive Risk Policy has now been launched to support staff to facilitate positive risk taking and reduce risk in the use of Personal Budgets.

> **"He's come on leaps and bounds since the Personal Assistants have been in – he's a lot happier"**
>
> Daughter of a service user with dementia

- Adult Social Care representatives now attend the Children's Safeguarding Board as many risk situations involve both services.
- The Safeguarding Board has developed the multi-agency 'Speak Out' leaflet which has been widely distributed. These efforts to increase awareness of risk to vulnerable people has resulted in higher than average number of safeguarding referrals. 63% of our referrals involved safeguarding concerns about people in their own homes (national average is 40%).
- A Community Safety Resource Pack has been developed to help Adult Social Care staff identify appropriate mainstream services and resources to support people at risk of harm to live safely in their community. The pack highlights a range of community safety issues including Domestic Violence, Hate Crime, Anti-Social Behaviour and Honour Based Violence.
- A 'Learning Log' has been launched. Staff use this to share good practice and keep their knowledge and skills around safeguarding up to date.
- Our safeguarding information pages have been developed to help people report concerns or identify who they need to contact should they have any worries about a family member, friend, neighbour etc.
- Adult Social Care is currently undertaking a pilot study with service users to explore it's experiences of being safeguarded. This project will explore with service users their experiences, where things worked well and where the service can be improved to better meet people's needs. The aim of this project is to ensure excellent customer service that respects individuals is maintained alongside effective, speedy responses where concerns are raised.

Percentage of Adult Safeguarding Referrals by Type of Abuse 2011-12



Martin's Story*

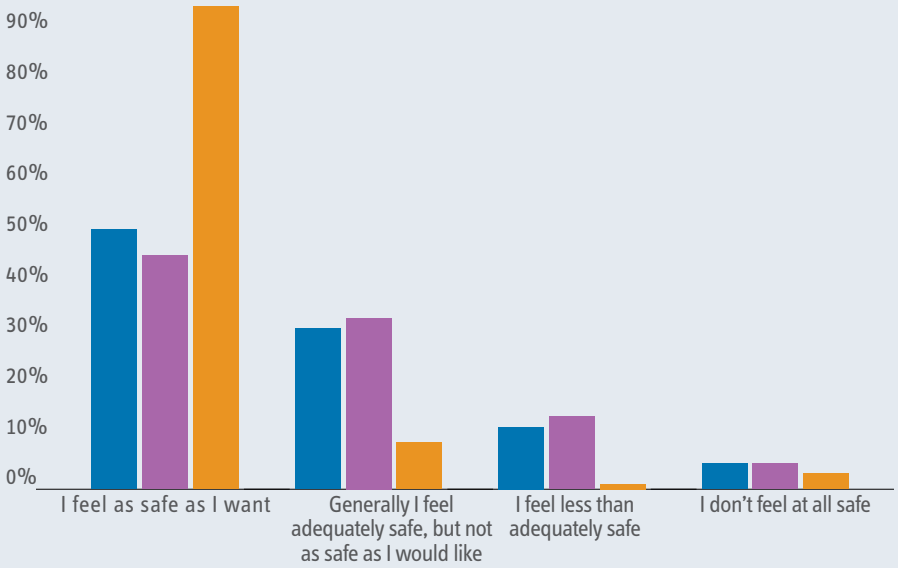
Martin is 52 and has dementia. He has specialist Personal Assistants working with him in his flat to enable him to continue living in the community. He was a keen sportsman who played rugby for Southampton Rugby Football Club for 34 years.

The Personal Assistants have helped him keep in contact with his friends from the rugby club. His friends encouraged him to walk a marathon on the Isle of Wight and he hopes to raise £2000 for Alzheimer's Society. It has given him purpose and a big lift.

*Name has been changed to protect the privacy of customer

What did you tell us?

Which of the following statements best describes how safe you feel?



Plans to improve in 2013

Engagement
We will publish a safeguarding awareness and publicity plan to raise the profile of adult safeguarding and to engage local services and the wider community in a dialogue about the role they play in keeping local people safe. This will reinforce the message that safeguarding is everyone's business.

Family Group Conferences
We will be working to use family group conferences more frequently as part of the safeguarding process as a means of enabling families to come up with their own solutions.

Effective partnership working
We will be undertaking a range of activities designed to find out how effectively local agencies are working together to safeguard local people and to use the results to improve joint working arrangements. This will include undertaking audits and reviews of practice and using the result to improve services.

Monitoring the impact of safeguarding adults work
We will develop a multi-agency approach to performance monitoring so that we can better evidence the quality and impact of our adult safeguarding work.

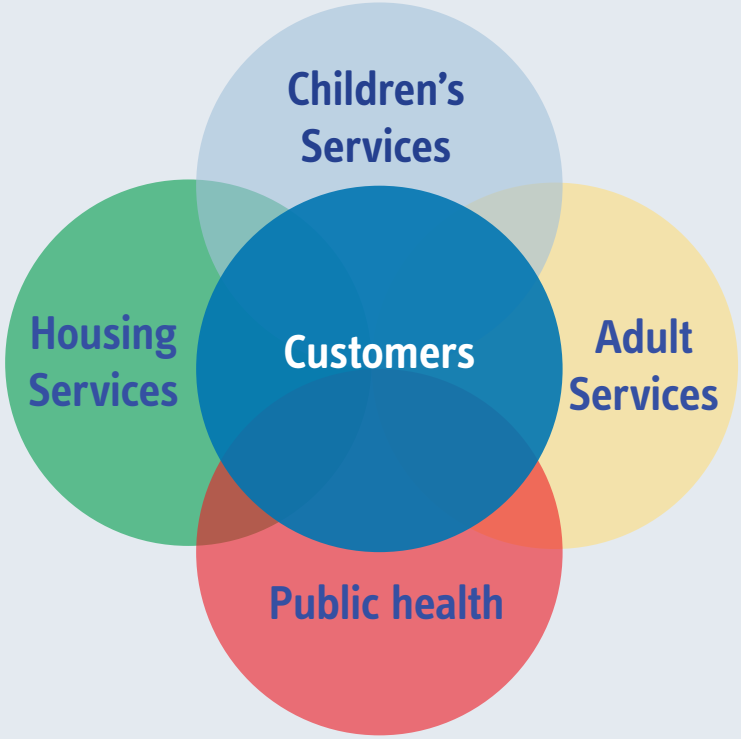
Accountability
We will be making sure that our local safeguarding adults board is able to provide strong leadership for safeguarding adults at risk locally and that it has the right arrangements in place to enable it to challenge and hold local services to account.

Plans and priorities for 2013/2014

In order to become a modern, efficient organisation focused on and valued by its customers we need to:

- Change, become more streamlined and shape Southampton City Council for the future.
- Be able to respond to the enormous changes that are taking place in the public sector, the rising demand on our services and the significant financial challenges we face.
- Ensure that the council is fit for the future, so that we make the best of opportunities as well as meet the challenges we face.
- Work with communities to help them become more resilient and self reliant.

The People directorate was formed on 1 April 2013 and will provide the foundation for delivering more customer focused, better value people services in the city, by creating closer working between Adult Services, Children's Services, Housing Services and Public Health, whilst keeping our customers at the centre of everything we do.



Linda's Story*

Linda is 28 years old and has a rare degenerative condition affecting her hearing and sight. Linda had lost confidence and rarely went out on her own and was unable to take her young son to school.

Through the support of the Sensory Services Team Linda has built up the confidence to travel independently and is now able to take her son to and from school.

Linda is about to start training as a volunteer at the Eye Unit and for the first time feels able to be part of the community.

*Name has been changed to protect the privacy of customer

Transforming Adult Social Care and meeting need

The increase in demand for Adult Social Care services, both as a result of an ageing population and the economic climate, needs to be effectively managed to ensure that the most vulnerable and disadvantaged are appropriately supported to maintain their independence. This requires balancing the investment in prevention, early intervention, reablement with intensive care and support for people with high-level complex needs.

There are additional challenges and opportunities arising from the transfer of Public Health from the NHS to the council in April 2013. There are new statutory functions which the council will be responsible for. These include sexual health services, NHS Health Checks, healthy weight services and a responsibility for protecting the health of the local population. The approach to commissioning services to meet need across a wider remit will need to be effectively aligned with long-term integrated commissioning plans to ensure that outcomes are maximised, particularly for those people in Southampton who are most disadvantaged, deprived and vulnerable.

We have recognised that our systems and processes have meant that we have sometimes had difficulties collecting accurate information about how well we are performing, and without this information it is difficult to predict what we need to do for the future. A new system of collecting information and feeding this back to senior managers has been proposed and this will help us with our future decision making.
The 'scorecard' is completed monthly and provides accurate information about services and customers, complaints, finance and staffing.

Glossary

Benchmarking
Local authorities regularly compare their costs and activity levels against other authorities, to identify good practice and learn from other authorities; this activity is known as benchmarking.

Block Contracts
A block contract is where the authority groups together a block of similar services for tender to an external organisation, guaranteeing a certain amount of business with the company.

Care Quality Commission (CQC)
The Care Quality Commission began operating on 1 April 2009 as the independent regulator of health and adult social care in England. They replaced three earlier commissions: the Healthcare Commission, the Commission for Social Care Inspection and the Mental Health Act Commission. Their job is to make sure that care provided by hospitals, dentists, ambulances, care homes and services in people's own homes and elsewhere meet government standards of quality and safety.

Carer
If you care for someone who is frail, ill or disabled, and you are not paid for this, you are a carer. Usually you will be caring for a relative or friend, and you can be of any age.

City Care First Support
City Care First Support is a joint Adult Social Care team specialising in rehabilitation services and preventing entry to hospital. It works in an intensive way with users to help them regain or maintain their independence. 50% of service users regain sufficient mobilisation to live independently in the community without ongoing support.

Commissioning
The term commissioning means the way that the local authority and health authority plan, organise and buy services to do with care in the community.

Community Care
Community Care means all the services and support we give to people who have problems caused by getting old, or with mental health, learning disabilities and physical or sensory disabilities. We try to help people live independently in their own homes, or in homely surroundings in the community (including residential and nursing homes).

Continuing Health Care

This is healthcare that is provided over a long time, or for an unknown period of time. Continuing Care can be provided in hospital, or you can be supported by health services at home or in residential or nursing homes. The NHS and Adult Care and Support have to meet all the health and care needs they have identified.

Day Care
Day-time care is usually provided at a centre, and offers a wide range of services from social and educational activities to training, therapy and personal care.

Domiciliary Care
This means services provided to you at home, that help you to live independently within the community. Domiciliary care can include meals on wheels, community nursing and home care. Home care services may be arranged either from Adult Care and Support or from a voluntary or independent provider.

Joint Funding
This is where two or more organisations, for example Adult Care and Support and Health, agree to share the costs of running a project or service.

Multi-disciplinary
This is a team or group which is made up of people from several different statutory (legal) and/or non-statutory organisations, who all have different areas of expertise.

Providers
Any person, group of people or organisation supplying a community care service. Providers may be either statutory (set up by government/legislation) or non-statutory people or organisations.

Referral
We make a referral when you contact us for help. A referral is usually a set of notes taken during your first contact with Adult Services. We use the notes when we meet you to make an assessment of your needs. You don't have to phone us in person for us to make a referral for you. Someone can call us on your behalf, for example a GP, or a relative or friend.

Rehabilitation & Reablement
This involves teaching people the skills to help them remain living independently in their own homes. This can be after an operation or illness, and can involve a Physiotherapist or Occupational Therapist.

Respite Care
If you are a carer this can give you a temporary break from the care you provide. The respite care may take place in the home of the person you care for, with an approved carer, or in a day centre, or in a setting away from the home. It may be for very short periods of a few hours, more typically for one or two nights, or for longer periods of up to 2-3 weeks.

Safeguarding of vulnerable adults
In 2000, the Department of Health and the Home Office jointly published the 'No Secrets' document. This provided the framework for councils to work with partner agencies such as the police, NHS and regulators to tackle abuse and prevent its occurrence. Local authorities were given lead responsibility for setting up multi-agency committees and procedures.

Spectrum Centre for Independent Living
Spectrum CIL is an organisation of disabled people firmly rooted in the disability movement, born of the civil rights campaigns in the sixties; the guiding principle being that disability issues are human rights issues. They work to the 'social model of disability' which defines disability in terms of negative attitudes and discrimination caused by a society which fails to meet the needs of people with impairments.

Self Directed Support
Self directed support is about people being in control of the support they need to live the life they choose. It is often referred to as 'personalisation' or 'personal budgets'. There are different ways to describe it, but whatever name is given to it, it is about giving people real power and control over their lives. People are able to self-direct their care or support in a number of different ways:

- **A personal budget**. This is money that is available to someone who needs support. The money comes from their local authority services. The person controlling the budget (or their representative) must:

  - know how much money that they have for their support

  - be able to spend the money in ways and at times that make sense to them

  - know what outcomes must be achieved with the money.

- **An individual budget**. This is money for support that could come from several places - including social services, the Independent Living Fund and Supporting People.

- **A Direct Payment**. This is money that is paid directly to you so you can arrange your own support.

- **A personal health** budget is relatively new and the Department of Health is still in the process of piloting them. It is an allocation of resources made to a person with an established health need (or their immediate representative).

Spot purchasing
This is a method of buying services for individuals. Buying services this way, means we can be very flexible and make sure you get exactly what you need. This differs from the block contract way of buying services.

Voluntary sector
Organisations, often charities, which operate on a non profit-making basis, to provide help and support to the group of people they exist to serve. They may be local or national, and they may employ staff, or depend on volunteers.

For further information please contact:

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Email: jeanette.clarke@southampton.gov.uk

www.southampton.gov.uk/living/adult-care/info/how_doing.aspx

SOUTHAMPTON CITY COUNCIL ®

01.14.24775

DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:		QUALITY EXCEPTION REPORT – FOCUS ON RESIDENTIAL AND DOMICILIARY CARE		
DATE OF DECISION:		24 JULY 2014		
REPORT OF:		DIRECTOR OF QUALITY AND INTEGRATION		
CONTACT DETAILS				
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	E-mail:	**Kate.Dench@southampton.gov.uk** **Carol.Alstrom@southamptoncityccg.nhs.uk**		
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STATEMENT OF CONFIDENTIALITY
None

BRIEF SUMMARY

This report provides an overview, by exception, of key quality of care issues for the main health and care provider organisations, including nursing homes in Southampton. As an example of ensuring quality outcomes there is a focus on key performance issues for Domiciliary care as this is currently being retendered. The contract is being developed to address key performance issues and processes' being developed to ensure assurance is obtained about the care given.

RECOMMENDATIONS:

(i) Health Overview and Scrutiny notes the areas of quality concern and the actions in place

(ii) The Board supports the assurance processes outlined for the monitoring of the Domiciliary Care contract

REASONS FOR REPORT RECOMMENDATIONS

1. Overview and Scrutiny Management Committee on 10th October 2013 requested that the Health Overview and Scrutiny Panel monitors progress of the Integrated Commissioning Unit. The ICU allows for an integrated approach to quality monitoring and actions to improve the issues identified.

2. This report aims to identify potential quality concerns in commissioned services and to provide assurance to the Board that actions are in place and effective monitoring processes in place. Health Overview and Scrutiny has a responsibility for the quality of commissioned services and this exception

report highlights key issues for review, detailing the extent of the issue and actions being taken to achieve positive outcomes for patients/service users.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. The monitoring of quality outcomes could have remained separate within each organisation but this would reduce the impact and effectiveness, especially with nursing home and domiciliary care sectors.

DETAIL (Including consultation carried out)

4. **Quality in the health system**

4.1 There have been a higher number of healthcare associated infections MRSA blood stream infections at University Hospital Southampton NHS Foundation Trust (UHFT). A review of all cases is underway and due to be presented to Clinical Quality Review Meeting (CQRM) on Friday 18th July. These cases all relate to patients with complex health needs and high risk of this type of infection. UHSFT have reacted proactively in all cases to ensure that learning is embedded in practice. The expected target for this type of infection is zero.

4.2 Additionally work is underway to eradicate mixed sex accommodation at Southampton General as patients at times are still being place in mixed sex bays. A plan is in place and trajectory to achieve zero breaches. The challenges with this are linked to wider hospital bed pressures and the breaches have in the main occurred in admission areas or trauma and orthopaedics. There has also been a relatively high number of clinically justified breaches each month during the year, predominately relating to AMU, where the imperative to treat someone has overridden the need for single sex accommodation. Commissioners have been working with UHSFT throughout the year to improve this situation and in the last few months numbers of breaches have started to fall.

4.3 Solent NHS Trust have undergone a large scale CQC inspection completed using the new methodology based around answering 5 questions

- Are they safe?
- Are they effective?
- Are they caring?
- Are they well led?
- Are they responsive to people's needs?

Services at Solent NHS Trust were deemed to meet these requirements with one" must do" action identified affecting Southampton Services and this relates to improving access to sexual health services. This action applies across all sexual health services provided by Solent NHS Trust and not just those in Southampton. A review of sexual health services is currently in progress

4.4 Southern Health NHS Foundation Trust is making progress in resolving the CQC compliance issues identified at Antelope House but there are still some concerns including safe staffing levels as they are heavily reliant on agency staff at times. This is under regular review and a recent unannounced visit by the Integrated Commissioning Unit (ICU) Quality team highlighted improvements are being made. Monitor currently have taken enforcement

action against Southern Health NHS Foundation Trust and the following areas are being worked on by the provider to improve the situation. The three main areas of concern are;

- the need to deliver the improvement plan for learning disability services (relates to Oxford and Buckinghamshire);
- the need to address the action plans for CQC warning notices across all services;
- and deliver improvements in quality governance and Board governance

Latest reports indicate the Trust is making progress with these actions.

4.5 All organisations have agree for 2014/15 to a Southampton City wide scheme to reduce healthcare associated pressure ulcers. When someone has had a pressure ulcer they are 70% more likely to have tissue damage for the rest of their life.

4.6 The main health providers in the Southampton City System all participated in the first Quality Conference at the beginning of July and feedback suggests this was well received. This feedback and the learning from the day will be taken forward into future events.

5 Nursing Homes – quality assurance

5.1 The situation with Nursing Homes in Southampton City is a slowly improving picture in terms of quality of care being provided. In November 2013 five homes were suspended from placements, we now have all of those five homes taking placements, although for a couple of the homes this is very new and placements are being made in a controlled and measured way to ensure that the homes are managing with new and additional residents.

5.2 One home has moved from caution to suspension status (St Anne's NH) and this is due to failure on the part of the home to implement CQC requirements and our recommendations. The CQC are currently working through a notice of proposal process for this provider to prevent them from admitting any clients and it is anticipated this will be completed in the next month to six weeks.

5.3 One other home is under caution and the ICU Quality and Safeguarding Team are working with them to turn this position round quickly.

5.4 To support the homes a number of initiatives are in place including training scheme, quality audits, action learning sets for the registered managers who completed a leadership programme set up by the ICU in conjunction with colleagues from the Thames Valley and Wessex leadership academy (NHS). This programme has proved so successful we are exploring extending it to registered managers and deputy managers in all nursing homes. Additionally we are working with the nursing homes to improve falls and pressure ulcer monitoring moving the responsibility for reporting and undertaking root cause analysis investigations clearly to the remit of the home.

5.5 With our largest Nursing Home Provider in Southampton (BUPA) we are in the process of developing a Clinical Quality Review Meeting (CQRM), these meetings are currently in place for NHS providers and allow a monthly or quarterly meeting with the provider to review contractual quality requirements, action plans and have a clinical conversation with leaders in

the system to support the quality agenda

6. **Domiciliary Care**

6.1 SCC and Southampton City CCG are currently progressing through a tender process for Domiciliary Care provision. The proposal is to jointly commission across care groups and organisations to:

- improve quality within domiciliary care services
- ensure the best value available within the market
- ensure services are able to respond to changing needs and demands
- support the development of personalisation across the city

Due to its size and importance in terms of meeting service user needs and enabling the city to meet its strategic requirements, it is essential that domiciliary care provision achieves high standards of delivery, quality and value for money. Currently the service is variable and not sufficiently flexible to meet increasing demands.

6.2 The design of the model of provision will be delivered through a framework agreement and it is proposed to address current areas of improvement by offering:

- Greater flexibility and capacity, whilst maintaining a cluster focus which recognises the issue of travel time.
- Clearer quality standards and performance indicators (KPIs) linked to contract terms and conditions which will support the drive for quality.
- A more streamlined systems approach as outlined in the service specification with a strong emphasis on promoting personalisation and independence
- A requirement to deliver outcome based support using flexible care plans that shift away from minute by minute calls.
- A more generic approach focussing on need rather than diagnosis

All providers will maintain a focus on reablement supporting individuals to achieve their own independence through a goal setting model of support, linked to agreed Support Plans.

6.3 All specifications have a Quality Standards Monitoring Tool embedded, based on Care Quality Commission Essential Standards and local consultation as to what is important to and for clients and carers. These cover a number of outcome areas including:

- Assessment, risk and support planning – to ensure that users all have current plans that their views are at the centre of
- Security, safety and health – ensuring service users and staff are protected
- Safeguarding and protection from abuse
- Diversity and inclusion – ensuring the service acts within the law and ensures Service Users and/or their representatives are well-informed about their rights and responsibilities.
- Service user involvement and empowerment
- Delivery of service – a service that is safely delivered by competent

staff

- Processes to assess and monitor the quality of service provision
- Ensuring that the supported accommodation of Service Users is provided to a high standard

Each outcome area has a number of standards with key measures for assessment against

6.4 Each service will be monitored against these standards regularly by the ICU's Quality and Safeguarding Team. A reduction in 'spot' provision will ensure resources are targeted effectively with a joint programme of reviews taking place between health and social care. Additionally, there will be triangulation of the quality of services via the key performance indicators (KPI's) submitted by the providers, this includes factors such as timeliness of support and consistency of support staff. This will include Domiciliary Care Satisfaction Questionnaire visits/reports per provider which encompasses a sample of services users (proportionate to the level of activity each provider supplies) to gather views in relation to the individual support they are receiving from the provider. Complaints will be reviewed in relation to domiciliary care provision as well as internal intelligence from wider council and CCG systems.

6.5 Providers are required to demonstrate how they will support their workforce, through factors such as recruitment, retention, supervision, training and flexible working

6.6 The current procurement process has prioritised the need to ensure quality providers are selected for the framework. For those that are selected for the Invitation to Tender (ITT) stage quality will consist of 40% of the evaluation weightings. The quality assessment will be evaluated using a range of criteria. It is expected that providers must score at least 50% of the quality scoring to be eligible for award onto the contract. Any providers that do not meet the requirements of 50% of the quality scoring will fail this stage in the process. The quality assessment will be evaluated using the following criteria:

- Meeting the needs of the individual and customer focus,
- Approach to safeguarding, performance and safe environment,
- Approach to staff recruitment, retention and training,
- Mobility and capacity building,
- Business Continuity Planning,
- Information systems and its use for monitoring service provision,
- Approach to partnership working with the Council and others.

The relative weighting given to each individual evaluation criteria will be stated in the tender documentation.

6.6 It is likely there will be a consolidation of business, which will reduce the risk of provider failure and we are supporting collaborative bids within the procurement process.

RESOURCE IMPLICATIONS

Capital/Revenue

7. **Domiciliary Care**

8. The approximate current annual spend for the combined elements of the framework agreement is £20M, therefore the combined value over the 4 year framework agreement is estimated to be £80M less any efficiencies that can be achieved.

9. The costs to SCC of the services to be tendered will be met from within the existing domiciliary care budget held within the Health and Adult Services Portfolio

10. Through more efficient and effective commissioning and improved clarity with providers there is a potential for savings to be released through this tender. This has been modelled and could range from £500,000 to £800,000 per year for SCC and £400,000 to £600,000 for SCCCG.

11. A proportion of the SCC saving has been included as a saving proposal for the 2014/15 budget. However an element of the anticipated saving will be used to offset the growing pressure within Learning Disability budget that has generated an overspend position in 2013/14.

Property/Other

12. There are no implications in relation to property

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

12. Not applicable

Other Legal Implications:

13. The design and the running of this procurement will be in accordance with the authority's Contract Procedure and Financial Procedure Rules. Due to the size, value and complexity of this project, the appropriate procurement rule, with the necessary Governance outlined in the above will be followed. The procurement of these contracts will be run in accordance in the requirements outlined within The Public Contracts Regulations 2006 and the EU Procurement Directives 2006.

POLICY FRAMEWORK IMPLICATIONS

14. None

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	All

SUPPORTING DOCUMENTATION

Appendices

1.	None

Documents In Members' Rooms

1.	None

Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	

Other Background Documents

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

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

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DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:		UNIVERSITY HOSPITAL SOUTHAMPTON; EMERGENCY DEPARTMENT REPORT		
DATE OF DECISION:		24 JULY 2013		
REPORT OF:		CHIEF EXECUTIVE, UHS		
CONTACT DETAILS				
AUTHOR:	**Name:**	Alison Ayres	**Tel:**	023 8079 6241
	E-mail:	Alison.Ayres@uhs.nhs.uk		
Director	**Name:**	Fiona Dalton, Chief Executive UHS	**Tel:**	023 8077 7222
	E-mail:	fiona.dalton@uhs.nhs.uk		

STATEMENT OF CONFIDENTIALITY
None

BRIEF SUMMARY

The University Hospital Southampton's Chief Executive, Fiona Dalton, will provide the panel with an overview of last year's performance and latest position against the Emergency Department accident and emergency targets. She will also outline the plans in place to achieve targets during winter 2014/15.

RECOMMENDATIONS:

(i) That the panel notes the progress to achieve A&E targets at the University Hospital Southampton, and following discussions with the Chief Executive agrees any issues that may need to be brought forward to a future HOSP meeting.

REASONS FOR REPORT RECOMMENDATIONS

1. As part of the HOSP's terms of reference the panel has a role to respond to proposals and consultations from NHS bodies in respect of substantial variations in service provision.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. None

DETAIL (Including consultation carried out)

3. At the last panel meeting on 19 September 2013 the hospital outlined the latest UHS Emergency Department's performance. It was agreed by the panel to receive an update at future HOSP meeting until the situation at the emergency department is resolved. The latest update is attached at Appendix 1. A further update will be given at the panel meeting by Fiona Dalton, UHS Chief Executive.

4. At the panel meeting on 23 January 2014 the hospital outlined the latest UHS Emergency Department's performance. It was agreed by the panel to receive

an update at future HOSP meetings until the situation at the emergency department is resolved, including benchmarking. The latest performance data will be available at the meeting.

5. The panel are asked to note the latest performance and consider any issues that may need to be brought forward to a future HOSP meeting.

RESOURCE IMPLICATIONS

Capital/Revenue

6. None

Property/Other

7. None

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

8. The powers and duties of health scrutiny are set out in the Local Government and Public Involvement in Health Act 2003.

Other Legal Implications:

15. None

POLICY FRAMEWORK IMPLICATIONS

16. None

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	ALL

SUPPORTING DOCUMENTATION

Appendices

1.	UHS: Emergency Department Performance Annual overview 2013/14 and latest performance

Documents In Members' Rooms

	None

Equality Impact Assessment

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

Other Background Documents

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

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

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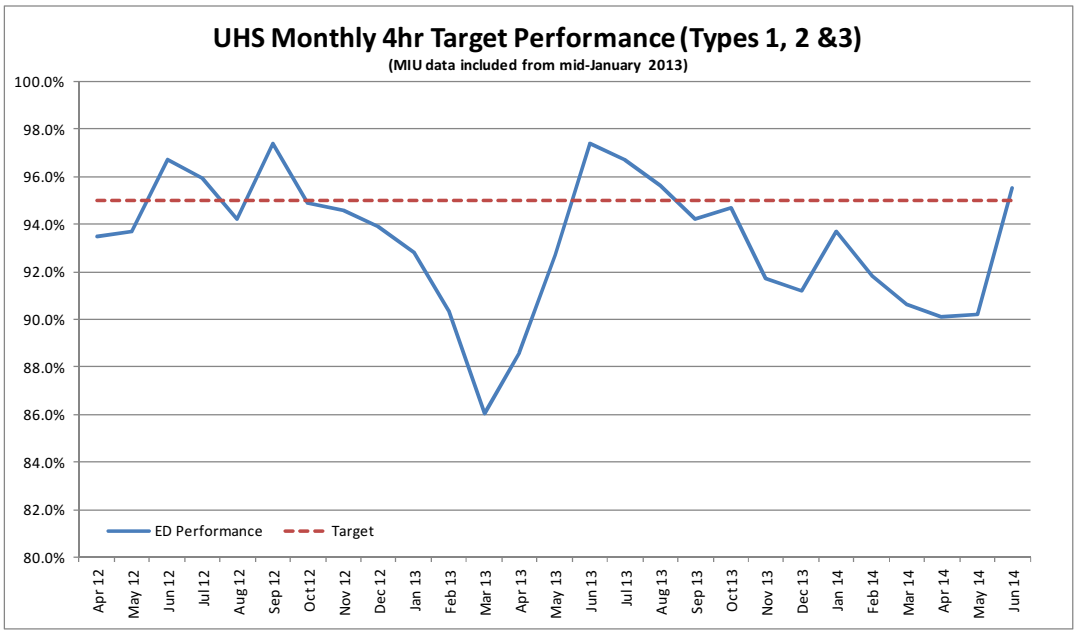
University Hospital Southampton NHS
NHS Foundation Trust

Emergency Department Report for Overview and Scrutiny Panel – July 2014

ED Performance improved through Q1 2013/14 and remained stable, at or close to the target, in Q2. However, performance deteriorated through the winter, though not to the same degree as in Q4 2012/13, but did not experience the improvement seen in April and May 2013. In June 2014, as in June 2013, the Trust returned to meeting the ED Performance target.



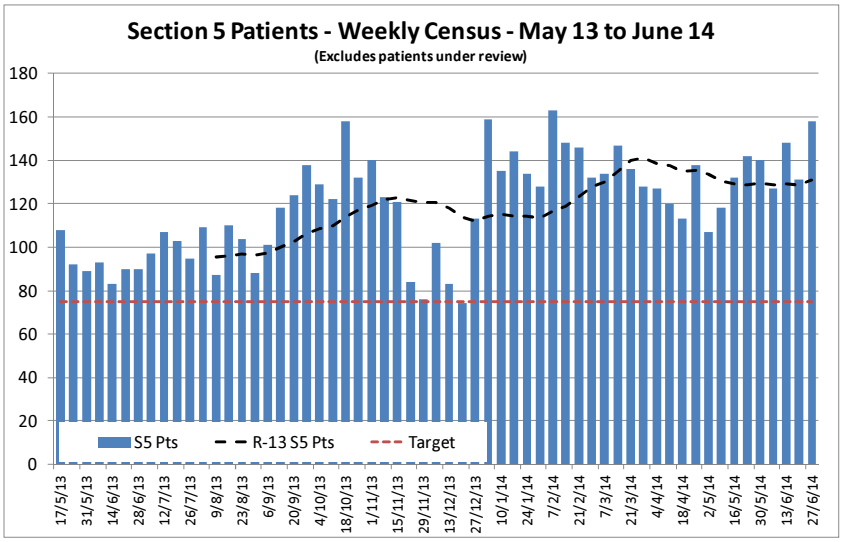
Bed availability in the hospital was the primary problem during the winter months, which prevented patients from being admitted in a timely manner. Length of stay typically increases during quarters three and four, however the rolling 12-month length of stay, which removes this seasonal effect, also slowly increased throughout 2013/14.

The table below shows weekly ED performance for quarter one 2014/15 for the local hospital trusts. These figures demonstrate the difficulty for all Trusts in the area to consistently meet the 95% target.

Week Ending	UHS	Bournemouth	Hampshire Hospitals	IoW	Poole	Portsmouth	Salisbury
06/04/2014	86.9%	95.6%	93.7%	95.8%	89.6%	82.4%	97.3%
13/04/2014	90.2%	94.7%	95.0%	92.7%	95.0%	83.6%	94.3%
20/04/2014	91.6%	92.7%	96.3%	99.3%	96.6%	88.7%	97.3%
27/04/2014	90.2%	93.7%	94.6%	96.4%	94.4%	84.1%	95.3%
04/05/2014	90.9%	94.1%	93.8%	95.7%	98.0%	87.3%	97.1%
11/05/2014	88.5%	94.2%	94.6%	93.6%	97.2%	84.9%	96.6%
18/05/2014	90.1%	93.1%	97.2%	92.0%	94.8%	82.6%	95.2%
25/05/2014	92.3%	96.0%	94.7%	93.6%	94.9%	82.8%	95.7%
01/06/2014	90.0%	93.9%	97.1%	96.4%	91.9%	88.1%	92.3%
08/06/2014	91.7%	94.8%	97.0%	97.7%	92.5%	83.8%	95.5%
15/06/2014	96.4%	95.3%	97.1%	97.4%	97.7%	82.5%	94.9%
22/06/2014	97.4%	94.6%	96.0%	92.9%	98.0%	87.1%	95.9%
29/06/2014	95.9%	96.6%	95.7%	96.3%	98.8%	87.5%	94.7%
06/07/2014	95.3%	92.3%	97.5%	96.3%	96.6%	88.2%	95.1%

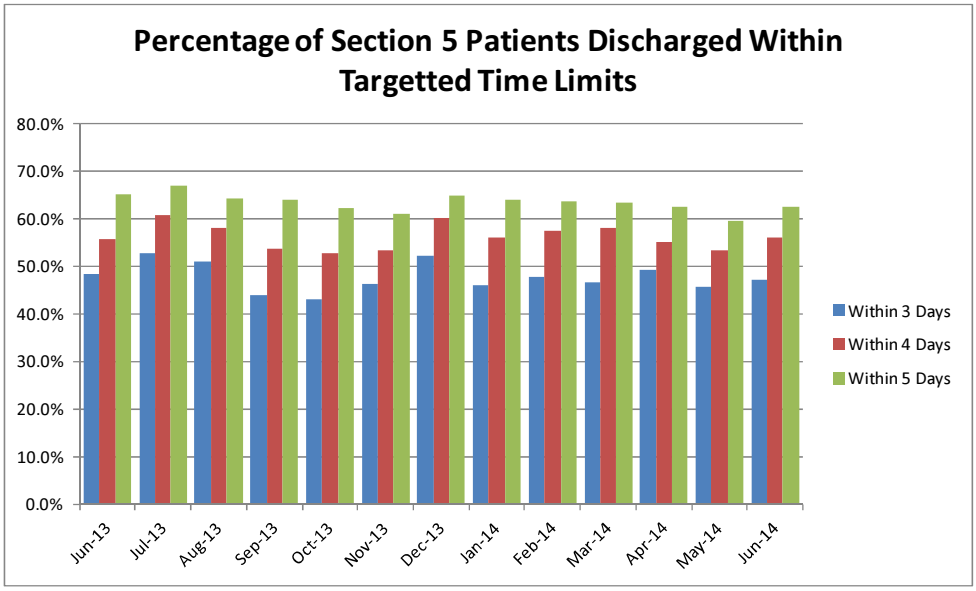
Complex discharges (section 5 patients) remains of particular concern. Whilst there has been some improvement in processing patients through the system, patients remain in hospital to undertake clinical and social assessments, or while waiting for the most appropriate facility or placement to become available. On one day in January there were 163 patients (out of 1000)

who were medically fit, but not discharged for these reasons. The health and social care system's ambition is to reduce this to 75, while the system is averaging about 135 at present. This is a significant cause for concern and the Trust, the CCG and the Council have developed a plan to reduce this over the next six months.



The significant reduction that was seen in November and December was due to infection control issues preventing patients who would otherwise have been categorised as section 5 patients being counted.

Despite concerted efforts by local authority partners, the percentage of patients discharged within three, four and five days of being listed as a Section 5 patient has not shown any signs of consistent improvement, with no month to month trend.



The Trust has a four point plan to ensure we can continue to deliver a good service to patients throughout the summer and into the winter of 2014/15:

A) We will open 38 beds to compensate for the increase in demand and the growing length of stay. Over and above this we plan to open 39 virtual beds by creating new community provision.

B) We will minimise length of stay by ensuring patients do not have unnecessary waits (for things like X-ray), increase the number of times patients see doctors to ensure their care

is always moving forward, improve systems on the day of discharge so that transport and medicines are in place and improve continuity of care for elderly care patients between a hospital admission and care in the community.

C) We will increase the staffing in ED and change our processes so that patient care can be undertaken as quickly as possible.

D) We will work with our colleagues in social services, community care providers and the private sector to create new services and change processes to reduce delays. In particular the Trust, the CCG and Council have developed a plan to discharge patients into the community to undertake complex assessments (discharge to assess) and new teams of staff in the Trust will be able to undertake some of the more basic assessments (trusted assessments).

Fiona Dalton
Chief executive

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