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Health Overview and Scrutiny Panel

Thursday, 26th November 2015
at 6.00 pm

PLEASE NOTE TIME OF MEETING

Conference Room 3 - Civic Centre

This meeting is open to the public

Members

Councillor Bogle (Chair)
Councillor Furnell
Councillor Houghton
Councillor Noon
Councillor Parnell
Councillor Tucker
Councillor White (Vice-Chair)

Contacts

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PUBLIC INFORMATION

Role of Health Overview Scrutiny Panel (Terms of Reference)

The Health Overview and Scrutiny Panel will have six 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 Health 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 and 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 on any report included on the agenda in which they have a relevant interest. Any member of the public wishing to address the meeting should advise the Democratic Support Officer (DSO) whose contact details are on the front sheet of the agenda.

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

Mobile Telephones: - Please switch your mobile telephones to silent whilst in the meeting.

Use of Social Media: - The Council supports the video or audio recording of meetings open to the public, for either live or subsequent broadcast. However, if, in the Chair's opinion, a person filming or recording a meeting or taking photographs is interrupting proceedings or causing a disturbance, under the Council's Standing Orders the person can be ordered to stop their activity, or to leave the meeting

COUNCIL'S PRIORITIES:

- Jobs for local people
- Prevention and early intervention
- Protecting vulnerable people
- Affordable housing
- Services for all
- City pride
- A sustainable Council

CONDUCT OF MEETING

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 of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body, or

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

Other Interests

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

Any body to which they have been appointed or nominated by Southampton City Council
Any public authority or body exercising functions of a public nature

Any body directed to charitable purposes

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

Principles of Decision Making

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

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

In exercising discretion, the decision maker must:

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

Dates of Meetings: Municipal Year 2014/2015

2015	2016
23 July 2015	28 January 2016
1 October 2015	24 March 2016
26 November 2015	28 April 2016

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 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.

3 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.

4 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.

5 STATEMENT FROM THE CHAIR

6 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)

(Pages 1 - 4)

To approve and sign as a correct record the minutes of the meeting held on 1st October 2015 and to deal with any matters arising, attached.

7 CARE QUALITY COMMISSION COMPREHENSIVE INSPECTION ACTION PLAN PROGRESS UPDATE

(Pages 5 - 22)

Report of the Director of Medical Services updating the Panel on progress made against the CQC action plan by Southern Health NHS Foundation Trust, attached.

8 UPDATE ON THE DEVELOPMENT OF NEW CARE MODELS IN SOUTHERN HAMPSHIRE
(Pages 23 - 28)

Report of the Director of Integrated Services (MCP West) updating the Panel on progress being made developing new models of care in Hampshire, attached.

9 UPDATE ON "GETTING THE BALANCE RIGHT IN COMMUNITY-BASED HEALTH SERVICES"
(Pages 29 - 72)

Report of the Director of System Delivery, NHS Southampton City CCG, providing the Panel with an update on the progress decommissioning the Bitterne Walk-In Services, attached.

10 PROGRESS REPORT - THE IMPACT OF HOMELESSNESS ON THE HEALTH OF SINGLE PEOPLE
(Pages 73 - 96)

Report of the Head of Legal and Democratic Services outlining progress made implementing the recommendations from the HOSP inquiry on the impact of homelessness on the health of single people, attached.

11 HEALTH AND ADULT SOCIAL CARE PORTFOLIO - 2016/17 BUDGET PROPOSAL HASC 8 (Pages 97 - 108)

Report of the Chair of the Health Overview and Scrutiny Panel requesting that the Panel consider the 2016/17 Health and Adult Social Care Budget Proposal, HASC 8, attached.

12 MONITORING SCRUTINY RECOMMENDATIONS TO THE EXECUTIVE
(Pages 109 - 112)

Report of the Head of Legal and Democratic Services monitoring progress of the recommendations of the Panel, attached.

Wednesday, 18 November 2015 HEAD OF LEGAL AND DEMOCRATIC SERVICES

SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL

MINUTES OF THE MEETING HELD ON 1 OCTOBER 2015

Present: Councillors Bogle (Chair), Furnell, Houghton, Mintoff, Smith, Tucker and White (Vice-Chair)

5. **APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)**

It was noted that following receipt of the temporary resignation of Councillors Noon and Parnell from the Panel the Head of Legal and Democratic Services, acting under delegated powers, had appointed Councillors Mintoff and Smith to replace them for the purposes of this meeting.

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

RESOLVED: that the minutes for the Panel meeting held on 23rd July 2015 be approved and signed as a correct record.

7. **SOUTHAMPTON CITY CCG CONSULTATION - GETTING THE BALANCE RIGHT IN COMMUNITY BASED HEALTH SERVICES**

The Panel considered the report of the Director of System Integration (CCG) detailing the process and findings of the consultation on the CCG's proposal to close the Bitterne Walk-In Service.

The Panel were given a detailed overview regarding the decision taken, reasons behind the decision and next steps from: John Richards - Chief Officer NHS Southampton City CCG, Dr Sue Robinson – Clinical Chair CCG and Alex Whitfield - Chief Operating Officer Solent NHS Trust, and with the consent of the Chair, received representations from local residents and interested parties.

Following the request for assurances outlined in the Panel's published response to the CCG consultation Peter Horne, Director of Systems Integration CCG, provided a presentation regarding access to health services and discussed the draft Urgent and Emergency Communication Plan that had been developed by the CCG to raise awareness of, and confidence in, the alternatives to the Bitterne Walk-In Service.

The Panel were updated on the successful application made by Southampton Primary Care Limited (SPCL) to NHS England for the Prime Minister's Challenge Fund relating to primary health care hubs in the City and, at the invitation of the Chair, the Cabinet Member for Adult Social Care raised the potential for an integrated community hub on the east of the City to accommodate health and community services.

RESOLVED

(i) that the draft Urgent and Emergency Communication Plan be circulated to the Panel for comment;

(ii) that response times and key performance information relating to both the NHS 111 Service and the GP Out of Hours service are circulated to the Panel;

(iii) that the proposal for a community hub on the east side of the City be considered at a future meeting of the Panel in the event that the scheme progresses; and

(iv) that the Panel scrutinise the impact and implementation of the closure of the Walk-In Service at each meeting of the HOSP until the Panel informs the CCG that the information is no longer required.

8. **EMERGENCY DEPARTMENT PERFORMANCE**

The Panel considered the report of the Chief Executive of University Hospital Southampton NHS Foundation Trust updating the Panel on the performance of the Emergency Department.

The Panel welcomed the progress and improvement made in managing urgent and emergency patients. It was acknowledged that the good performance had not been sustained through August and that this was due to the high attendance and increased number of accidents. It was also acknowledged that data on this area formed part of a bigger picture but the Panel queried as to when this performance might be achieved over a sustained period.

RESOLVED that UHS Emergency Department performance continue to be considered by the Panel at future meetings.

9. **UPDATE ON DISCHARGES FROM UNIVERSITY HOSPITAL SOUTHAMPTON**

The Panel considered the report of the Chief Executive of University Hospital Southampton NHS Foundation Trust and the Acting Director of Adult Social Care, outlining progress being made reducing complex discharges in the Hospital.

The Panel noted the positive work undertaken and improvements made since its last consideration of the issue including:

- the impact of the new Domiciliary Care contracts on delayed discharges;
- the integration of work with partners for a system wide response on delayed transfers;
- work on pre-discharge assessments including establishment of a new Care Placement Team and consideration of other ways of working; and
- a new approach to family choice, all of which were leading to an improvement in the flow of patients.

The Panel noted that its support was requested for the move to achieve 13 discharges per day for Southampton patients to allow more operations to be performed this winter and better access from the emergency department for those patients needing beds. The Panel questioned as to when this target might be achieved over a sustained period although it was acknowledged the target had been achieved and indeed exceeded on occasion.

RESOLVED that, taking into account the increased pressure on the system anticipated over the winter period and effects of new initiatives, the progress on discharges and delayed transfers of care be considered at the meeting of the Panel on 28 January 2016.

10. **ADULT SOCIAL CARE: KEY PERFORMANCE INDICATORS**

The Panel considered the report of the Acting Director of Adult Social Care outlining performance in Adult Social Care between April and August 2015.

The Cabinet Member for Health and Adult Social Care was present and with the consent of the Chair addressed the meeting.

The Panel noted the overall upward trend in performance and areas of significant improvement and queried barriers to improved performance. These barriers were outlined by officers and included timely reviews of individual care and support packages although it was acknowledged that the recording of reviews was subject to expected improvements and data collection.

The Panel also noted that the streamlining of processes for direct payment was currently under consideration.

RESOLVED

(i) that the Panel noted performance in Adult Social Care between April and August 2015 against the twelve key indicators for Adult Social Care; and

(ii) that the Panel recommended that Adult Social Care key performance information be presented to the Panel at its meeting on 28 January 2016 as part of the continuing quarterly monitoring process agreed at its meeting in March 2015.

11. **HEALTH AND WELLBEING BOARD REVIEW**

The Panel considered the report of the Assistant Chief Executive seeking views from the Panel on the review of the Health and Wellbeing Board to feed into the recommendations arising from the review to be considered by Full Council in November 2015.

The Cabinet Member for Health and Adult Social Care was present and with the consent of the Chair addressed the meeting.

RESOLVED that the Panel recommended that the review of the Health and Wellbeing Board considers how the Board can exert influence on key levers of change for health outcomes such as transport and planning.

12. **MONITORING SCRUTINY RECOMMENDATIONS**

The Panel received and noted the report of the Head of Legal and Democratic Services setting out progress on recommendations made at previous meetings.

The Panel noted the additional recommendations made by Overview and Scrutiny Management Committee as detailed in the report.

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DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:		CARE QUALITY COMMISSION COMPREHENSIVE INSPECTION ACTION PLAN PROGRESS UPDATE		
DATE OF DECISION:		26 NOVEMBER 2015		
REPORT OF:		DIRECTOR OF MEDICAL SERVICES – SOUTHERN HEALTH NHS FOUNDATION TRUST		
CONTACT DETAILS				
AUTHOR:	**Name:**	**Tracey McKenzie**	**Tel:**	**023 8087 4288**
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Director	**Name:**	**Dr Lesley Stevens**	**Tel:**	**023 8087 4319**
	E-mail:	**erica.lifford@southernhealth.nhs.uk**		

STATEMENT OF CONFIDENTIALITY
None

BRIEF SUMMARY
This report seeks to update the Southampton Health Overview and Scrutiny Panel regarding progress against the Care Quality Commission (CQC) action plan which was implemented following the comprehensive inspection of Southern Health NHS Foundation Trust in October 2014.
Following the publication of the CQC comprehensive inspection reports in February 2015, Southern Health submitted an action plan containing 129 actions which it agreed to undertake to address the areas for improvement identified.
To date 106 of these actions have been completed and the Trust is on track to complete the other 23 actions within their target dates.

RECOMMENDATIONS:		
	(i)	That members of Southampton Health Overview and Scrutiny Panel discuss and note the report.
REASONS FOR REPORT RECOMMENDATIONS		
1.	To enable the HOSP to scrutinise progress.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
2.	None.	
DETAIL (Including consultation carried out)		
	Care Quality Commission (CQC) Comprehensive Inspection Action Plan Progress Update - Background	
3.	CQC defines areas for improvement within their comprehensive inspection reports as either ‘must do’ or ‘should do’. A total of 129 areas for improvement were highlighted within the 18 reports received by Southern	

	Health NHS Foundation Trust in February 2015 and the Trust has treated these all as 'must do' actions. Existing action plans were reviewed further to the inspection reports being received and a comprehensive plan of actions was put into place to deliver required improvements.
4.	The Trust is driving delivery of these improvements through its Quality Programme which is led by Chris Gordon, Director of Performance, Quality & Safety and Chief Operating Officer, with support from Tracey McKenzie as the Quality Programme Manager.
5.	All action plans were agreed with Commissioners and approved by the Strategic Oversight Group and Trust Board - Quality & Safety Committee prior to submission to the CQC on 25 March 2015. Actions were split into 'Internal' – those which the Trust is able to deliver and 'External' – those which require support from Commissioners to deliver.
6.	The Head of Compliance is responsible for highlighting to the action leads when CQC actions are due to be completed and gaining assurance of completion. They are responsible for holding the CQC action owners to account and securitising evidence supplied to ensure compliance.
7.	Each of the 129 actions are also allocated to one of the eight quality workstreams within the Quality Programme. The actions within the CQC action plan are specific to the service where CQC identified an issue. The remit of the workstreams is to review the issue across all services and put in place quality improvement processes in order to ensure that the issue would not occur elsewhere.
8.	The Quality Programme Steering Group meets monthly and reports progress against the CQC action plan and other quality improvement objectives up to the Quality and Safety Committee via the Quality Improvement and Development Forum.
	Current position
9.	Good progress has been made against the CQC action plan. Status as of end July 2015 – of the 129 actions identified by CQC: o 106 completed o 23 on track to be completed by the target date o None at risk of slippage o None overdue.
10.	Appendix 1 gives a summary of the progress against each action. Assurance has been gained against each action and plans are in place to validate actions via peer review visits to sites. During July and August 2015, eight units were visited to review progress against the ligature related actions as part of a thematic peer review.
11.	CQC visited three sites during August to carry out a re-inspection:– Ravenswood near Fareham a medium-secure unit for adults with serious mental illness, The Ridgeway Centre in High Wycombe and Southfield, a low-secure specialist mental health inpatient service in Calmore. At the time of writing the Trust was still awaiting the draft reports. Once received, the reports will be reviewed and any learning will be shared across the Trust to ensure all

	other services are delivering the standards expected by CQC at their re-visits.
12.	In order to ensure on-going compliance, divisions need to ensure they have processes in place to monitor the effectiveness of the actions they have taken. This should be built into their routine quality assurance processes and validated via their peer review programme.
RESOURCE IMPLICATIONS	
Capital/Revenue	
13.	Not Applicable
Property/Other	
14.	Not Applicable
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
15.	The duty for local authorities to undertake health scrutiny is set out in National Health Service Act 2006.
Other Legal Implications:	
16.	Not Applicable
POLICY FRAMEWORK IMPLICATIONS	
17.	Not Applicable
KEY DECISION?	**No**
WARDS/COMMUNITIES AFFECTED:	N/A

SUPPORTING DOCUMENTATION			
Appendices			
1.	Summary of the progress against each action detailed in Southern Health NHS Foundation Trust's Care Quality Commission Inspection Action Plan		
Documents In Members' Rooms			
1.	None		
Equality Impact Assessment			
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out.			No
Privacy Impact Assessment			
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) 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.		

Action Plan for: CQC inspection Oct 14 - Internal Actions

Southern Health NHS
NHS Foundation Trust

Version No: FINAL V1.0

Progress last updated: 27/08/2015 - TM

Date: *25/03/15*

Approved by: *Trust Board - Quality & Safety Committee - 23/03/15*
Commissioners - Strategic Oversight Group - 24/03/15

Produced by: *Tracey McKenzie - Head of Compliance / CQC Programme Manager*

Ref No	Core Service	Sites within core service that action is relevant to	CQC actions required	Action/s to be taken	Who is responsible for completing the action Name & Job Title	Who is accountable for ensuring the action is completed? Name & Job Title	Date action must be completed dd/mm/yyyy	Action Progress Blue=Complete Green= Begun/On Track Amber= Risk of slippage Red=Overdue	Progress - to include position statement, risks, obstacles, action taken etc.	Quality Programme workstream
1	Acute Wards/ PICU	Elmleigh	Ensure appropriate and safe staffing levels are consistently maintained	A staffing uplift has been completed to ensure safe levels of staffing on the unit in line with recent configuration of services. Ongoing: 1.1 Continuing daily meetings to discuss staffing 1.2 Rota to be managed by Ward managers to address clinical skill mix 1.3 Ongoing advertisement of posts and actively pursuing recruitment of staff 1.4 Matron to ensure input into weekly safer staffing teleconference across the Trust to report staffing levels 1.5 AMHT Manager to report to monthly performance slot and Quality and Safety Meeting any issues regarding staffing levels	Ward managers- Ben Iihou, Holly Whiteley	Naomi Edge Acute Care Pathway Manager	31/12/2014 Monthly performance slots ongoing	Blue	**Progress to date:** COMPLETED	WORKFORCE
2	Acute Wards/ PICU	Elmleigh	Ensure emergency equipment including resus equipment and defibrillator is located on or close to the wards	2.1 The equipment has been moved to a central point within Elmleigh Unit 2.2 The Resus lead will ensure all policies on equipment are followed and up to date in line with recent Trust wide audit of equipment needs	Emma Mallard Resus Lead	Susan Hampton Modern Matron	30/01/2015	Blue	**Progress to date:** January 2015 Emma Mallard recently completed training and taking lead. COMPLETED 17/04/2015 Elmleigh Emma Mallard: moved emergency bag to the middle of the hospital and we have evidence that the checks are completed monthly as per policy.	PATIENT SAFETY, REPORTING & LEARNING
3	Acute Wards/ PICU	Elmleigh	Ensure high quality clinical supervision and performance appraisal be provided to staff at regular intervals and staff are supported	3.1 Action plan in place to ensure any outstanding appraisal is completed 3.2 Supervision structure in place with additional Band 6 posts to be filled 3.3 Band 6 staff rotated onto nights to spread supervision to all staff throughout 24hours 3.4 Monthly supervision spreadsheet provided by Ward Managers to Modern Matron for sign off.	Ben Lihou and Holly Whiteley -ward managers	Naomi Edge Acute Care Pathway Manager	30/04/2015	Blue	**Progress to date:** 2014/15 Appraisals completed, action tracker produced to monitor completion of 2015/16 Appraisals. Supervision strategy in place for monthly managerial supervision and weekly clinical supervision (encompassing group supervision, reflective practice and skills training). Band 6 nurse recruited to work permenant nights, and all other Band 6 staff working a rotation to cover the remaining night shifts. Spreadsheet to monitor supervision in use.	WORKFORCE
4	Acute Wards/ PICU	Elmleigh	Address shortfalls in BLS and ILS training (shown on Sept14 dashboards)	4.1 Organise training locally for ILS/BLS for staff at Elmleigh 4.2 LEaD and Elmleigh working on dates 4.3 Suitable premises identified 4.4 Area Lead Nurse to monitor all training compliance as Area Lead for Training. 4.5 Ward Managers to report compliance at Monthly Performance Slot	Holly Whiteley and Ben Lihou ward managers	Susan Hampton Modern Matron and Nikki Duffin, Area Lead Nurse	29/05/2015	Blue	**Progress to date** BLS: Male Ward – All staff are complete or booked on to attend, with the exemption of 1 member of staff who DNA'd- this is being investigated and rebooked Female Ward: All staff are complete or booked to attend. ILS: Male ward – all staff are complete Female Ward – all staff are complete or booked to attend	WORKFORCE
5	Acute Wards/ PICU	Elmleigh	Address shortfalls in PRISS training	5.1 Organise local training for PRISS inc. sourcing venue 5.2 Work with LEaD to organise suitable dates 5.3 Area Lead Nurse to monitor all training compliance as Area Lead for Training 5.4 Ward Managers to report compliance at Monthly Performance Slot	Ben Lihou and Holly Whiteley -ward managers	Susan Hampton Modern Matron, Nikki Duffin, Area Lead Nurse.	29/05/2015	Blue	**Progress to date** Male Ward – all staff are complete or booked on to attend with the exception of 2 members of staff who are currently medically exempt and 1 other who is on long term sick. Female Ward – all staff are complete or booked on to attend. The vast majority of those booked onto courses are those that have started in the last 3 months which is why some of the dates are after the deadline	WORKFORCE
6	Acute Wards/ PICU	Elmleigh	Ensure ligature risks identified for removal, are removed	6.1 Door stops were removed in November 2014	Ben Lihou and Holly Whiteley -ward managers	Susan Hampton Modern Matron	28/11/2015	Green	**Progress to date:** All door stops have been replaced and this action complete. Other anti-ligature risks at Elmleigh will form part of the Anti-ligature task and finsh programme of works.	ESTATES
7	Acute Wards/ PICU	Elmleigh	Ensure systems in place to assess and monitor quality of service are effective in bringing about improvement	7.1 Quality and safety report to be shared with staff 7.2 Improvement plans to be shared via business meeting to all staff 7.3 Data warehouse to be used to plan improvements and shared during supervision with ward managers and team leads. 7.4 Audit programme to be utilised to support overall quality and performance elements of the service	Ben Lihou and Holly Whiteley -ward managers with support from ACPM and Modern Matron	ACPM Naomi Edge and Susan Hampton Modern Matron	01/05/2015	Blue	**Progress to date 20.05.15** There is a planned fortnightly Quality and Safety meeting with ward managers and band 6 staff where audit action plans will be managed and reviewed. The Care Navigators at Elmleigh will also do ongoing audit against service standards which will also feed into the Quality and Safety meeting. Evidence supplied	GOVERNANCE

8	Acute Wards/ PICU	Antelope House	Ensure seclusion facility complies with MHA CoP and allows continuous observation of people by staff.	8.1 Undertake an option appraisal and agree a preferred option with capital funding to ensure seclusion room is fit for purpose. 8.2 This will include consideration to fix the bed in a static position, and add mirrors within the room to where required to reduce blind spots.	Fiona Hartfree, Acute Pathway Manager	Joe Jackson General Manager	31/03/2016	Green	**Progress to date:** This action is being led by acute pathway manager and general manager once they have agreed what needs to be done a case for change needs to be submitted to the Trust infrastructure group for funding. 8.2 responsiblty for delivering this action is being led by the on site clinical team who advised bellrock 2 weeks ago of the requirement , mirrors and fixed bed being implemented by bellrock the approved Lift co in house estate service and there is a 10 week lead time for the bed	ESTATES
9	Acute Wards/ PICU	Parklands	Ensure women do not have to walk past male bedrooms to use bathrooms and toilets	9.1 Review ward environment with Estates Project Manager to identify potential solution to existing single sex accommodation concerns. 9.2 Submit Case for Change documentation 9.3 Complete Works. 9.4 Ensure risk documentation is complete to address potential risks prior to works being completed.	Nick Seargent, ACP Manager, Estates Project Manager	Graham Webb General Manager	31/03/2016	Green	**Progress to date:** CP 1 has been submitted to Capital Group for consideration as priority. CQC Requirement was for two rooms to be changed from a bathroom to a shower room. Clinical service has expanded the brief to include 9 rooms which is outside of the CQC requiement and not within the current financial funding source. Decison to proceed resides with clinical manager and Trust infrastructure group.	ESTATES
10	Acute Wards /PICU	All inspected	Ensure there is sufficient & detailed recording of mental capacity and consent to treatment in people's care records.	Capacity and Consent are part of the MDT template. Discussion about decision-specific assessments will be recorded in patients notes on RiO. All using the service to receive as a minimum a weekly capacity and consent to treatment assessment (based on individual decision-specific matters), or when capacity changes or consent to treatment is withdrawn, these will either be incorporated into the Weekly Multidisciplinary Team meeting that is then recorded on RiO or added to RiO as required. This will include key actions: 10.1 the wards are to introduce a template as part of the supervision process to review capacity and consent, and this will be used with all staff. 10.2 the assessment of capacity and consent will be reviewed in relation to decision specific matters and recorded as a minimum each ward round/ weekly and recorded on Rio.	Acute Care Pathway Managers working with ward managers	Acute Care Pathway Managers/ Modern Matrons	30/04/2015	Blue	**Progress to date:** Updated 27/4/15 10.1 The supervision template for Antelope House has been updated to reflect the need to review capacity and consent, and is now currently in service. 10.2 Capacity and consent is captured in the weekly ward review, using the below template . This is now in use. New Form to be implemented from the 1/5/15 to be the same for all areas	CAREPLANNING / RECORDKEEPING
11	Acute Wards /PICU	All inspected	Ensure people using the service are involved in discussions and decisions about their care and this is consistently recorded in their care records.	11.1 To complete an action learning set to identify ideas and approaches that will strengthen involvement of service users in their care within inpatient units. 11.2 Hold a service user engagement event to help identify some solutions and ideas to supporting care planning processes in inpatient areas 11.3 Undertake quality improvement initiatives using PDSA to trial new ideas 11.4 Complete a piece of work to evaluate and progress the most effective solutions	Kate Sault- Trust Care Planning Lead working with the Acute Care Pathway Managers/ Service user groups	Tim Coupland Associate Director of Nursing	30/06/2015	Blue	**Progress to date:** Implementing Hope, Agency and Opportunity Care Plan Pilot implemented in May. Will be reviewed as part of PDSA cycle in July and then rolled out to other teams COMPLETED	CAREPLANNING / RECORDKEEPING
12	Acute Wards /PICU	All inspected	Make clear plans or invest and improve maintenance in the existing buildings.	12.1 Work with estates to complete environmental audits/PLACE and identify priority programmes to improve existing buildings and estates 12.2 Oversee via programme management an estates programme 12.3 Identify key risks and mitigation via the risk register, reviewed at monthly Quality & Safety Meeting.	Nina Davies (Service Improvement Lead) working with Modern Matrons and Estates	Sally Banister Associate Director of Business Development	30/09/2015	Green	**Progress to date:** This action is being led via the anti-ligature task and finish group.	ESTATES
13	Acute Wards /PICU	Elmleigh	Ensure staff are appropriately trained and actively support people to stop smoking	13.1 Smoking cessation programme to be developed for all inpatient areas including: -Smoking cessation training (May 2015) with Quit for Life trainer to start -to agree link worker approach in each inpatient area to support stop smoking initiative -to undertake environmental review in each area to resolve practical challenges in supporting service users regarding smoking cessation	Acute Care Pathway Managers working with ward managers/service users	Tim Coupland Associate Director of Nursing	01/01/2016	Green		WORKFORCE
14	Acute Wards /PICU	Elmleigh	Ensure there are sufficient opportunities for physical exercise for people on PICU	14.1 PICU decommissioned in November 2014	N/A	N/A	N/A	Blue	**Progress to date:** COMPLETED - PICU decommissioned in November 2014. Action will be considered in relation to other PICUs as part of activity of patient experience workstream	PATIENT EXPERIENCE & ENGAGEMENT
15	Acute Wards /PICU	Melbury	Ensure bedroom doors provide sufficient privacy for people whilst enabling staff to maintain adequate observations	15.1 Case for change has been completed and submitted to replace doors with ones that allow adequate observation.	ACP Manager, Estates Project Manager	Graham Webb General Manager	31/03/2016	Green	**Progress to date:** Case for change has been completed and submitted	ESTATES
16	Acute Wards /PICU	Melbury	Ensure recording of people's mental capacity is detailed & includes evidence underpinning the judgement	16.1 Clinical staff will be reminded/supervised and supported in the requirement to meet CoP requirements in relation to recording of informed consent of mental capacity. 16.2 All clinical reviews will include consideration and documentation of capacity & consent within RiO. (see ref 10)	ACP manager working with Ward Manager	Graham Webb General Manager	30/04/2015	Blue	**Progress to date:** Updated 27/4/15 Dr's include an assessment of capacity and consent on their weekly MDT review meeting template and these will then be recorded weekly.	CAREPLANNING / RECORDKEEPING

17	Acute Wards /PICU	Melbury	Ensure explanations of people's rights under S132 are consistently documented	17.1 All staff to be reminded of the CoP. It will be the responsibility of the admitting nurse that when the patient is read his/her rights that it is documented in the diary when this needs to be repeated. 17.2 Undertake reflective practice session for those staff where audits identify deficits in practice 17.3 Use clinical audit of notes to identify and spot manage any times where S132 is not explained	ACP manager working with Ward Manager	Graham Webb General Manager	30/04/2015	Blue	**Progress to date:** Updated 27/4/15 This was recorded as complete in February 2015, The MHA team now provide the ward staff with an updated daily list as to who needs to have their rights given. Charge nurse also carries out weekly checks. As of february 2015 the team have been tasked with completing incident forms for every breach	CAREPLANNING / RECORDKEEPING
18	Acute Wards /PICU	Melbury	Ensure on-going & planned work to improve environment, in terms of removal of ligature risks, is completed	18.1 The 2 bathrooms and shower rooms will be fitted with anti-ligature furniture, work is scheduled to commence 16/02/2015	Estates	Estates	31/12/2015	Green	**Progress to date:** Bathroom, showers and toilets are ligature friendly final changes to the bathroom environment still outstanding and will be complete by end of June due to the lead time for delivery of items such as radiator covers.	ESTATES
19	Acute Wards /PICU	Antelope House	Ensure individual risk assessments are completed for people prior to going on S17 leave	19.1 Ensure the policy and procedure including associated procedures relating to risk assessment adequately supports staff in clear methodical decision-making around S17 leave 19.2 Review using appreciative enquiry, approaches to risk assessing S17 leave and identify themes and perspectives that we can improve on through quality improvement approaches 19.3 Link quality improvement ideas to the development of new consistent tools and checklists to support safe S17 leave 19.4 Engage in AHSN Patient Safety Collaborative to share learning and pilot new ideas using improvement methodology	Acute Care Pathway Managers/ Matrons	Tim Coupland Associate Director of Nursing	30/06/2015	Blue	**Progress to date:** The section 17 leave policy has been revised to include a specific section (section 7) on risk assessment. This pulls the relevant parts of SH CP 27 and 28 policies on risk management into the section 17 policy itself and reminds staff that the risk assessment of section 17 leave needs to be done in conjunction with the principles/practice outlined in those documents.	CAREPLANNING / RECORDKEEPING
20	Acute Wards /PICU	Antelope House	Ensure episodes of restraint are not carried out in 'face down' position	20.1 The Trust to integrate DH guidance into training and policies/procedures 20.2 Trust to employ a Consultant Practitioner for Patient Safety to lead and oversee the programme on driving down episodes of prone restraint 20.3 Trust to use its annual programme of work via the SAFER forum to support services to find other methods of least restrictive practice	Consultant Practitioner for SAFER services (tbc)	Tim Coupland Associate Director of Nursing	31/12/2015	Green	**Progress to date:** Excluding Bluebird we are under the national average for prone restraint (0.23 restraints per 10 beds, national mean is 0.5 per 10beds). Current position for Bluebird House shows a marked reduction use of overall restraint and in particular prone restraint. **17/04/2015** We have a bi-monthly report to QID now in the diary highlighting key issues and the latest report presented covers all the key plans and proposals for (2015/16)	PATIENT SAFETY, REPORTING & LEARNING
21	Acute Wards /PICU	Antelope House	Ensure enhanced observations of people are recorded	21.1 The observation recording sheets will be amended to allow more accurate recording of observations on all MH wards across the Trust 21.2 The observation training will be refined and revised where appropriate to ensure more accurate recording of MH observations	Acute Care Pathway Managers/ Matrons	Tim Coupland Associate Director of Nursing	30/04/2015	Blue	**Progress to date:** Updated 24/4/15 - COMPLETED observation paperwork agreed policy and training matrix has been updated, email matrons to say has training been implemented	CAREPLANNING / RECORDKEEPING
22	Acute Wards /PICU	Antelope House	Ensure, on Hamtun, blanket restrictions in place in respect of two telephone calls a day, no baths after 10.00pm and availability of snacks/drinks are reviewed to make sure individual needs are met.	22.1 The ward is to remove all notices with regard to bathroom use. **(completed)** 22.2There will be no restriction of phone use. All patients will be able to use their mobile phones. Access to a telephone can also gained via the public pay phone on the ward, or staff mobile phones. **(completed)** 22.3 Care plan's will be implemented, where required, should the use of a mobile phone constitute a clinical risk 22.4 A capital bid has been made for a drinks machine to allow patients to make drinks at any time they wish In the interim, a dedicated members of has the responsibility of providing drinks to patients. (Currently awaiting outcome)	Brendan O'Reilly - Area Lead Nurse	Joe Jackson General Manager	30/04/2015	Blue	**Progress to date:** 22.1 & 22.2 have been completed updated 27/4/15 22.1, 22.2, 22.3 : Evidence provided to confirm that the actions have been completed on the ward. 22.4 The capital bid has been approved, and items have been delivered	CAREPLANNING / RECORDKEEPING
23	Acute Wards /PICU	Parklands	Ensure where CCTV cameras are used in communal areas and on wards that people using the service are informed of this	23.1 Place signage on the wards informing SU and visitors to make aware that CCTV is in use within the ward area 23.2 To include information regarding the use of CCTV is included in the Welcome Pack. **Note: A wider review is underway to ensure Trust wide guidance on use of CCTV reflects published CQC guidance**	ACP Manager, Ward Mangers and SU Involvement Manager.	ACP Manager	09/02/2015	Blue	**Progress to date:** COMPLETED - Temporary signage in place and permanent signage on order. Additional action to review of Trust wide guidance to be actioned via Quality Programme as CQC guidance as only just been published Updated 27/4/15 Permanent signs are on order and will replace the existing ones put in place post inspection visit. Details about the use of CCTV has also been added to patient information given to patients on admission.	PATIENT EXPERIENCE & ENGAGEMENT
24	REMOVED BY CQC FOLLOWING FACTUAL ACCURACY CHANGES									
25	Acute Wards /PICU	Parklands	Ensure environmental risk assessments are completed clearly, action taken to remove risks, and a record made of arrangements in place to manage or mitigate the risks.	25.1 Complete environmental assessment in line with Trust policy, Including action taken to mitigate risk. 25.2 Identify works programme to address risks identified in environmental risk assessment. **Note: See ref 12**	Nina Davies (Service Improvement Lead) working with Modern Matrons and Estates	Sally Banister Associate Director of Business Development	31/03/2016	Green	**Progress to date:** Awaiting completion of environmental assessment. CP1's have been submitted where environmental risk has already been identified.	ESTATES
26	Acute Wards /PICU	Parklands	Ensure at Parklands Hospital the dirty utility facilities are not in the laundry room because of the risk of cross contamination.	26.1 Consider option to create separate dirty/clean utility - this might require removal of the macerator from laundry room preventing further use. Estates / Infection Control lead to visit ward and advise.	Ward Manager	ACP Manager	30/04/2015	Blue	**Progress to date:** COMPLETED The Macerator has been removed from the PICU	ESTATES
27	REMOVED BY CQC FOLLOWING FACTUAL ACCURACY CHANGES									
28	REMOVED BY CQC FOLLOWING FACTUAL ACCURACY CHANGES									

29	Community-based Mental Health Services for Adults of Working Age	All inspected	Work with local commissioners of services to improve access to local acute psychiatric admission beds.	29.1 Area Bed protocol has been developed to ensure that there is a more robust process for access and discharge from acute beds. Protocol has been shared with both Hampshire and Soton commissioners. 29.2 Undertake a broader review of bed provision into the medium to longer term to ensure sustainability and availability of beds within Hampshire.	Area Managers	Kate Brooker-Associate Director MH	30/06/2015	Blue	**Progress to date:** Area protocol has been implemented, pathways and access to acute beds are not currently consistent across all 4 units. This is part of MH Service strategy for 15- 16 Internal actions completed	PATIENT EXPERIENCE
30	Community-based Mental Health Services for Adults of Working Age	Southampton CMHT	Monitor the caseload to assess the impact of the proposed new staffing structure.	30.1 Monitor the overall caseload size of the CTT, against the baseline of the old staffing structure. 30.2 Monitor the size of individual practitioners' caseload three months after the appointment of the new staffing structure. 30.3 Link work around caseloads to national work on caseload modelling for community mental health teams	Marie Finn - Southampton CTT Team Manager	Joe Jackson General Manager/Tim Coupland Associate Director of Nursing	30/06/2015	Blue	**Progress to date:** Event taking place in April ISD-wide to challenge model of caseload management - to include MH Caseload review completed.	WORKFORCE
31	Community-based Mental Health Services for Adults of Working Age	Winchester & Andover CMHT	Winchester community team base was in poor repair in some places and staff were unclear about whether there were plans to move or improved facilities	31.1 The premises has been highlighted as a priority within the local Estates Project Board and the Trust Estates Rationalisation Plan there are discussions around potential moves from the building to more suitable accommodation	Service Manager / Estates Business Partner	Graham Webb General Manager	31/08/2015	Green	**Progress to date:** There are plans to move from Connaught House to Avalon House from September 15. IP&C update - all Housekeeping staff have been reminded of the need to wear PPE when cleaning toilet areas in line with national guidance Mops are washed at Melbury Lodge and transported in different buckets for clean and dirty	ESTATES
32	Community-based Mental Health Services for Adults of Working Age	New Forest CMHT	New Milton community team base was in poor repair in some places and staff were unclear about whether there were plans to move or improved facilities	32.1 There are no current plans to move from the New Milton base, repairs and actions arising from this will be part of the Estates Project Group. Where appropriate capital bid applications will be submitted	Service Manager / Estates Business Partner	Service Manager	31/08/2015	Green	**Progress to date:** Team are unlikley to move for 18months so estates to visit and identify short term measures	ESTATES
33	Crisis Service / S136 Health Based Place of Safety	All inspected	AMHT service must have operational procedures which inform staff how to provide services which include risk assessment, care planning and sharing information and protect people using the service and staff	33.1 The AMHT Service Manager and the AMHT Lead Consultant will draft an operational policy that is to include how to provide services, risk planning, care planning, and also cover how to protect people and staff using the services. 33.2 The draft document will be submitted to the Southampton Area Integrated Governance and will be considered more widely across all Crisis Services for consistency checking and externally in terms of alignment with the Crisis Concordat Hampshire Action Plan. Meeting for review, and onward progression.	Emma Bekefi - Interim Team Manager, South AMHT	Joe Jackson General Manager	30/06/2015	Blue	**Progress to date:** 18-6-2015: Approved at AIGM in Southampton virtually in April 2015, then approved at the AMH Service Board in May 2015.	CAREPLANNING / RECORDKEEPING
34	Crisis Service / S136 Health Based Place of Safety	Elmleigh S136 suite	Ensure there are sufficient appropriately trained staff available to provide care to S136 suite when in use, so that safe staffing levels on PICU and wards are not compromised and people put at risk of unsafe care	34.1 A work programme is advanced to commission a new S136 POS service across the county in partnership with Medisec. This will include: - Further work is being undertaken to match competencies with PRISS -Staffing levels will not be compromised on the PICU wards once Medisec undertake observations within the s136 suites - Trust is compiling a training programme for NIC with regards to the delegation of responsibilities - Trust is compiling a training package for Medisec and Trust staff in the Management of children in Crisis	Nina Davies (Service Improvement Lead) working with Modern Matrons and Estates	Tim Coupland Associate Director of Nursing	31/04/2015	Blue	**Progress to date:** Updated 24/4/15 completed and service in place, monitored under a governance and assurance group which meets monthly	WORKFORCE
35	Crisis Service / S136 Health Based Place of Safety	Elmleigh S136 suite	Ensure that staff working in or covering the S136 suite have up to date training in restraint, break away and de-escalation techniques and BLS/ILS	35.1 A work programme is advanced to commission a new S136 POS service across the county in partnership with Medisec. This will include: - All Medisec staff undertake restraint training - Further work is being undertaken to match competencies with PRISS - All Medisec staff are trained in BLS/ILS - Organise training locally for ILS/BLS for staff at Elmleigh.	ward managers-Ben Lihou, Holly Whiteley . Nina Davies	Tim Coupland Associate Director of Nursing	30/04/2015	Blue	**Progress to date:** Updated 24/4/15 training for ILS and Priss for Elmleigh is picked up in another action 415 which has completion date 29/05. This action specifically relates to the use and function of the 136 Suite and is complete in terms of specific actions in 35.1.	WORKFORCE
36	Crisis Service / S136 Health Based Place of Safety	All inspected	Review S136 policy and consider how those detained under S136 are assessed in more timely manner by a doctor in the first instance.	36.1 The Policy is being reviewed as part of the revised Code of Practice 36.2 The Trust will continue to undertake joint assessment between the Doctor and AMHP, as per the Royal College of Psychiatrists guidelines and best practice described within the CoP	Nina Davies (Service Improvement Lead) working with Modern Matrons and Estates	Tim Coupland Associate Director of Nursing	31/04/2015	Blue	**Progress to date:** Update 24/4/15 Complete - governance and oversight process in place and will be reviewing all standards related to the CoP via dashboard	CAREPLANNING / RECORDKEEPING
37	Crisis Service / S136 Health Based Place of Safety	All inspected	Ensure that AMHPs attend the S136 suite in a timely manner - 'Assessment by the doctor and AMHP should begin as soon as possible after the arrival of the individual at the place of safety'.	37.1 The Trust is working with the commissioners and Local Authority to improve partnership working and timely attendance of AMHP 37.2 We will develop a 136 dashboard to cover the key components of waiting times for both AMPH and medic response for those detained under section 136. Review of this dashboard will be completed by the 136 quality and governance group to identify the scale of the problem and to drive action to ensure medical and AMHP delays are minimised.	Nina Davies (Service Improvement Lead) working with Modern Matrons and Estates	Tim Coupland Associate Director of Nursing	31/04/2015	Blue	**Progress to date:** Updated 24/4/15 Complete	CAREPLANNING / RECORDKEEPING
38	Crisis Service / S136 Health Based Place of Safety	All inspected	Ensure all staff involved in implementation of S136 receives necessary training	**See ref 34**	**See ref 34**	**See ref 34**	30/04/2015	Blue	**Progress to date:** Updated 24/4/15 Complete - medisec now provide this service and have also received training in terms of provision to children	WORKFORCE

39	Crisis Service / S136 Health Based Place of Safety	All inspected	Review lone working procedures, and ensure they adequately protect staff in the S136 suite and the hospital at home service.	39.1 A work programme is advanced to commission a new S136 POS service across the county in partnership with Medisec. This will ensure: -no lone working situations within the s136 suites, as each service user will be observed by 2 members of Medisec staff -Where exceptionally Lone Working procedure (SH NCP 24) is implemented it will include risk assessment/visit planning, PRISS / conflict resolution training, issue of safety equipment, awareness of incident reporting procedures, checking in with base to include a "safe" password or phrase if visit unsafe.	Nina Davies (Service Improvement Lead) working with Modern Matrons and Estates/ working with AMHT Team Managers	Tim Coupland Associate Director of Nursing	30/04/2015	Blue	**Progress to date:** Updated 24/4/15 COMPLETED	WORKFORCE
40	Long Stay / Rehab Mental Health Wards	All inspected	The programme of activities should be reviewed to ensure that people have access to enough activities to keep them occupied.	40.1 The activities programme will be reviewed regularly to ensure that all people using the services will have a variety of activities to keep them occupied. Hollybank will continue to review activities every 3 months following the patient questionnaire. The activities poster and the OT leaflet are already available in all patients packs.	Carol Barnard, Clinical Manager, Hollybank Alison Vasey, Ward manager, Forest Lodge	Carol Barnard, Clinical Manager, Hollybank Alison Vassey, Ward Manager, Forest Lodge	30/04/2015	Blue	**Progress to date:** COMPLETED	PATIENT EXPERIENCE & ENGAGEMENT
41	Long Stay / Rehab Mental Health Wards	All inspected	People using the service should be supported to have access to a copy of their care plan.	41.1 All people using the service will be given a copy of their care plan, if they do not want a copy, then it will be clearly documented on RIO as to why they declined. The monthly care plan audit will continue to demonstrate compliance.	Carol Barnard, Clinical Manager, Hollybank Alison Vassey, Ward manager, Forest Lodge	Carol Barnard, Clinical Manager, Hollybank Alison Vasey, Ward Manager, Forest Lodge	30/04/2015	Blue	**Progress to date:** COMPLETED	CAREPLANNING / RECORDKEEPING
42	Long Stay / Rehab Mental Health Wards	All inspected	The trust should consider if staff working in these services could have more opportunities to meet senior staff.	42.2 Area Manager and Service Managers to actively encourage visits to Rehab units to meet staff by creating opportunities and pulling together a programme of visits with the senior team	Carol Barnard, Clinical Manager, Hollybank Alison Vasey, Ward manager, Forest Lodge	Carol Barnard, Clinical Manager, Hollybank Alison Vasey, Ward manager, Forest Lodge	30/04/2015	Blue	**Progress to date:** COMPLETED - Kate Brooker & Mary Kloer visited the following units on the following dates and met with staff and Service users: Forest Lodge Wed 4th March Crowlin Friday 13th March Hollybank Wed 25th March	WORKFORCE
43	Long Stay / Rehab Mental Health Wards	Forest Lodge	The findings from the ligature audit at Forest Lodge should be used to ensure a risk based plan of works is in place.	43.1 Forest Lodge service manager and Southampton General Manager will review all outstanding work deemed urgent regarding ligature risk, and raise these at part of the Trust wide programme the work required will be prioritised in line with other divisional ligature work streams	Alison Vasey, Ward Manager Forest Lodge & Joe Jackson, Area Manager	Joe Jackson, General Manager	31/03/2016	Green	**Progress to date:** The original CQC identified works have been completed. Further issues may be identified via the anti-ligature task and finish group	ESTATES
44	MH Secure/Forensic	All inspected	Appropriate measures must be taken to mitigate and manage environmental ligature risks on wards at Ravenswood House and Southfield.	44.1 All patients to have care plans specifically addressing risk of ligature. 44.2 These care plans must be reviewed regularly at times of change of ward or mental state. 44.3 All rooms near the nursing office will have minimised ligatures. 44.4 Work to reduce ligatures across the whole unit. One ward to decant to enable work to be carried out safely. 44.5 review of location of parabolic mirrors 44.6 Development of a full business case for re-provision of Ravenswood	1. CSM, 2. CSM, MM 3. Director of Estates 4. Estates 5. Exec Team	Associate Director & CD & Director of estates	Some completed. Major work 31/12/2015 44.6 30/06/2015	Green	**Progress to date:** 44.1 & 44.2 MINOR WORKS COMPLETED Ligature risk poster in place at Ravenswood MAJOR WORKS IN PROGRESS	CAREPLANNING / RECORDKEEPING
45	MH Secure/Forensic	All inspected	Staff on wards at Ravenswood House and Southfield must ensure they are familiar with the procedure for checking and replacing ligature cutters.	45.1 All staff to complete ligature training using scenarios and ligature packs . Agency staff are included. E learning package to be developed . Scenarios are in place where there are particular concerns. Meeting held with training dept. 12.12.14 to look at resources available for training. 45.2 Standardised ligature pack agreed (16.12.14) 45.3 All clinical staff have easy access to information of the ligature risks within their environment and how these are managed. 45.4 Checking of ligature packs and cutters to be added to Security Checklist and	1. LEaD & ward managers 2. CSM & MM 3. MM	LEaD & CSM	30/06/2015	Blue	**Progress to date:** Date of 30/06/15 confirmed by LEaD for development of e-learning package to support current learning/training in place	WORKFORCE
46	MH Secure/Forensic	All inspected	The provider must record all incidents of restraint and seclusion in line with the Mental Health Act Code of Practice.	46.1 Policy for Seclusion to be reviewed. 46.2 Trust wide review of restraint policy and procedures.	Siven Rungien/Mayura Despande/Nicki Duffin	Tim Coupland Associate Director of Nursing	46.1 completed 46.2 underway to complete 30/04/2015	Blue	**Progress to date:** 46.1 COMPLETED Seclusion policy will be reviewed again in March 2015 to incorporate the provisions within the revised MHA Code of Practice 46.2 complete - Updated 24/4/15 UPDATED POLICY PUBLISHED	PATIENT SAFETY, REPORTING & LEARNING
47	MH Secure/Forensic	Southfield	All staff at Southfield must ensure they are familiar with the trust's Seclusion and Segregation Policy as some patients at Southfield were not afforded the safeguards of the Mental Health Act Code of Practice when being "de-escalated" in the units seclusion area.	47.1 Southfield have used Trust wide seclusion documentation on every occasion the high care suite is used in accordance with the Code of Practice and the policy. Ward manager has been monitoring this. 47.2 Policy for Seclusion to be reviewed.	Seclusion paperwork audited by MHA administration team/ Policy review: Siven Rungien/Mayura Despande	Tim Coupland Associate Director of Nursing	Completed .	Blue	**Progress to date:** Seclusion policy will be reviewed again in March 2015 to incorporate the provisions within the revised MHA Code of Practice We have also achieved a reduction (to date) of use of seclusion by 20%. **17/04/2015**: Seclusion audit completed and reported to QID. Policy updated COMPLETED	PATIENT SAFETY, REPORTING & LEARNING
48	MH Secure/Forensic	All inspected	The majority of staff at ward level at Ravenswood House and Southfield did not feel that the forensic directorate leaders or senior trust managers were visible and approachable.	48.1 All senior staff are doing nursing shifts across the services. There is a regular patient and staff forum which is advertised. 48.2 The service management structures are being redesigned in accordance with the new divisional structures. 48.3 New Clinical Director for services to provide a more visible and effective leadership	Nicki Brown Associate director Specialised Services & Amanda Taylor CD	Nicki Brown Associate director Specialised Services & Amanda Taylor CD	30/04/2015	Blue	**Progress to date:** Updates 24/4/15 New CSD's to be appointed on April 29th Matron appointed for southfield	WORKFORCE

49	MH Secure/Forensic	All inspected	Whilst the provider had a governance structure in place they could not be confident about its efficacy as a significant number of staff were not familiar with it.	49.1 Divisional Structures are being reorganised and the service structures will be redesigned to match these. This will be communicated to all staff. 49.2 The learning from incidents will be better embedded into the team meetings and teaching programmes	Nicki Brown Associate director Specialised Services & Amanda Taylor CD	Nicki Brown Associate director Specialised Services & Amanda Taylor CD	30/04/2015	Blue	**Progress to date:** Updated 24/4/15 New structure to be introduced in May 2015	GOVERNANCE
50	MH Secure/Forensic	All inspected	Some staff at Ravenswood House and Southfield were not familiar with safeguarding procedures or their responsibilities should they be concerned that a patient was at risk of abuse.	50.1 All staff to complete safeguarding as part of mandatory training. 50.2 Junior medical staff also complete this and systems are in place for this to be monitored through the postgraduate education dept and the director of education. Junior Medical staff are not able to engage with other training unless this has been completed. 50.3 Run patient scenarios to test out learning in practice and record learning on team meeting notes	Rachel Coltart Performance lead Jane Hazelgrove Director of Education	Nicki Brown Associate director Specialised Services	50.1/50.2 completed 50.3 30/04/2015	Blue	**Progress to date:** **17/04/2015:** the summary:of 17 medical staff 1 staff member is non-compliant with Safeguarding Children Level 2 training. The y are all compliant with Safeguarding Adults Level 2 training. **19/04/2015 update:** 50.2 Junior medical staff unable to take study leave unless mandatory traing completed. Monitored by DME (email 22nd January). **Updated 24/4/15 -** Induction checklist which goes to all junior doctors includes -section 6; - training and development requirements For trainees who are in the trust and rotating to a new post a reminder goes to them at each rotation	PATIENT SAFETY, REPORTING & LEARNING
51	MH Secure/Forensic	All inspected	Staffing levels on some wards at Ravenswood House and Southfield meant that patients were not able to take Section 17 escorted leave.	51.1 Staffing is under review, recruitment is being reviewed by the Trust. There is a rolling programme of recruitment locally and an annual recruitment programme will be agreed. 51.2 Appointed a member of workforce team to address this specifically for Specialised services. 51.3 Senior staff working in clinical roles to support safer staffing	Nicky Bennet, Clinical Services Manager	Nicki Brown Associate director Specialised Services	30/04/2015	Blue	**Progress to date:** Updated 24/4/15 Internal actions completed - further work will continue to maintain levels	WORKFORCE
52	Child and Adolescent Mental Health	All inspected	There was no policy for the use of restraint and the lack of recording in relation to this did not demonstrate this was carried out appropriately.	52.1 Trust wide review of restraint policy and procedures.	Nicki Duffin, Lead Nurse	Tim Coupland Associate Director of Nursing	30/04/2015	Blue	**Progress to date:** Updated 24/4/15 seclusion policy reviewed again in March 2015 to incorporate the provisions within the revised MHA Code of Practice 46.2 complete COMPLETED - POLICY PUBLISHED	PATIENT SAFETY, REPORTING & LEARNING
53	Child and Adolescent Mental Health	All inspected	The policy for seclusion did not comply with the Code of Practice: Mental Health Act 1983, and there was a lack of sufficient records to demonstrate this had been managed appropriately.	53.1 Policy for Seclusion to be reviewed.	Siven Rungien/Mayura Despande	Tim Coupland Associate Director of Nursing	Completed .	Blue	**Progress to date:** We now have better definitions of time out, seclusion and longer term segregation with associated practice guidance and consistent paperwork Seclusion policy will be reviewed again in March 2015 to incorporate the provisions within the revised MHA Code of Practice We have also achieved a reduction (to date) of use of seclusion by 20%. COMPLETED - POLICY PUBLISHED	CAREPLANNING / RECORDKEEPING
54	Child and Adolescent Mental Health	All inspected	The management of young people nursed on close observations, and general observations were not robust or recorded appropriately to demonstrate that young people were appropriately monitored.	54.1 New Trust observation documentation has been issued and is being consulted widely to incorporate into the observation policy	Sarah Leonard, Acute Care Pathway Manager	Tim Coupland Associate Director of Nursing	30/04/2015	Blue	**Progress to date:** Updated 24/4/15 - COMPLETED observation paperwork agreed policy and training matrix has been updated, email matrons to say has training been implemented	CAREPLANNING / RECORDKEEPING
55	Child and Adolescent Mental Health	All inspected	There was no evidence in relation to capacity assessment and consent in relation to the requirement of the Mental Capacity Act 2005 and Gillick Competencies/ Fraser Guidelines.	55.1 Leigh House has incorporated within the template for weekly clinical meetings the review of capacity and consent of patients. 55.2 SHFT to formulate specific training on capacity and competence assessments in young people. 55.3 Documentation of assessments of capacity/competence in patient records when medication is prescribed. NOTE all patients in Bluebird House subject to detention under the MHA 1983.	Responsible Clinicians & CSD for each service Tim Coupland Associate Director of Nursing (training elements)	Nicki Brown Associate Director of Specialised Service/	30/04/2015	Blue	**Progress to date:** Updated 28/4/15 Capacity and consent has been added to the weekly ward round template and also to the medication agreement form for young people. Dr has also completed some in-house training around DOLS and capacity for the nursing team and with the arrival of new nurses, more are booked in for the future.	CAREPLANNING / RECORDKEEPING
56	Child and Adolescent Mental Health	Leigh House	Ligature risks within the environment were not always appropriately managed. In particular, the seclusion area at Leigh house had a number of ligature risks that had not been assessed or minimised to reduce risks to young people.	56.1 Ligature Risk Assessment completed in October 2014 and an agreed action plan is in place to deal with the risks identified	CSM, Modern Matron & Facilities Manager	Associate Director of Nursing, Associate Director of Specialised MH Services, Modern Matron	TBC, awaiting E&FM finalisation of works programme	Green	**Progress to date:** Note Assessment Completed and Action plan in place, works programme being agreed	ESTATES
57	Child and Adolescent Mental Health	Leigh House	During the night at Leigh House there were three staff on duty, which did not take into account the dependency needs of the young people, or of the management of incidents during this time.	57.1 Staffing has been reviewed and nurse staffing levels increased depending on clinical need. 57.2 The increased staffing required will be made permanent in April 2015.	Modern Matron & CSD	Nicki Brown Associate Director for Specialised Services	30/04/2015	Blue	**Progress to date:** Updated 24/4/15 57.1 Staff recruitment ongoing but otherwise completed Now have right staff levels.	WORKFORCE
58	Child and Adolescent Mental Health	Leigh House	The young people at Leigh House were not encouraged to be involved in the care planning or reviews about their care.	58.1 All young people now have a Collaborative Care Plan. 58.2 Service users have drawn up a ward round feedback document and will be invited to attend	Responsible Clinicians, Clinical Ward Manager & Primary Nurses	Nicki Brown Associate Director for Specialised Services	01/01/2015	Blue	**Progress to date:** Updated 24/4/15 patients are now invited to ward rounds and offered opportunity to comment on care plans Introduction of collaborated care plans and response prevention care plans.	CAREPLANNING / RECORDKEEPING

59	Child and Adolescent Mental Health	Leigh House	The majority of young people using the service of Leigh House felt that the service was planned around needs of the eating disorder specialism, and that those with mental health needs did not receive the same level of support for their needs.	59.1The team are aware of the potential dynamics within the milieu and there is a system in place to consider and balance the differing diagnoses. 59.2 The service will maintain close links with the commissioners to ensure the patient mix is correct on amonthly basis.	Responsible Clinicians, CSD & Modern Matron	CSD & Modern Matron	01/01/2015	Blue	**Progress to date:** Updated 24/4/15 meeting held with commissoners and case managers to discuss case mix Discussed in the weekly business meeting, community meetings, with the advocacy service and attempt to readdress the clinical balance whenever possible.	PATIENT EXPERIENCE & ENGAGEMENT
60	Child and Adolescent Mental Health	All inspected	Health checks were not carried out routinely. Some care plans around physical health checks were lacking, whilst others were generic for the young people.	**LEIGH HOUSE** 60.1 Ensure health checks are carried out routinely on admission, ongoing as part of the care of all patients, following prescribing of medication, at the time of discharge and at any other time as required. 60.2 Ensure all physical observation charts are taken to the MDT handover 5 days per week for review. 60.3 Establish an ECG monitoring for all patients on the Eating Programme, on prescribing of psychotropic medication and if otherwise indicated. 60.4 Establish a liaison service with the local paediatrician to review ECG results. **BLUEBIRD HOUSE** 60.5 Review Physical health care plans for all patients were reviewed and amended where required. 60.6 Ensure Physical health care plans for all patients are reviewed upon admission, at each CPA and whenever clinically indicated.	Admitting Doctor, Responsible Clinicians, Nurse Practitioners , CSD and Modern Matron	CSD	01/01/2015	Blue	**Progress to date:** Updated 24/4/15 completed for BBH and Leigh House All young people have a physical assessment on admission. All have a nutritional care plan and are weighed regularly. Where a physical health issue is identified they will have a physical health care plan. The physical health folder containing the physical observations of young people is taken to the daily MDT handover and reviewed by medical staff.	CAREPLANNING / RECORDKEEPING
61	Child and Adolescent Mental Health	All inspected	There was no trust transition policy to support young people transitioning into adult services, or clear care pathways for young people. The discharge of young people was not discussed or planned as part of the admission to the service.	61.1 The Trust has a Transition Protocol in place; work is underway to review and identify areas for improvement (involving Tier 3 community CAMHS (Sussex Partnership NHS Foundation Trust), Tier 4 CAMHS, adult mental health and EIP services (Southern Health NHS Foundation Trust)). **BLUEBIRD** 61.2 Potential discharge pathways are considered at the patient's first CPA, three months following admission, and this is evidenced in the CPA minutes.	Associate Director of SS	Associate Director of SS	30/06/2015	Blue	**Progress to date:** Updated 28/4/15 1. Transition policy for young people presenting with psychotic symptoms (CAMHS to E.I.P. services) in place 2. Protocol for transition from CAMHS to Adults services 3. study day on transition between services	CAREPLANNING / RECORDKEEPING
62	Child and Adolescent Mental Health	All inspected	The majority of staff we spoke with felt there was a lack of senior management input and understanding as to what happened in the services. Some felt empowered by this, though others said it made them feel disconnected from the trust senior management.	62.1 To put in place a programme to ensure increased visibility and support of senior managers in the units and opportunities to meet with the staff team.	Associate Director of SS	Associate Director of SS	31/05/2015	Blue	**Progress to date:** Updated 28/4/15 Senior leadership programme in place to support visibility- evidenced by senior teams diary and programme of visits to service.	WORKFORCE
63	Child and Adolescent Mental Health	All inspected	The staff we spoke with were not aware of any trustwide initiatives to seek feedback from young people/ other users of the services or staff.	63.1 Ensure the Trust Patient Experience survey is shared with all staff by the organisation once it has been returned by the young person 63.2 Ensure feedback from young people using the service is a standing item on the Integrated Governance meeting agenda, as is the monthly Voices 4 Choices meeting.	Modern Matron	CSM & CSD	30/04/2015	Blue	**Progress to date:** Updated 28/4/15 The awareness of Trust feedback mechanism from young people and staff to the staff induction pack has been added to the induction pack for all nurses and HCSW's.	PATIENT EXPERIENCE & ENGAGEMENT
64	OPMH community	All inspected	Work with local authorities to ensure social services input is flexible, responsive and teams are facilitated to work closely to ensure best outcomes for patients & relatives.	64.1 Integrated rapid response project currently underway 64.2 CMHTs to continue to be actively involved in the Better Care process 64.3 To invite social services staff to health education opportunities 64.4 Via supervision ensure that referrals to social services are made in a timely manner 64.5 With colleagues in social services write a 2 sided sheet clearly stating eligibility for each other services 64.6 Offer hot desk facilities where possible in each others bases 64.7 Exec work currently underway regarding integration with adult services ensure presence at ICT meetings	Sharon Harwood Sharon Osterfield Matthew Sheehan Angela O'Brien	Laura Rothery Michelle Edwards Nicky Seargent	30/04/2015	Blue	**Progress to date:** Linked to joint working with Solent programme Linked to ICT ways of working ICT monthly Steering group joint chaired by SHFT and HCC. Update 24/4/15 Within Southampton every cluster meet monthly to further integration on a local level. 2 awaydays with adult services present have taken place Within the West of Hampshire monthly/bimonthly ICT meetings take place locally to support integration; CQUINS completed with support from adult services - inculding rapid response CQUIN.	WORKFORCE
65	OPMH community	All inspected	Ensure patients have sufficient access to clinical psychology input if needs for talking therapies are too complex to be managed by IAPT.	65.1 Undertake a review of Psychology resources across all CMHTs with a view to creating an appropriate workforce plan. Recruit to plan	Laura Rotherery Michelle Edwards Nicky Seargent	Gethin Hughes Chris Ash	31/07/2015	Blue	**Progress to date:** **East** - Contract signed and vacant post has been approved to be recruited to - recruitment process in progress. **North** - Psychology service in place.	WORKFORCE
66	REMOVED BY CQC FOLLOWING FACTUAL ACCURACY CHANGES									
67	OPMH community	Fareham & Gosport OP CMHT	Systems in place to monitor caseloads need improvement to ensure the wellbeing of patients and staff	67.1 Completed during inspection week	Julie Edwards	Michelle Edwards	complete	Blue	**Progress to date:** Completed during the inspection Review Event planned for 17th April 2015	WORKFORCE
68	OPMH inpatients	All inspected	Ensure that guidelines provided by the DH for same sex accommodation and the MHA CoP regarding same sex accommodation are adhered to and where there are breaches, that there are mechanisms in place within the division and the trust to report them.	68.1 Ward manager and Modern Matron to ensure ward is compliant with same sex accommodation requirements. 68.2 Any concerns to be escalated via ISD management team and appropriate actions agreed. 68.3 All breaches to be reported via Trust incident reporting system.	Ward manager, Modern Matron.	Michelle Edwards	complete	Blue	**Progress to date:** Completed escalation procedures put in place during the inspection week	PATIENT EXPERIENCE & ENGAGEMENT

69	OPMH inpatients	All inspected	Ensure that robust plans exist on each ward to manage identified ligature risks, and where people are at risk that risk management plans relating to ligatures are identified in individual risk assessments and care plans	69.1 All wards have an up to date Ligature risk assessment and action plan. 69.2 All patients on and during admission to have up to date Risk assessment and care plan to support any risk identified. 69.3 All individual patient risk to be reviewed in MDT ward round on a minimum weekly basis adhering to Ward round template.	Ward Manager. Inpatient consultant.	Tracey Eddy - Inpatient Clinical Director OPMH inpatient Matrons	30/04/2015	Blue	**Progress to date:** All wards have updated their ligature risk assessments & action plans. All patients where risks of suicide are prevalent have an up to date risk assessment and care plan. Discussed in ward round.	CAREPLANNING / RECORDKEEPING
71	LD community	Ox/Bucks teams	The trust must ensure it supports staff working in the Oxfordshire and Buckinghamshire community services appropriately in order to facilitate them to perform their roles effectively	71.1 A scoping exercise/ survey will be completed for all staff across the LD Division to ascertain what additional development and training staff need to be able to perform their job which is not currently provided through our training department. 71.2 A scoping exercise/ survey will be completed for all staff across the LD Division to help ascertain what staff support staff need from the senior leadership team in order for staff to be able perform their roles effectively.	John Stagg: Lead for QI	Jennifer Dolman: Clinical Director	30/06/2015	Blue	**Progress to date:** **28.05.15** Survey was completed on 11th May and the information is being analysed now. The survey covered non Stat and Mandatory training and development needs as well as communication and support across all staff at all bands and had a 45% return. 10 focus groups were undertaken across all areas and this information is to be analysed. This action is on track. 30/06/15 - COMPLETED	WORKFORCE
72	LD community	All inspected	The trust should ensure that capacity assessments can be located and accessed with ease in the electronic patient records. they should also ensure that best interest meetings are structured in line with the mental capacity Act and staff are trained to be able to implement this.	72.1 The LD Service Specific Guidance finalised on 06.01.15 details the recording of capacity assessments. This will be disseminated to all staff and be available on the trust web site 72.2 The LD Clinical Records Group (CRG) will devise a short presentation to be utilised by all teams during governance and business meetings and for supervision purposes which provides information on the recording of capacity assessments in both the EPR and secondary care records.	John Stagg: Lead for QI Alistair Upton: Informatics Clinician	Jennifer Dolman: Clinical Director	30/05/2015	Blue	**Progress to date: 28.05.15** SSG is in place and a final version is officially signed off. The LD Clinical Records Group have completed the guidance for recording in RiO for use in team meetings and supervision.	CAREPLANNING / RECORDKEEPING
73	LD community	All inspected	The trust should review the referrals to the community learning disability teams that have breached target timescales to ensure people's needs are met.	73.1 The change to how RiO is used to record referrals was completed in January 2015. The second stage to implement the Team Process in Oxon & Bucks is now in the second stage which relies on Team Managers and Clinicians to follow the guidance for entering referrals, implementing the Service Specific Guidance and for Team Managers to run their case load and manage referrals and MDT plans on completion of core assessment process 28 days after referral. Once the first appointment is booked the waiting time stops.	Heads of Service	John Stagg: Lead for QI Heath Gunn: Divisional Director	31/05/2015	Blue	**Progress to date: 28.05.15** Reported in LD CRG 21.04.15 that CTLDs are following the guidance in terms of new referrals and waiting times. There had been a record of breaches in one Oxon team which was addressed by the HoS and the Team Manager. The guidance, training for clinicains and process are in place - COMPLETED	PATIENT EXPERIENCE & ENGAGEMENT
74	LD inpatients	Ox/Bucks units	The trust must ensure that all staff are aware of incidents that have taken place in the service and where relevant in other parts of the trust and the learning from these incidents	74.1 Quarterly report on incidents will be circulated to all teams services within the division. This will include analysis of incidents along with lessons learnt. This will be shared through Quality and Safety meetings and locality Governance meetings. 74.2 All chairs of County Governance Groups will add incident reporting and learning to the agenda for each governance meeting (Team & County meetings which will in turn be reported through the SPR)	CSD Heads of Service	John Stagg: Lead for QI	30/06/2015	Blue	**Progress to date:** **28.05.15.** Discussed within LD QSM in April 2015. Templates for agendas, reports and minutes are to be standardised. Incident themes, trends and analysis is reported regularly to QSM and this information is cascaded by the QSM reps from different counties and their CSDs to local governance groups. 30/06/15 - COMPLETED	PATIENT SAFETY, REPORTING & LEARNING
75	LD inpatients	All inspected	The trust must ensure the environments where people are cared for are safe.	75.1. Environmental improvements to Evenlode will begin by March 2015. 75.2. A plan for reduction in ligature points, increase in observational mirrors and installation of anti-barricade doors will be submitted to the Trust Capital programme 75.3 A plan for further Anti-Ligature reduction in the Evenlode environment will be submitted to the Trust Capital programme 75.4 Individual risk assessments and safety plans will be put in place for all patients in Evenlode and the Ridgeway Centre	Heads of Service	Divisional Director	31/05/2016	Green	**Progress to date:** E&FM have agreed the first part and work to reduce ligatures at Evenlode started 17.02.15. The other plans are going into the capital bid for 2015/2016 financial year.	ESTATES
76	LD inpatients	Ox/Bucks units	The trust must ensure that all staff including support workers have training to enable them to meet the specific needs of people using the service.	**See point 71** **LEaD** 76.1 A programme of training will initially commence in Oxfordshire and Buckinghamshire with initial topics to include Makaton and autism awareness. Programme will then roll out in Hampshire. 76.2 Programme of training to continue throughout 2015/16 and will include, although will not be limited to, training in mental health awareness, personality disorder and communication skills to meet identified needs. 76.3 Programme of training will be informed by scoping exercise/survey referred to in section 71.	John Stagg: Lead for QI	Jennifer Dolman: Clinical Director	31/05/2016	Green	IN PROGRESS	WORKFORCE
77	LD inpatients	Evenlode	The trust must ensure it supports staff working in the Oxfordshire service Evenlode so they have regular line management input, understand the changes that are taking place and receive support in an appropriate style to facilitate them to perform their roles.	77.1 **Completed** - new management structure in place, regular supervision in place and regular visits and communication with Head of Service	Head of Service	Jennifer Dolman: Clinical Director	01/04/2015	Blue	**Progress to date:** COMPLETED	WORKFORCE
78	LD inpatients	Westview/ Ashford	The trust must ensure on Woodhaven that emergency resuscitation equipment is easily accessible across the two units	78.1 Resuscitation Officer to review arrangements at Westview/ Ashford as to suitability of arrangements by 30.04.15. **Completed.** The equipment is available in under 2 minutes even with traversing locked doors	Simon Johnson	Head of Service	30/04/2015	Blue	**Progress to date:** COMPLETED	PATIENT SAFETY, REPORTING & LEARNING

79	LD inpatients		The trust should ensure that patients who are detained have their rights explained to them as frequently as needed and that this is recorded.	79.1 Each patient is written to upon admission, outlining the details of their section and their rights (Complete) 79.2 Each patient is reminded of their rights every three months in line with Trust policy (Complete) 79.3 A poster will be displayed on the ward asking patients if they understand their rights and to discuss with staff if they do not (28.04.2015) 79.4 The Trust's MHA Administration team will be monitoring more closely the provision of MHA information as required. In particular, this will include reporting each breach of the Trust's s.132/130D standard on the Ulysses' incident reporting system. Draft Ulysses pro-forma for MHA Administrators to report s.132/130D breaches (Complete)	Heads of Service John Stagg: Lead for QI	MHA Manager	01/05/2015	Blue	**Progress to date: 21.04.15** There is evidence of reading of rights and the team will include diary of reading of rights and how this is done in a way which meets patient's requirements and is therefore timely in accordance with patient needs. **Update 20/05/15 - ACTION COMPLETED**	CAREPLANNING / RECORDKEEPING
80	LD inpatients	Evenlode	They should also ensure on Evenlode that the times of medical reviews are recorded.	80.1 The time the medic is informed of the seclusion is now recorded in the seclusion documentation and the time of the medical review will also be recorded on RiO.	Siven Rungien	Tim Coupland Associate Director of Nursing	Complete	Blue	**Progress to date:** COMPLETED	CAREPLANNING / RECORDKEEPING
81	LD inpatients	Evenlode	The window in the seclusion room in Evenlode should also be reviewed to ensure people's privacy is maintained.	81.1 Film will be added to the window - **complete**	Head of Service	Divisional Director	Complete	Blue	**Progress to date:** Works completed under PFI	ESTATES
82	LD inpatients	Evenlode	The trust should review the levels of psychology input available at Evenlode to ensure there are sufficient numbers of staff available to support people with complex needs in individual clinical sessions.	82.1 A review of the psychology service will be undertaken with the Consultant Psychologist and Head of Service 82.2 A plan for any changes to the levels of psychology services will be implemented	Head of Service Consultant Clinical Psychologist	Jennifer Dolman: Clinical Director	01/11/2015	Green	IN PROGRESS	WORKFORCE
83	LD inpatients	Evenlode	The trust should explore how people using the service at Evenlode can have access to a more user-friendly copy of their care plan.	83.1 The MDT at Evenlode will agree and implement a care plan format for use with patients (including consultation with the patient group)	Paul Tossi: Service Manager	Head of Service	31/07/2015	Blue	**Progress to date: 28.05.15**: Plans are in place to liaise with the low secure service to collaborate on accessible care plan use for patients. On track. Update from Linda Kent: Ward Manager Careplans implemented - to be monitored as part of ward governance processes	CAREPLANNING / RECORDKEEPING
84	LD inpatients	Evenlode	The trust should ensure that people using the service at Evenlode have sufficient activities available at the weekend.	84.1 The activity programme for the weekend will be reviewed through the patient meetings and patients will be invited to suggest activities they wish to be arranged at the weekends.	Paul Tossi: Service Manager	Head of Service	Complete	Blue	**Progress to date: 21.04.15** There is evidence to support that community meetings have taken place and activities have been discussed. The patients have a meeting on a Saturday morning to plan activities. The evidence to support that these meetings are occurring is to be obtained by the team along with any evidence of samples of patient activities e.g. records of an activity. This also links to action 85.	PATIENT EXPERIENCE & ENGAGEMENT
85	LD inpatients	Evenlode	The trust should ensure that people using the service at Evenlode are satisfied with the lunchtime arrangements where they are served a buffet lunch where people stand up to eat and cutlery is not available.	85.1 Lunchtime arrangements will be discussed through patient meetings to review patient satisfaction and consider alternatives.	Paul Tossi: Service Manager	Head of Service	31/05/2015	Blue	**Progress to date: 28.05.15:** The arrangements have been reviewed and agreed with patients. This includes food at lunchtime and whether the patients wanted a sit down meal once per week. This is evidenced within the community meeting minutes.	PATIENT EXPERIENCE & ENGAGEMENT
86	LD inpatients	Ridgeway Centre	The trust should consider whether it is safe for staff to start working at the Ridgeway Centre prior to their disclosure and barring checks being in place.	86.1 The Ridgeway Centre will document the risk management plan and how it will be monitored for all staff who commence work prior to DBS checks being returned to ensure the safety of patients, carers and staff. 86.2 The risk management plans will be within the personal file of each member of staff and reviewed at each business meeting.	Paul Munday: Clinical Nurse Manager	Head of Service	01/07/2015	Blue	Recruitment processes in place as per trust policy	WORKFORCE
87	LD inpatients	Ridgeway Centre	The trust should record at the Ridgeway Centre what steps are taken to safeguard people who have been involved in a safeguarding alert to ensure that where needed a suitable protection plan is in place.	87.1 . A Safeguarding lead will be in place within the Ridgeway Centre (complete) 87.2 A log of actions relating to safeguarding will be kept (complete) 87.3 Care plans and risk assessments will be updated on RiO to detail the protection plan.	Paul Munday: Clinical Nurse Manager	Head of Service	30/04/2015	Blue	**Progress to date: 21.04.15** There has been good progress made by the team who have developed a method of tracking Adult safeguarding alerts. There is evidence of a protection plan (care plan) and the team have developed their MDT records for each patient to show progress for the patient in terms of A&T. The team are further defining these tools which will provide excellent evidence of the team's ability to track Safeguarding alerts, review of risk assessments, protection plans and MDT reviews of safeguarding issues which will include any safeguarding strategy with the LA team.	PATIENT SAFETY, REPORTING & LEARNING
88	LD inpatients	Ridgeway Centre	The trust should ensure that records of multidisciplinary meetings at the Ridgeway Centre contain a clear record of actions and the dates for these to be completed.	88.1 Individual actions are recorded in the progress notes in RiO 88.2 A rolling action log will be kept for the MDT, with agreed targets for completion	Paul Munday: Clinical Nurse Manager	Head of Service	30/04/2015	Blue	**Progress to date: 21.04.15** The process of MDT records and identification of actions has been devised. This is progressing well and the team are refining the records to ensure that each patient MDT record has SMART actions and that actions are tracked and outcomed for each patient's MDT meeting record. COMPLETED	CAREPLANNING / RECORDKEEPING
89	LD inpatients	Westview/ Ashford	The trust should ensure on Woodhaven that blanket restrictions about the use of pens are kept under review.	89.1 Pens will no longer be restricted across the service, but will be risk assessed on individual need	Gavin Tulk: Senior Clinical Nurse	Head of Service	31/03/2015	Blue	**Progress to date:** COMPLETED	CAREPLANNING / RECORDKEEPING

90	LD inpatients	Westview/ Ashford	The trust should ensure that when people are in seclusion on Woodhaven that they are medically reviewed at the correct time intervals.	90.1 A flow chart has been added to the Seclusion folder for Ashford and Westview, to ensure staff are reminded of the process. 90.2 A review of all seclusions will be undertaken by the Ward Manager/Clinical Services Manager in conjunction with the MHA team as part of their annual programme	Gavin Tulk: Senior Clinical Nurse	Head of Service	Complete	Blue	**Progress to date:** COMPLETED	CAREPLANNING / RECORDKEEPING
91	LD inpatients	Westview/ Ashford	The trust should review the physical environment in the seclusion room located in the Ashford Unit in Woodhaven to ensure peoples privacy and dignity is maintained if they use the toilet.	91.1 Film will be added to the window in the seclusion room to protect the privacy and dignity of patients, whilst ensuring observations are able to safely take place - **complete**	Head of Service	Paul Johnson E&FM	Complete	Blue	**Progress to date:** COMPLETED	PATIENT EXPERIENCE & ENGAGEMENT
92	LD inpatients	Westview/ Ashford	The trust should ensure on Woodhaven that care plans providing specific health related guidance such as how to support a person who has epilepsy are signed by the appropriate care professionals.	92.1 Care plans are recorded on RiO - they are not signed by professionals but RiO automatically records the name of the person who has devised the care plan and who reviewed the care plan. 92.2 Staff have received RiO training in December 2014.	Gavin Tulk: Senior Clinical Nurse	Head of Service	31/03/2015	Blue	**Progress to date: 21.04.15** Evidence file includes a clear care plan for a patient who has needs related to epilepsy. RiO provides a date and time stamp of the care plan being devised and reviewed/ changed along with the details of the person who has compiled the care plan. COMPLETED	CAREPLANNING / RECORDKEEPING
93	LD inpatients	Westview/ Ashford	The trust should try and hold regular community meetings on Woodhaven to support people using the service to be engaged in how the service is operating.	93.1 Community meetings will be in place with minutes available.	Gavin Tulk: Senior Clinical Nurse	Head of Service	30/05/2015	Blue	**Progress to date: 28.05.15:** These meetings are occurring and there are copies of community meeting minutes available as evidence. COMPLETED	PATIENT EXPERIENCE & ENGAGEMENT
94	LD inpatients	Westview/ Ashford	The trust should ensure the oven on the Ashford unit Woodhaven is replaced so that people can develop their skills in preparing food.	94.1 Service users will have access to cooking facilities to develop their skills	Paul Johnson E&FM	Head of Service	31/08/2015	Blue	**Progress to date:** **28.05.15:** There are 2 cookers now available for patients to cook food during OT session etc.	ESTATES
95	Community inpatients	All inspected	the trust must ensure that controlled medicines are safely stored in accordance with legislation, trust polices and national guidance.	95.1 Estates have actioned the cupboards 95.2 Sites to be audited to check compliance 95.3 During matrons walkaround weekly checks are checked	Sarah Olley Sharon Osterfield Matthew Sheehan Fran Campbell	Laura Rothery Michelle Edwards Nicky Seargent	complete	Blue	**Progress to date:** COMPLETED Updated 24/4/15 Lymington has been reviewed and have risk assessmens in place as can not secure to solid wall. Feel risk is mitigated as far as possible and on risk register	MEDICINES MANAGEMENT
96	Community inpatients	All inspected	The trust must ensure that it has accurate assurance that medicines are stored at a temperature that ensures their effectiveness.	96.1 Immediate action taken to ensure consistent use of the thermometers. 96.2 To develop and launch a SOP and record form for fridge temperatures. - Form to support staff to identify when temperatures are not within normal range. - To audit implementation and effectiveness of form in 6 months - To include escalation procedure	Ward Managers	Inpatient Matrons	complete	Blue	**Progress to date:** Completed on the week of the inspection	MEDICINES MANAGEMENT
97	Community inpatients	All inspected	The trust must ensure FP10 prescription pads are securely managed in accordance with trust policies and national guidance.	97.1 Ensure all FP10 orders are coordinated by named individuals who are lead for the division. 97.2 All received FP10 orders are logged inclusive of serial numbers 97.3 Ensure all FP10s are returned if staff member leaves or no longer requires FP10 97.4 Ensure that clinicians store FP10s in accordance with medicines management policy 97.5 Ensure that all medications prescribed on FP10 by NMP are recorded in accordance with medicines management policy 97.6 All staff administering medication to have access to adrenaline for treatment of anaphylaxis 97.7 Controlled drugs storage and transportation in accordance with medicines management policy (All the actions above will be supported by staff briefings/awareness)	Clinical Service Directors	Chief Pharmacist	SOPs in place 30/04/2015 Audit tool developed and rolled out by 01/06/2015	Blue	**Progress 29/05/15** New SOPs in place and available to staff on trust website. Audit conducted on the usage of FP10s and action plan being developed to look at reducing the use of FP10s across the trust - action being picked up as part of CIP workplan and will be monitored via the Medicines Management Quality Programme Workstream	MEDICINES MANAGEMENT
98	Community inpatients	All inspected	The trust should ensure staff are aware of the descriptors for Never Events that relate to their area of working.	98.1 Locality Governance meetings to cover this in their next agenda - this can then be disseminated	Matrons	Helen Ludford SIRI team	30/04/2015	Blue	**Progress to date:15/04/2015** Example minutes of ISD E Locality meetings showing Never Events and Incident discussion, learning and sharing. ISD W Shared at inpatient governance meeting	PATIENT SAFETY, REPORTING & LEARNING
99	Community inpatients	Sultan / Rowan	The trust should ensure that the Mental Capacity Act 2005 is followed where the environment and locked doors could restrict patient's movement in and out of the wards/buildings.	99.1 OPMH wards posters need to be in place in community inpatient wards explaining that although the doors are locked they are free to leave. Rowan already has poster in place.	Ward Managers	Inpatient Ward Matrons	16/02/2015	Blue	**Progress to date:** COMPLETED	CAREPLANNING / RECORDKEEPING
100	Community inpatients	All inspected	The trust should ensure that where required food and fluid monitoring charts are fully completed.	100.1 Ward Managers checklist and Matron Walkabout - OPMH template to be shared with community inpatient matrons 100.2 As part of a handover SOP that is being developed it will be incorporate as part of daily bed side handover 100.3 To audit the SOP	Ward Managers	Inpatient Matrons	30/04/2015	Blue	**Progress to date:** Update 24/4/15 When a patient is identified as needing food/fluid monitoring, sheets are in place and discussed at handover using SBAR New Matrons walk around tool is being piloted and will audit food and fluid charts. COMPLETED	CAREPLANNING / RECORDKEEPING

101	Community inpatients	LNFH	The trust should ensure there is better communication between the surgeons and Lymington New Forest Hospital theatre team, to reduce risk of sudden cancellation of day surgery lists.	101.1 There is a policy in place, the division needs to ensure through SPR that when cancellations take place outside policy we raise formally with the surgeon and provider. 101.2 We are now collecting performance data around cancellations and the impact on patients which will be monitored via SPR	Sarah Olley	Laura Rothery	complete	Blue	**Progress to date:** COMPLETED	WORKFORCE
102	Community inpatients	LNFH	The trust should develop processes to effectively monitor outcomes for patients undergoing day surgery at Lymington New Forest Hospital.	102.1 To continue with the shared governance meeting with LNFH and UHS which enables two way communication in relation to sharing best practice and issues concerned. 102.2 The appointment of the Clinical Director based at LNFH has improved communication into safety issues directly. 102.3 Develop outcome measures for day surgery	Nimesh Patel Clinical lead	Peter Hockey	01/06/2015	Blue	**Progress to date:** Clinical service lead for surgery is providing information on Mortality and Mobility information that is discussed at UHS to be shared at Lymington New Forest Hospital. Commencing June 2015. Further work is in progress with UHS to strengthen closer ways of working across the sites to ensure maximum safety for patients. COMPLETED	PATIENT SAFETY, REPORTING & LEARNING
103	Community inpatients	LNFH	The trust should ensure that anaesthetists document their checks of anaesthetic machines prior to surgery.	103.1 Theatre staff to ensure anaethetist comply with equipment checks 103.2 To audit in 3 months	Claire Bycroft	Nimesh Patel	Complete	Blue	**Progress to date:** COMPLETED	WORKFORCE
104	Community inpatients	LNFH	The trust should ensure pre-operative assessment processes are streamlined so patients only have to visit Lymington New Forest Hospital on one occasion.	104.1 Review of nursing staff with recuritment of a pre-operative nurse - this is part of a larger project around processes related to theatres 104.2 Review underway in relation to day surgery - to improve patient experience due to streamlining	Ann Catteau	Sarah Olley	01/06/2015	Blue	**Progress to date:** Recruitment completed and staff in post, staff employed have previous experience of pre assessment and streamlining of services is underway. Work will continue to embed processes. COMPLETED	PATIENT EXPERIENCE & ENGAGEMENT
105	Children	All inspected	The trust should develop a transition process for transfers from child to adult services.	105.1 newly commissioned 16-19 service in School Nursing Specification- project to raise awareness of SN service to colleges and children in this age group and signpost to health services (Project in progress) 105.2 Children in Care Service up to age 25 - Health are part of partnership approach to supporting care leavers transition to adult health services - also with transfer from area to area - maintaining health continuity (This is in place now with an APP and memory stick to 'hold' health records with care leaver as data controller') 105.3 Special School Nurses- Work in partnership with Health team Paediatrician to develop health transition for children with Disabilities/Physical and or Learning (This is in place now) going forward needs commissioner clarity 105.4 Family Nurse Partnership - transition of young parents into adult services- new project as newly commissioned 105.5 Develop guidance within Trust for transition of children (In progress)	1) Ginny Taylor Operational Service Lead 2) Caz Maclean AD Safeguarding 3) Ginny Taylor 4) Liz Taylor AD Nursing Children 5)Liz Taylor AD Nursing Children	Nicky Adamson-Young Director Children's Division and Safeguarding	1) Service spec runs from August 15 - March 16 2) In place now 3)In place now 4)New service starts March 15 Young parent transfer from service in 2-3 years 5) April 2015	Green	**Progress to date:** 1) work commenced with colleges and Young people exploring how they want information - contract does not start until August 2015 2) App and credit card memory stick to form health passport live. 3)This pathway sits in special schools with the paeditrician who are not our Trusts staff and our staff contribute. We are waiting for this service to be tendered with clearer guidance re pathways **Update - 30/04/15** The CIC nurses link with Care Ambassadors who work with HCC as care leavers and represent views of Children in Care. Special School Nursing transition care plans are led by the Local Authority School Nursing 16-18 years - this service starts in August and we will undertake annual audit of 16-18 year old with regards to transition as above	CAREPLANNING / RECORDKEEPING
106	Community adults	All inspected	The trust must take action to ensure sufficient numbers of suitably qualified staff in all community teams and ensure safe caseload levels.	106.1 Maintain safer staffing programme for inpatients and ICT via weekly calls with HOP. 106.2 Daily recording of team status via SITREP. 3. 106.3 Explore Cassandra and identify pilot site. 106.4 Ensure all vacancies and absence are loaded onto NHSP platform 106.5 Access other agencies in discussion with LGM/Duty Manager/HOP	Community Matrons	Area Matrons	30/05/2015	Blue	**Progress to date:** **29/05/15 - all internal actions completed and now to be embedded** 106.1 Winchester District has a rota set in advance for all team leads to call and join in with safer staffing call	WORKFORCE
107	Community adults	Therapy	The trust must take action to ensure sufficient numbers of suitably qualified staff and reduce the waiting time for therapy assessment and treatment in those community teams where waiting times are excessive.	107.1 To review how therapy manage referrals - standardised approach to be embedded 107.2 To implement a change in process on how therapy book appointments, using admin to support and releasing clinical time - audit the amount of clinical time this releases 107.3 To review therapy service spec with Commissioners 107.4 Increase use of clinics for therapy requirements 107.5 Therapy staffing gap analysis undertaken highlighting areas of vacancy and staff turnover. Recruitment paperwork developed and submitted to panel and recruitment underway withn budget. 107.6 Best practice sharing of between sites and from other organisations	Therapy team leaders	Area Matrons	30/04/2015	Blue	**Progress to date:** Work underway with CCG as part of 2015/16 contract to review specification of Therpies and match resoruce to demand - due to be compelted within 6 months. Service Spec being reviewed as part of the ICT change process **29/05/15** 107.1 Winchester District Therapists have now undertaken training and is implementing a new application on RIO for managing AHP waits. The pathway was designed by the therapy staff. It enables a paperless system and an immediate way of managing the waiting list through RAG rating. 107.2 Winchester District has a therapy room within the New Avalon site we are working with other services to scope for equipment to enable the room to start to be used. COMPLETED	PATIENT EXPERIENCE & ENGAGEMENT

108	Community adults	All inspected	The trust must take action to ensure that medicines and prescription (FP10) pads are safely managed.	as 97 above	as 97 above	as 97 above	as 97 above	Blue	**Progress to date:** Progress 29/05/15 New SOPs in place and available to staff on trust website. Audit conducted on the usage of FP10s and action plan being developed to look at reducing the use of FP10s across the trust - action being picked up as part of CIP workplan and will be monitored via the Medicines Management Quality Programme Workstream. COMPLETED	MEDICINES MANAGEMENT
109	Community adults	All inspected	The trust must take action to ensure medication is available and relevant staff are trained in procedures when and where it may be required in a foreseeable emergency.	109.1 Ensure all staff responsible for administration of medicines have access to adrenaline and issue is recorded in a log held by team lead. 109.2 Ensure training for BLS and anaphylaxis is available for all community staff 109.3 Monitor compliance of statutory and mandatory training via service performance reviews and record actions to be taken within management supervision 109.4 Demonstrate completion of clinical competencies for staff members in the treatment of anaphylaxis 109.5 Ensure that NMP complete portfolio of evidence **Medicines Management** 109.6 Across the Hampshire health economy all adrenaline pre-filled pens (Epi-pen, Jext and Emerade) are made on the medicines formulary and available at our supplying pharmacies. 109.7 The medicines policy (MCAPP) will include a statement on the requirement for nursing staff to carry adrenaline when administering higher risk medicines e.g. vaccine, IV iron preparations.	Community Matrons Pharmacists Clinical Trainers	Chief Pharmacist	30/04/2015	Blue	**Progress to date:** **29/05/15** 109.1 Epipens for Winchester District have now been ordered as per instructions awaiting order and dispensing to all staff members however in interim ampules of adrenaline are available as usual. 109.2 All staff in Winchester District have or are booked onto BLS. There are 2 members of staff on LTS and 1 on Mat Leave that cannot complete training until they have returned to work. COMPLETED	MEDICINES MANAGEMENT
110	Community adults	All inspected	The trust must take action to ensure that when staff are administering medicines a risk assessment has been undertaken and if required appropriate arrangements are in place for the management of anaphylactic shock.	110.1 Completion of risk assessment in process for administration of medication under the guidance of a Patient Group Directive specific to specialist nursing respiratory and for immunisations within ICTs 110.2 Ensure annual completion of medicines management risk assessment in association with Pharmacy Leads 110.3 Ensure all staff administering immunisations have adrenaline with them and are in date for BLS **Medicines Management** 110.4 Across the Hampshire health economy all adrenaline pre-filled pens (Epi-pen, Jext and Emerade) are available on the medicines formulary and available at our supplying pharmacies. 110.5 The medicines policy (MCAPP) will include a statement on the requirement for nursing staff to carry adrenaline when administering higher risk medicines e.g. vaccine, IV iron preparations.	Community Matrons Pharmacists Clinical Trainers	Chief Pharmacist	30/04/2015	Blue	**Progress to date:** 1. PGD for respiratory reviewed in November 14 and ICT immunisation PGD due for review and update by teams in September 15 2. Next due July 15 3. BLS compliance monitored through workforce reports, DPR, 1:1 and PDRs. All registered staff have access to adrenaline in ampoules COMPLETED	MEDICINES MANAGEMENT
111	Community adults	All inspected	The trust should take action to ensure timely ordering and provision of specialised equipment. This is so that patients who require items such as mattresses, cushions or similar equipment which are to be used to prevent harm such as pressure ulcers receive the equipment in time to protect their health and welfare.	111.1 Identify the equipment delays reported through Ulysses (**Completed** 12/3/15). In 2014- 37 reports related to equipment supply from equipment store and 11 relate to wheelchair service provision. Thematic review being undertaken and will be shared with HCC at planned meeting 111.2 Ensure that all patients who are in receipt of care receive an assessment of risk in relation to development of pressure ulcers on admission and at weekly intervals thereafter if indicated, as well as on changes to condition (Matrons walkabout tool/Quality Assessment tool and twice yearly Pressure Ulcer audit all pick up exclusions to this regulation and report it to Divisions) 111.3 All staff able to access CEQuip training as part of induction as well as the electronic ordering system 111.4 Promote reporting of delays (and near misses) in provision of equipment through Ulysses as soon as they become apparent. 111.5 Ensure that delivery and provision of equipment is an integral part of handover of care and utilise admin resource to expedite delivery and audit annually 111.6 Once breadth and scale of issues are properly known, review whether there are any issues with contract delivery and discuss with HCC if appropriate. 111.7 If there are no issues with delivery of current contract but the terms of the contract are no longer suitable for the changes in activity level/new models of commissioned care, negotiations to commence with commissioners for support	Patrick Carroll Susanna Preedy	Michelle Edwards Laura Rotherey Nicky Seargent	30/04/2015	Blue	**Progress to date:** 1. Reviewed as part of pre panel decisions around avoidable and unavoidable pressure ulcers. 2 All staff receive training in CEQuip as part of induction 3. No incidents reported on Ulysees of recent 4. Admin sit in on handover within ICTs and are also able to request pressure relieving equipment 5. Staff made aware at development day for band 7s that evidence will be used to challenge contract provision. will attend the NEXT HES User Group (17th June) to discuss the issue/s COMPLETED	PATIENT EXPERIENCE
112	Community adults	All inspected	The trust should take action to ensure timely completion of patient records. Electronic patient record systems were found to be unreliable or difficult to use in the community setting. The trust should review and mitigate against the effects of this on patient safety, information governance and staff welfare.	112.1 Ensure all staff aware of expectation detailed in SOP 112.2 Check all staff are aware/have ROVER downloaded 112.3 Check all staff have Vodafone/3G in rural areas 112.4 Monitor compliance at management supervision and through service performance reviews 112.5 Ensure all admin staff have access to data warehouse in order to ensure reports can be shared weekly with clinicians and exceptions are escalated to team lead 112.6 basis teams are audited on unoutcomed and unvalidated notes 112.7 Forums that have tested Open Rio, user groups which are prioritising the improvements to the system - those that are considered high risk for patient safety are actioned first 112.8 Allocate enough time for record entry as paart of the patient visit	Community Matrons	Area Matrons	30/06/2015	Blue	**Progress to date:** 1. Staff made aware at induction and by exception of SOP and expectation 2 Staff aware of ROVER and poor receivers have loaded on laptops 3 3G authorised by line manager for use 4. Ongoing 5 Completed COMPLETED	CAREPLANNING / RECORDKEEPING
113	Community adults	All inspected	The trust should take action to ensure relevant emergency resuscitation is regularly checked and available use, including in premises not belonging the trust but where services are provided.	113.1 Ensure all staff carry a pocket mask - and review on matrons walkaround 113.2 Review all sites to see what emergency equipment is required and suitable 113.3 When using sites that are not trust sites, clearly assess if appropriate equipment is avaliable or if we should ensure we have our own, and what that needs to be	All Staff	Inpatient and Area Matrons	30/04/2015	Blue	**Progress to date:** 17/04/2015 (Resus Lead email) current policy (and practice) would support "chest compression only" cpr in the community, therefore we do not expect community staff to routinely carry a pocket mask, as this could delay the commencement of cpr. MH N/A (email) 1. Chase to be assessed jointly with Basingstoke Hospital in order to review resus requirements and arrangements. COMPLETED	PATIENT SAFETY, REPORTING & LEARNING
114	EOL	All inspected	The trust must improve the numbers of suitably	114.1 Maintain safer staffing programme for inpatients and ICT via weekly calls with	All staff	ICT Leads	30/05/2015	Blue	**Progress to date:**	WORKFORCE

117	EOL	All inspected	The trust should improve the processes for reporting and learning from incidents, accidents, near misses, complaints and safeguarding concerns.	117.1 Ensure learning is shared at team meetings from complaints and concerns. 117.2 Share wider learning through business and governance meetings held by LGM and ICT clinical leads 117.3Promote debriefing with MDT where safeguarding or challenging EOL cases occur. 117.4 Share patient stories through quality and safety report through CQRM and SHFT quality committee. 117.5 Maintain MDT and clinical reflection amongst specailist palliative care team 117.6 Promote clinical discussion and reflection at ICT meetings in order to maximise learning opportunities 117.7 Completion of IMAs with ICT clinical leads 117.8 Encourage teams to report all clinical incidences which impact upon staff/ patient or family experience 117.9 Establish LOOC group in order to share learning	Gina Winter-Bates Rachel Wilkins	Della Warren	30/04/2015	Blue	**Progress to date:** 1 Feedback given at team meetings following complaints 2. Evidenced through minutes of governance meetings 3. Debrief facilitated with childrens services and SPC. Shared routinely with CCG at 6 monthly specialist nurse reports, quarterly quality and safety report and CQRM. 5. Weekly caseload review multidisciplinary in nature 6 Evidenced on RIO and careplanning documentation at point of admission and discussion 7 Embedded in practice 8Evidenced on Ulysees and includes OOH contract discussions if issues arise within external stakeholder provision COMPLETED	PATIENT SAFETY, REPORTING & LEARNING
118	EOL	All inspected	The trust should improve the timeliness of the provision of equipment to patients receiving end of life care at home.	As 111 above	As 111 above	As 111 above	As 111 above	Blue	As action 111	PATIENT EXPERIENCE
119	Urgent care (MIU)	All inspected	The trust must ensure that appropriate arrangements are in place to support the administration of appropriate medicines to meet the needs of patients	119.1 External review currently taking place of of MIU services 119.2 PGDs in place	MIU Team Lead	Gina WinterBates	completed during inspection week	Blue	**Progress to date:** completed during inspection week	MEDICINES MANAGEMENT
120	Urgent care (MIU)	All inspected	The trust must ensure that Patient Group Directions are authorised by the trust are agreed by staff and are aligned to the medicines stocked in the MIUs.	120.1 PGD review has been completed and all PGDs are now up to date. 120.2 Encouraging practitioners to complete their NMP courses	MIU Team Lead	Gina WinterBates	completed during inspection week	Blue	**Progress to date:** completed during inspection week	MEDICINES MANAGEMENT
121	Urgent care (MIU)	All inspected	The trust must improve the management of FP10s and ensure an audit trail for safe and appropriate use.	Actions as above - 108 and 97	MIU Team Lead MIU Pharmacists	Chief Pharmacist	in place	Blue	**Progress to date:** COMPLETED	MEDICINES MANAGEMENT
122	Urgent care (MIU)	LNFH MIU	The trust must review the storage and security of medicines held in the Lymington MIU.	122.1 This will form part of the external review	Chief Pharmicist Tracy England - PFI contracts manager - carrying out any work required	Chief Pharmicist Tracy England - PFI contracts manager - carrying out any work required	As early as practical within 2015/16 financial year, following approval of the capital programme.	Green	IN PROGRESS	MEDICINES MANAGEMENT
123	Urgent care (MIU)	All inspected	The trust should ensure that up to date treatment protocols that reflect NICE and evidence based practice guidance are in place and used by staff in MIUs	123.1 External review underway - will determine models of care 123.2 All treatment protocols to be updated and maintained by ENP's in accordance with current best practice.	MIU Team Leads	MIU Matrons Clinical Services Directors	in place	Blue	**Progress to date:** The staff all have access to the NICE guidance website and follow the pathways COMPLETED	GOVERNANCE
124	Urgent care (MIU)	All inspected	The trust should consider developing the use of technology and telemedicine to support the delivery of effective clinical care.	124.1 Included in the Trust wide MIU review and redesign. Recommendations to be taken forward with Commissioners	Inpatient Matrons	Sara Courtney and Paula Hull	review completes end Feb 15. Redesign workshop planned March 15	Green	**Progress to date:** All internal actions identified have been completed. External review commenced Jan 15. 17/04/2015 This is part of the MIU review and away day with the CCG – which will be arranged once the external review report has been received	PATIENT SAFETY / LEARNING
125	Urgent care (MIU)	Petersfield MIU	The trust should consider how X-ray services and fracture clinics can become more assessable to patients attending Lymington and Petersfield MIU's.	125.1 X-ray services at Petersfield currently provided by PHT who do not operate for the whole time that MIU is open 125.2 MIU external review to recommend model of care - including diagnostic support to units 125.3 Contracting negotiations to take forward review recommendations	Inpatient Matrons	Michelle Edwards Faye Prestleton	review completes end Feb 15. Redesign workshop planned March 15	Green	**Progress to date:** All internal actions identified have been completed. External review commenced Jan 15. 17/04/2015 This is part of the MIU review and away day with the CCG – which will be arranged once the external review report	PATIENT SAFETY, REPORTING & LEARNING
126	Urgent care (MIU)	All inspected	The trust should ensure that MIU staff have opportunities for training and development to enhance their clinical practice	126.1 To ensure use of LBR training includes all staff 126.2 To ensure staff development is discussed at Appraisals	MIU Team Leads	Inpatient Matrons	01/06/2015	Blue	**Progress to date: 29/05/15** All appraisals are booked in line with the annual plan.	WORKFORCE
127	Urgent care (MIU)	All inspected	The trust should ensure that MIUs are able to support the needs of patients in vulnerable circumstances.	127.1 Ensure Level 3 Safeguarding training remains up to date; prevent training is ongoing to achieve compliance 127.2 All staff to receive Dementia awarness training. Need to ensure that when MIU at Petersfield is refurbished/relocated that Dementia friendly areas are incorporated 127.3 Develop easy read leaflets for patients with learning disabilities / dementia to aid understanding of the service provided.	MIU Team Leads	Inpatient Matrons	01/06/2015	Blue	**Progress to date: 17/04/2015** 127.1 Dates booked for all staff to attend PREVENT and Safeguarding Level 3 training (last one being 30/06/15) Also specific Safeguarding action plan for the department in place COMPLETED	PATIENT SAFETY, REPORTING & LEARNING
128	Urgent care (MIU)	All inspected	The trust should work with staff, patients and partner organisations to develop a service strategy and vision for the MIU's based on assessment of needs of the local population and health economy.	128.1 Regular meetings with CCG to discuss service level agreements and ensure we are addressing needs 128.2 Delivery of the external review recommendations	Inpatient matrons	Sara Courtney and Paula Hull	review completes end Feb 15. Redesign workshop planned March 15	Green	**Progress to date:** All internal actions identified have been completed. review commenced Jan 15 17/04/2015 This is part of the MIU review and away day with the CCG – which will be arranged once the external review report has been received	PATIENT SAFETY, REPORTING & LEARNING

129	Urgent care (MIU)	Petersfield MIU	The trust should consider how Petersfield MIU can access electronic systems of other emergency departments and accesses the child at risk register.	129.2 Awaiting outcome of Trust Safeguarding visit although Safeguarding team were satisfied that sufficient systems were in place to safeguard children despite not having access to at risk register	Inpatient matron for Petersfield and Lymington Hospitals	Sara Courtney and Paula Hull	review completes end Feb 15. Redesign workshop planned March 15	Green	**Progress to date:** All internal actions identified have been completed. External review commenced Jan 15 16/04/2015: This is part of the MIU review and away day with the CCG – which will be arranged once the external review report has been received The Safeguarding team inspected the unit after the CQC inspection and were happy with current state. The post review away day will review additional ICT requirements re Cedar unit	PATIENT SAFETY, REPORTING & LEARNING
27a NEW	Community-based Mental Health Services for Adults of Working Age	Winchester & Andover CMHT	Consider following infection control best practice to have a sink in the clinic room.	27.1 Work with estates project management team to identify options. When complete identify whether capital bid application would be required. If required install a clinical hand wash sink into the clinic room Winchester CMHT noting this will lead to a fully service wide review of CMHT clinic facilities.	Site Manager	Service Manager	11/06/2015	Blue	**Progress to date:** Consideration should be given to the estates rationalisation programme which has identified that the CMHT base may be closing in the near future. Clinical staff continue to use effective hand hygiene practices utilising alcohol gel whilst the decision is being finalised. IP&C agreed provision is adequate for the service provided	ESTATES
70 *	OPMH inpatients	Dryad Ward	Improvement in understanding on Dryad of interplay between the MHA and MCA to ensure that people are protected from risk of unauthorised deprivations of liberty.	70.1 Ward Manager/Modern Matron to ensure team training compliance with MHA and MCA. 70.2 Ward manager to check with team/ individual understanding and action appropriately. 70.3 Modern matron/service manager to review MHA administration cover to ensure appropriate support is available for periods of Annual leave/unexpected leave. 70.4 Weekly MHA administrators spreadsheet to be implemented	Ward Manager. Karen Scott. Modern Matron Toni Scammell. OPMH Inpatient Service Manager. Kathy Jackson. MHA administrator.	Tracey Eddy - Inpatient Clinical Director OPMH inpatient Matrons	30/04/2015	Blue	**Progress to date:** Ward staff completed training in appropriate aspects of mental health Act and mental capacity Act recognising that training will be ongoing for new starters & refresher training. Weekly spreadsheet now available and mental health act administrator cover being arranged for when current post holder on leave.	CAREPLANNING / RECORDKEEPING
70a *	OPMH inpatients	All inspected	Ensure that recruitment continues so that staffing levels and stability of staff teams can be embedded.	70a.1 All wards have agreed staffing establishments. 70a.2 Ward manager and modern matron review each vacancies and agree skill mix is appropriate. 70a.3 Administrator has been allocated to process all vacancy applications to fortnightly ISD panel. 70a.4 There are difficult geographical area's to recruit to, these have ongoing additional recruiting process.	Ward Manager. Modern Matron. Recruitment administrator. ISD panel.	Tracey Eddy - Inpatient Clinical Director OPMH inpatient Matrons	30/04/2015	Blue	**Progress to date:** Some success with recruitment. Rolling adverts continue. OPMH Inpatients participating in recruitment initiatives. One administrator coordinating recruitment for five OPMH Wards. Bank & Agency fill rates being monitored weekly via flash reports, conference calls & trust wide meetings.	WORKFORCE
70b *	OPMH inpatients	All inspected	Ensure that relevant learning from the Mental Health division is not lost and the specialism within older people's mental health is retained on a ward level and that teams are aware of their responsibilities under the Mental Health Act.	70b.1 Modern matron's to coninue to link with MH division PAG. Inpatient staff to continue to meet training requirements for mental health.	Ward manager. Modern Matron. Team members.	Tracey Eddy - Inpatient Clinical Director OPMH inpatient Matrons	30/04/2015	Blue	**Progress to date:** OPMH Inpatients Modern Matron attending MH PAG for the East Division. All mental health staff complete relevant mental health training.	PATIENT SAFETY, REPORTING & LEARNING
70c	OPMH inpatients	All inspected	Ensure that there are systems in place to report and follow up safeguarding alerts which are raised with the local authority to ensure that learning from alerts and referrals can be brought back into the service.	Divisional Safeguarding lead Kathy Jackson to ensure regular lisiaon with corporate Safeguarding team to improve communication from the clinical teams through to safeguarding panels	Kathy Jackson	Sara Courtney	01/04/2015	Blue	**Progress to date:** Divisional lead in place who meets a minimum of monthly with the named nurse for safeguarding. Lead attends Trustwide safeguarding forum. Structures being developed in East Division. Named nurse for safeguarding or representative will attend the OPMH Inpatients Operational/Patient Safety/Governance meeting on a monthly basis.	
70d	REMOVED BY CQC FOLLOWING FACTUAL ACCURACY CHANGES									

Total = 129		
	Blue	106
	Green	23
	Amber	0
	Red	0
	Not begun	0
		129

DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:		UPDATE ON THE DEVELOPMENT OF NEW CARE MODELS IN SOUTHERN HAMPSHIRE		
DATE OF DECISION:		26 NOVEMBER 2015		
REPORT OF:		DIRECTOR OF INTEGRATED SERVICES (MCP WEST) – SOUTHERN HEALTH NHS FOUNDATION TRUST		
CONTACT DETAILS				
AUTHOR:	**Name:**	**Chris Ash**	**Tel:**	**023 8087 4305**
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Director	**Name:**	**Chris Ash, Director of Integrated Services (MCP) West**	**Tel:**	**023 8087 4305**
	E-mail:	**laura.nowak@southernhealth.nhs.uk**		

STATEMENT OF CONFIDENTIALITY
None
BRIEF SUMMARY
This report seeks to update the Southampton Health Overview and Scrutiny Panel regarding progress being made in terms of developing new models of care with the aim of transforming out-of-hospital care in Hampshire.
Better Local Care is formed of NHS and care organisations, GPs and charities. It is the name for new model of care being developed in Hampshire to deliver the right care, in the right place at the right time.
A bid by the partnership to set up the new model, called a Multi-specialty Community Provider, was among 29 projects across the country approved by NHS England in March 2015.
There are now 50 vanguard areas working to deliver the aims of the NHS Five Year Forward View. Published by NHS England in October 2014, the document sets out how the health service needs to adapt to meet the changing needs of the population and growing demands on health and social care.
RECOMMENDATIONS:

	(i)	That members of Southampton Health Overview and Scrutiny Panel discuss and note the report.
REASONS FOR REPORT RECOMMENDATIONS		
1.	The HOSP has requested this item.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
2.	None.	

DETAIL (Including consultation carried out)	
	What is a Multi-specialty Community Provider?
3.	The NHS Five Year Forward View, published by NHS England in October 2014, sets out how the health service needs to adapt to meet the changing needs of the population and growing demands on health and social care. Among the new models of care outlined is the Multi-Specialty Community Provider (MCP).
4.	The MCP involves groups of GP practices working with Southern Health NHS Foundation Trust, care organisations and charities to deliver seamless out-of-hospital services.
5.	The Government then invited bids from local NHS organisations and GP practices to become MCP 'Vanguards'. Vanguards are early pioneers dedicated to speeding up the integration of GP and community services so that patients can quickly begin to feel tangible benefits.
	The Multi-specialty Community Provider in Southern Hampshire
6.	GPs are telling us that there is an increasing demand for primary care from an ageing population and increasing levels of need from people with long-term conditions. This is coupled with problems in recruitment of staff, which is leading to significant pressure on General Practice.
7.	We know that most people still report high levels of satisfaction with their GP locally but too many remain dissatisfied with access to appointments and continuity of care. In addition the number of people with a long-term condition is expected to rise to 18 million by 2025 nationally, which will account for at least half of all GP appointments. We also know that we have an ageing population and expect to see a rise of 10% in the number of people aged over 75 in our area by 2019. We cannot therefore meet current and future demand for primary care services if we continue to do more of the same.
8.	Earlier this year, a partnership of Southern Health NHS Foundation Trust, GPs, Hampshire County Council, the voluntary sector and the Clinical Commissioning Groups (CCGs) in Southern Hampshire was among 29 projects approved by NHS England to develop a new model of care in the form of a Multi-Specialty Community Provider (MCP).
9.	The MCP model is based around GP surgeries and their list of registered patients. However, it acknowledges that individual practices may struggle to deliver a wide range of services on their own and that patients find the current system confusing and disjointed.
10.	It is evident to all that the best quality care for patients is achieved when all the contributing parties work together as a single team based on the needs of the patients. One of the major themes of our MCP, called Better Local Care, is to create extended primary care teams built around the registered list of patients, based in a 'natural community of care'. This team will be GP led, working with managers and staff from Southern Health, the Alliances, local practices, the voluntary sector, the CCGs and other partners. The approaches taken are being tailored to the specific needs of the population in each area.
11.	Better Local Care has been awarded £7m in 2015/16 to trial new models of

	care. So far three groups of practices in Gosport, South West New Forest and East Hampshire have become 'early adopters' of the new care models. These areas comprise approximately 27 GP practices in total, serving a population of around 220,000.
12.	Each area has a Board of local GPs and a clinical leader established and they have all been developing their own approach to delivering the four building blocks of the care model, which best suits their local population.
13.	The package of support from NHS England also includes access to international experts, support to show best practice in the way the partnership engages with staff, patients and local people, and help to break down barriers and encourage more joint working.
14.	Change is happening at pace. A number of "fast follower" areas are due to join Better Local Care imminently. We expect that our MCP will cover 80% of the population who are registered with a GP in Hampshire by Christmas and more than 90% by the end of March 2016.
15.	It is recognised that the solution to the challenges we all face cannot be prescriptive and that change and innovation needs to be locally owned and resourced. So we've kept our proposed care model simple, focusing on the things that clinicians and patients have told us are important.
16.	The four key areas are:
	Engagement, prevention and self-management • Working with local people to develop the right care for them • Putting people in control of their own health • Engaging local people in positive health behaviours • Working with the local voluntary and community partners to support people to stay well and manage their own health • Supporting practitioners to take a whole person approach in every interaction.
	Extending the primary care team • Bringing primary, community and adult social care together, with specialists from local hospitals and third sector organisations, to work as a single extended primary care team • A single shared clinical record so professionals can work together to care for patients.
	Improved access to care • Offering primary care at scale while ensuring continuity of care is retained in family medicine • A range of services in a central, accessible location, open 8am to 8pm for walk-in or pre-booked appointments, helping manage demand • A multi-professional team offering direct access to the right care • More proactive monitoring of long terms conditions to head off unexpected problems.

	Fewer steps to specialist support • Simplify the way patients navigate the system, reducing multiple appointments in multiple locations • GPs to have direct access to diagnostics • Bringing more specialist support (specialist nurses and consultants) out of the hospitals to work alongside the extended primary care team • Improving communication between GPs and Consultants • Making better use of technology to get a specialist opinion.
	Key achievements
17.	Developments in Better Local Care are progressing at pace. The partnership is pushing forward with plans to improve access to GP surgeries including extended opening hours and offering longer, more flexible appointments with an appropriate professional. An example of this is the opening of The Practice at Lymington New Forest Hospital – an "extended branch" of seven GP practices in the area.
18.	The Practice opened in September and is offering the 60,000 patients from the partner practices additional choice and access to care. It is increasing the amount of access people in Lymington have to healthcare specialists. Patients can book appointments by ringing their local surgery and have the choice of seeing their regular GP or making an appointment at The Practice.
19.	The centre at Lymington Hospital is open from 8am to 8pm, seven days a week, and provides access to same-day and some routine appointments. The Practice is designed to better link patients with other services at Lymington Hospital in a single visit.
20.	Better Local Care is also improving access to specialist support, reducing the need for multiple appointments. This includes the introduction of an extended scope musculoskeletal (MSK) practitioner at The Arnewood Practice in New Milton, South West New Forest.
21.	Patients with musculoskeletal pain are being offered direct access to the specialist, who is able to provide a high level of assessment diagnosis and management to patients, quicker assessments and treatment and longer appointments. The scheme, which will initially run for a year, started on 1 July and has seen extremely positive results in terms of patient satisfaction.
22.	Early indications suggest the initiative may have added benefits to the system as the surgery is already seeing a reduction in referrals to Physiotherapy and to Orthopaedics.
23.	We are also creating Extended Primary Care Teams by joining GP, Community, Mental Health and Social Care professionals into single teams, supporting the same people; and we are working to support people to take more control of their own health and wellbeing, promoting self-help measures and doing more work to prevent ill-health.
	Implications in Southampton City
24.	The working relationship between Southern Health NHS Foundation Trust, a key player in the Hampshire MCP vanguard, and Solent NHS Trust, is very strong. From the earliest stages of this programme, the two organisations have been sharing learning and expertise to ensure that we learn from the

	replicable elements of our care models.
25.	It is important to stress that this is a two-way relationship, with many lessons from work in the City (not least around integration of health and social care) helping to influence the direction Better Local Care takes to address certain issues in the county.
26.	Solent NHS Trust and Southampton City Council have worked to establish an MCP Project within the City, closely aligned to Better Care Southampton. Southern Health has a seat on the Project Board as the provider of Mental Health services within the City, and is fully committed to supporting this work.
27.	One example is a project between the two organisations to integrate the provision of community physical and older people's mental health care in Southampton.
28.	Because the Better Local Care programme focusses on care design emerging from natural communities of care and is not a top-down, centrally-stipulated approach; we are also exploring how the MCP's neighbours in both cities can more formally take advantage of Hampshire's position as a national vanguard.
RESOURCE IMPLICATIONS	
Capital/Revenue	
29.	Not Applicable
Property/Other	
30.	Not Applicable
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
31.	The duty for local authorities to undertake health scrutiny is set out in National Health Service Act 2006.
Other Legal Implications:	
32.	Not Applicable
POLICY FRAMEWORK IMPLICATIONS	
33.	Not Applicable

KEY DECISION?	**No**
WARDS/COMMUNITIES AFFECTED:	N/A

SUPPORTING DOCUMENTATION			
Appendices			
1.	None		
Documents In Members' Rooms			
1.	None		
Equality Impact Assessment			
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out.			No
Privacy Impact Assessment			
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) 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		

DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:		UPDATE ON "GETTING THE BALANCE RIGHT IN COMMUNITY-BASED HEALTH SERVICES"		
DATE OF DECISION:		26 NOVEMBER 2015		
REPORT OF:		DIRECTOR OF SYSTEM DELIVERY - NHS SOUTHAMPTON CITY CLINICAL COMMISSIONING GROUP		
CONTACT DETAILS				
AUTHOR:	**Name:**	**Dawn Buck**	**Tel:**	**023 80296932**
	E-mail:	**Dawn.buck@southamptoncityccg.nhs.uk**		
Director	**Name:**	**Peter Horne**	**Tel:**	**023 80725660**
	E-mail:	**Peter.horne@southamptoncityccg.nhs.uk**		

STATEMENT OF CONFIDENTIALITY

None

BRIEF SUMMARY

This report provides an update on progress of the decommissioning of the Bitterne Walk-In Service (BWIS) and the actions that were agreed at Clinical Commissioning Group (CCG) Governing Body and Health Overview and Scrutiny Panel (HOSP).

The Clinical Commissioning Group board will meet on 25 November 2015 to consider the progress on the decommissioning of the BWIS.

A verbal report will be made to the Panel on 26 November 2015 to inform them of the outcome of the CCG Board meeting.

RECOMMENDATIONS: That the Panel:

	(i)	Note the progress on decommissioning of the BWIS;
	(ii)	Note the revised communications plan that supports the CCG's actions; and
	(iii)	Consider the proposed approach to monitoring the impact of the closure over the next six to 12 months.

REASONS FOR REPORT RECOMMENDATIONS

1.	The Health Overview and Scrutiny Panel has requested regular updates on the impact and implementation of the closure of the Walk-In Service.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2.	Not applicable.

DETAIL (Including consultation carried out)

	Overview
3.	Following a public consultation in the summer, the CCG decommissioned the Walk-in service at Bitterne Health Centre on 31 October 2015.
4.	Subsequent to the decision by the Governing Body, Southampton City

	Health Overview and Scrutiny Panel (HOSP) accepted the decision and made the following monitoring recommendations: • That the draft Urgent and Emergency Communication Plan is circulated to the Panel for comment. • That response times and key performance information relating to the NHS 111 and GP Out of Hours services are circulated to the Panel. • That the proposal for a community hub on the east side of Southampton is considered at a future meeting of the Panel if the scheme progresses. • That the Panel scrutinise the impact and implementation of the closure of the Walk-In Service at each HOSP meeting until the Panel informs the CCG that the information is no longer required.
	Decommissioning the BWIS
5.	The CCG has been working closely with Solent NHS Trust on the decommissioning of the service. The project had three work streams: publicity, partners and people. • **Publicity.** The CCG undertook a comprehensive publicity campaign to ensure that people throughout Southampton were aware of the closure of the walk-in service. • **Partners**. The CCG wrote to system partners (UHSFT, Care UK, PHL, SCAS 111 and 999, West Hampshire CCG, Fareham & Gosport CCG) on 12 October 2015 to confirm the closure date of the Walk-In service and request written assurance on the actions being taken. All parties acknowledged the correspondence and provided a satisfactory response and assurance regarding actions being taken. In addition, the CCG also wrote to City GPs, the GP Federation and pharmacies to inform them of the decision. The CCG Primary Care Team also followed up with face-to-face meetings in east Southampton to ensure the pharmacies were aware of the closure. • **People**. Solent NHS Trust have confirmed that all staff have either redeployed or (in the case of a small number of admin and clerical staff) opted to take Mutually Agreed Redundancy Scheme.
	Increasing public awareness on urgent and emergency care – communications plan
6.	The initial focus for communications works was aimed at ensuring people were aware of the closure of the walk-in service and the alternative services in place to support people when they become unwell. Following the closure of the service, attention has turned to building confidence in urgent care services across the city. The project plan is at Appendix 5.
	Monitoring the Impact
7.	The CCG approach to monitoring the impact of the closure is being measured using both qualitative and quantitative information. • **Quantitative info**. A pack of baseline data has been produced for all

	key providers in the local urgent care system including Pharmacy Minor Ailments scheme, GPs, Primary Care Hubs, NHS111, GP Out of Hours, COAST, Minor Injury Unit and Emergency Department. Where possible this focusses on SC CCG and East GP registered patients' activity and quantified patient experience. This will be updated and reviewed on a monthly basis so that any impact can be measured, monitored and acted upon as necessary. The impact monitoring data will be made available to Governing Body and HOSP as required. See Annex E of the attached board paper. • **Qualitative info**. The CCG will monitor feedback through established mechanisms which include our Patient Experience service, Patient Forum, Engagement reference group, Healthwatch as well as the GP Friends and family test. In addition we will have a market stall in Bitterne during December 2015 to ask members of the public about the impact locally.
8.	Members are asked to consider the information presented at the meeting and following discussions comment on the report.
RESOURCE IMPLICATIONS	
Capital/Revenue	
9.	None.
Property/Other	
10.	None.
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
11.	The duty for local authorities to undertake health scrutiny is set out in National Health Service Act 2006. The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.
Other Legal Implications:	
12.	None
POLICY FRAMEWORK IMPLICATIONS	
13.	None
KEY DECISION	No
WARDS/COMMUNITIES AFFECTED:	None directly as a result of this report

SUPPORTING DOCUMENTATION			
Appendices			
1.	Southampton CCG Board Paper: Getting the Balance Right in Community Based Health Services		
2.	Letter to partners (Annex A to CCG report)		
3.	Provider responses to letter regarding BWIS closure (Annex B to CCG report)		
4.	Pharmacy First minor ailments scheme (Annex C to CCG report)		
5.	Urgent and emergency communications plan (Annex D to CCG report)		
6.	BWIS closure impact monitoring – baseline data at October 2015 (Annex E to CCG report)		
Documents In Members' Rooms			
1.	None		
Equality Impact Assessment			
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out.			No
Privacy Impact Assessment			
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) 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		

Getting the Balance Right in Community Based Health Services

Introduction

1. Following a public consultation in the summer, the CCG decommissioned the Walk-in service at Bitterne Health Centre on 31 October 2015.

2. The Board supported the case set out in the proposal to close the Bitterne Walk in Service and to divert the funding into supporting community services. The Walk in Service is a relatively low priority service and duplicates other alternatives available.

3. As part of the decision making of the Governing Body, the following actions were identified:

   - A clear plan to be developed with the GP federation and other primary care providers to improve GP access. This is to be brought back to the Board in early 2016. It will also inform the Primary Care Strategy

   - An urgent piece of work to be undertaken to increase public awareness on urgent and emergency care.

   - A detailed communication plan to be developed and brought back to the November 2015 Board meeting.

   - A detailed report reviewing the impact of the change to the service, both in terms of Key Performance Indicators (KPIs) and qualitatively. The report will be brought back to the Board meeting in March 2016.

   - Work to take place to support Southampton City Council and other partners to explore the establishment of a new community hub on the East side of Southampton

   All actions agreed would take place in parallel with the implementation of closing the Walk in Service and there would be no delay in the closure of the service. This was to ensure that community nursing remained sustainable.

4. Subsequent to the decision by the Governing Body, Southampton City Health Overview and Scrutiny Panel (HOSP) accepted the decision and made the following monitoring recommendations:

   - That the draft Urgent and Emergency Communication Plan is circulated to the Panel for comment. The Governing Body should note that this action was completed at the HOSP meeting on 1 October 2015.

   - That response times and key performance information relating to the NHS 111 and GP Out of Hours services are circulated to the Panel.

   - That the proposal for a community hub on the east side of Southampton is considered at a future meeting of the Panel if the scheme progresses. The Governing Body should note that this action lies with Southampton City Council.

   - That the Panel scrutinise the impact and implementation of the closure of the Walk-In Service at each HOSP meeting until the Panel informs the CCG that the information is no longer required.

5. The aim of this paper is to report on progress of the decommissioning of the BWIS and the actions that were agreed at Governing Body and HOSP.

6. The paper will cover the following:

- Update on the actions taken to decommission the service.

- Update on the plan to increase public awareness on urgent and emergency care. This includes the communication plan.

- Update on the plan to monitor impact of the closure of the Walk-In service.

- Summary and Recommendations.

Decommissioning the BWIS

7. The CCG has been working closely with Solent NHS Trust on the decommissioning of the service. The project has three work streams: publicity, partners and people.

8. **Publicity**. The CCG undertook a comprehensive publicity campaign to ensure that people throughout Southampton were aware of the closure of the walk-in service. This campaign included:

    - Posters distributed to all Southampton GP practices (including branch surgeries), pharmacies, health provider buildings (including the Royal South Hants Hospital, Southampton General Hospital, Princess Anne Hospital and Bitterne Health Centre) libraries and to Bitterne Leisure Centre.

    - Email versions of the poster were also sent to all primary schools, nurseries, preschools and a number of voluntary organisations with suggested text for newsletters.

    - All GP practices received a phone call to discuss the messages and asking for website and voicemail amendments where necessary.

    - Phone call to pharmacies in the west and central areas of the city to discuss the closure and ask for their support in promoting NHS 111 during patient consultations.

    - Walk-in service staff handed out NHS 111 cards and alternative services leaflets to around 800 people.

    - Notice of closure added to the CCG website.

    - The closure was reported in the media by BBC news online, BBC Radio Solent (including an interview with John Richards), BBC South Today, Southampton Daily Echo (nine articles), BBC Sunday Politics Show (interview with John Richards), Unity 101 FM and Breeze FM (both in live news bulletins and online).

    - Closure along with alternative services detailed on the local community website bitternepark.info.

    - Social media messages on Twitter and Facebook reached just under 17,000 people. As part of this work the CCG contacted major employers in the city asking them to share our messages.

    - Text message to almost 19,000 people advising them of the closing date of the walk-in service and the availability of NHS 111.

9. **Partners**. The CCG wrote to system partners (UHSFT, Care UK, PHL, SCAS 111 and 999, West Hampshire CCG, Fareham & Gosport CCG) on 12 October 2015 to confirm the closure date of the Walk-In service and request written confirmation of:

    - receipt of the information.

- assurance on the actions being taken.

A copy of the letter can be found at Annex A.

10. All parties acknowledged the correspondence and provided a satisfactory response and assurance regarding actions being taken. See Annex B.

11. In addition, the CCG also wrote to City GPs, the GP Federation and pharmacies to inform them of the decision.

12. The CCG Primary Care Team have also followed up with face-to-face meetings in east Southampton to ensure the pharmacies were aware of the closure.

- The team visited all 17 pharmacies in the East of the City.
- All pharmacies were aware of the closure and were willing to put posters up to advertise the closure date.
- Promotional cards for 111 were provided to the pharmacists with instructions to be given to clients during discussions about onward referral.
- Pharmacists confirmed that they were happy to refer to 111, and most did so already.
- Six pharmacies in east Southampton currently provide the Minor Ailment Scheme (see Annex C), and the others were aware of the service and where to refer patients to.
- There are two Healthy Living Pharmacies and one 100 hour pharmacy in the east of the city. The majority of the other pharmacies were aware of the additional services they could provide.
- There is interest by the 100 hour pharmacy to take on additional services and undertake Healthy Living Pharmacy accreditation to utilise the pharmacy skills. They have agreed to engage in the Emergency Hormonal Contraception service under a Public Health Locally Commissioned Service.
- Three other pharmacies expressed an interest in starting the Minor Ailments Scheme and are undertaking the required training before starting.

13. **People**. Solent NHS Trust have confirmed that all staff have either redeployed or (in the case of a small number of admin and clerical staff) opted to take Mutually Agreed Redundancy Scheme.

Increasing public awareness on urgent and emergency care – communications plan

14. The initial focus for communications works was aimed at ensuring people were aware of the closure of the walk-in service and the alternative services in place to support people when they become unwell. Following the closure of the service, attention has turned to building confidence in urgent care services across the city. This work has included:

- distributing NHS 111 wallet cards to all GPs and pharmacists throughout the city with the aim that these cards will be given out during patient consultations.
- issuing a press release regarding the Minor Ailments Scheme.
- discussions at the Practice Managers Forum around how best to support practices in advertising their services and increase access.

- securing a three month contract for radio advertising aimed at disseminating messages to 15-40 year olds.

15. The outline project plan is at Annex D.

Monitoring the Impact

16. The aim is to ensure that the impact of the closure is measured using both qualitative and quantitative information.

17. **Quantitative info**. A pack of baseline data has been produced for all key providers in the local urgent care system including Pharmacy Minor Ailments scheme, GPs, Primary Care Hubs, NHS111, GP Out of Hours, COAST, Minor Injury Unit and Emergency Department. Where possible this focusses on SC CCG and East GP registered patients' activity and quantified patient experience. This will be updated and reviewed on a monthly basis so that any impact can be measured, monitored and acted upon as necessary. The impact monitoring data will be made available to Governing Body and HOSP as required. See Annex E

18. **Qualitative info**. The CCG will monitor feedback through established mechanisms which include our Patient Experience service, Patient Forum, Engagement reference group, Healthwatch as well as the GP friends and family test. In addition we will have a market stall in Bitterne during December to ask members of the public about the impact locally.

Summary

19. The Walk-In service at Bitterne Health Centre ceased on 31 October 2015.

20. A detailed decommissioning plan was enacted to ensure that partners and the public were aware of the cessation of the service.

21. The focus for the CCG has now switched to increasing public awareness of urgent and emergency care services as well as working with primary care partners to increase access.

Recommendations

22. The Governing Body is requested to:

- Note progress on decommissioning the Walk-In service.
- Endorse the communications plan for urgent and emergency care services.
- Comment on the plan for monitoring impact of the closure.

Annexes:

Annex	Description	Document
A	CCG Letter to system partners	Attached
B	Summary of response from system partners	Attached
C	Overview of Minor Ailments scheme	Attached
D	CCG Communications Plan	Attached
E	Measuring Impact	Attached

Southampton City Clinical Commissioning Group

Southampton City CCG
NHS Southampton HQ
Oakley Road
Millbrook
Southampton
SO16 4GX
Tel: 02380 296904
www.southamptoncityccg.nhs.uk

12 October 2015

Dear Colleague,

I am writing to update you on the CCGs plans for ensuring sustainable community services in Southampton City. Over the summer, the CCG ran a full consultation which centred on making services in the community sustainable and efficient. The consultation proposed the closure of walk-in service at the Bitterne Health Centre. The consultation ran from 15 June 2015 to 4 September 2015.

Following the conclusion of the consultation, the Governing Body of the CCG considered a report at the meeting held on 30 September 2015 which was held in public. After significant and detailed deliberations, the Governing Body of the CCG decided to accept the recommendation in the paper (http://www.southamptoncityccg.nhs.uk/documents?smbfolder=370) to close the walk-in service at Bitterne Health Centre. There are a number of actions that the Governing body also committed the CCG to cover. These are:

- A clear plan to be developed with primary care providers to improve access to GP services.
- An urgent piece of work to be undertaken to increase public awareness on urgent and emergency care
- A detailed communication plan to be developed and submitted to the Governing Body meeting in November 2015.
- Work to be emplaced to monitor the impact of the cessation of the service. The monitoring to include quantitative and qualitative KPIs.
- The CCG to support the work of the City Council in exploring the establishment of a new community hub on the east side of Southampton.

The decision was reported to the Southampton City Council HOSP on 1 October 2015. The HOSP accepted the decision and the future actions of the CCG Governing Body. The HOSP have requested that update reports are provided to them at each of the next six meetings. Given the types of presentations at the service, the CCG assesses that the impact on other services of this closure is likely to be minimal. However, we wish to ensure that risks are managed prudently. We therefore have established a new project group with Solent to monitor and manage the transition over the next 6 to 12 months.

The walk-in service at Bitterne Health Centre will cease on 31 October 2015. As part of the decommissioning work, the CCG needs to have assurance that all partners in the system have taken the relevant steps to ensure that people are not referred to the service after that 31 October 2015.

I am therefore writing to you to request that you the following:

- acknowledge receipt of this letter.
- take steps to ensure that the Bitterne Walk-in service is removed from your records as soon as possible in order to minimise the risk of people being referred to a service which has ceased. This action needs to be completed No Later Than 16 October 2015.
- support the CCG with the monitoring of the impact of the closure by providing both quantitative and qualitative data that relates to the residents of the east of Southampton as required. This is likely to be on a monthly basis for the next six months from the date of closure of the service.
- confirm to the CCG the actions that your organisation has taken by No Later Than 20 October 2015.

I would be grateful if you would send your responses to Lucie LLeshi whose contact details are: Lucie.LLeshi@southamptoncityccg.nhs.uk

I would also like to take this opportunity to thank you and your organisation for eth support that you have provided to the CCG during the project.

Yours sincerely

Peter Horne
Director of System Delivery

Distribution:

Action:

SCAS – for changes to 111 and 999 Directory of Service, referral pathways and to support KPI reporting requirements.

PHL – for changes to Directory of Service, referral pathways and to support KPI reporting requirements.

UHS – for changes to referral pathways, monitoring impact on ED/PAU and to support KPI reporting requirements.

Care UK - for changes to MIU Directory of Service, referral pathways and to support KPI reporting requirements.

Pharmacies in Southampton (via SC CCG Primary Care Team) – for changes to referral pathways and to support KPI reporting requirements.

SC CCG Primary Care Team – for dissemination to GP practices of changes to referral pathways and to support KPI reporting requirements.

WH CCG – for cascade to GP practices.

F&G CCG – for cascade to GPs practices.

Info:

CSU Contracting Team

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Provider responses to letter regarding BWIS closure

Letter sent 12/10/15	Acknowledged	Response on actions	Contact
SCAS 111	20/10/15	• Communicated to team and removed from the DoS 8th Oct • Highlighted to us that BWIS on NHS Choices – other call centres use this • Solent removed BWIS from NHS Choices 27th Oct	Mark Rowell, Head of 111
SCAS 999	20/10/15	• All necessary actions taken	Deb Ingram, Emergency Services Manager
PHL OOH	23/10/15	• Communications shared with the operational and clinical team to ensure awareness is raised • No direct referral end point on system, so no system/DoS change required • Minimal impact expected • Will feed back any issues	Justin Cankalis, Head of Service
Care UK MIU	12/10/15	• Will monitor activity and adjust staffing accordingly • Anticipating up to 10 additional patients per day	Penny Daniels, Hospital Director
UHS ED	20/10/15	• Will monitor ED attendances, by post code and condition if any concerns • Cascaded to all staff by bulletin • Targeted comms to specific staff groups	Jane Hayward, Director of Transformation & Improvement Caroline Marshall, Chief Operating Officer
WHCCG	13/10/15	• Linked in with SCCCG comms team • Informing GPs w/c 12th October • Considering impact monitoring	Inger Bird, Tim Moran, Tom Sheppard
F&GCCG	20/10/15	• GPs and Local Patient Groups informed	Elizabeth Kerwood, Head of Comms and Engagement
SCCCG Primary Care	16/10/15	• All pharmacies and GPs informed • East pharmacies followed up by visits	Via SCCCG Primary Care Team
SPCL	27/10/15	• Confirmed that BWIS is not a referral point • Monthly NHSE reports will monitor impact	Lisa Khajavi, Practice Manager

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Pharmacy First minor ailments scheme

Minor ailments are defined as common, self-limiting or uncomplicated conditions which can be managed without medical intervention. The management of patients with minor self-limiting conditions impacts significantly upon GP and urgent care services' workload. Community Pharmacy services can play an important role in enabling self-care, particularly amongst patients with minor ailments.

Pharmacists are qualified, highly skilled experts in medicines and remedies, with at least 4 years specialist training. They are able to advise on a wide range of minor ailments and conditions, and can offer the privacy of a consultation room if required.

The Pharmacy First minor ailments scheme is an enhancement on the standard service offered by all pharmacies to all patients. In addition to a consultation, advice and sale of over the counter medicines, Pharmacy First offers eligible patients a consultation and supply of required medication, free of charge.

The aim of Pharmacy First is to improve primary care capacity by reducing practice workload in relation to minor ailments and promote self-care through pharmacies.

The CCG launched the Pharmacy First pilot in January 2015, funded through winter monies. The pilot ran for 8 months, covering a small range of minor ailments which present commonly at GP practices and urgent care services and can be safely managed through self-care with patient education, advice and medicine that does not require a prescription.

Patients are eligible for Pharmacy First in Southampton if they:

- are registered with a Southampton City CCG GP
- are eligible for free prescriptions
- have one of conditions covered by the service
- would have otherwise gone to their GP or presented at an urgent care service

As part of the service, patients receive a consultation and are provided with advice and a supply of medicine if required, from an agreed formulary. The cost to the CCG is £4 plus the cost of the medicine provided - a total average cost of around £6.20 per patient.

During the pilot, the service was provided by 12 accredited pharmacies across the city (4 in each locality) for 4 conditions; upper respiratory tract infections (cough, cold, earache), sore throat, paediatric fever and diarrhoea. While initial uptake has been slow (expected, based on feedback from other areas) we have seen an encouraging spread of activity across the city. Upon review of the pilot in June, it was agreed that the CCG would fully commission the service, expanding it to cover more conditions with more pharmacies offering the service.

The new service commenced on 1st September, with an additional 20 conditions. To date, a total of 17 accredited pharmacies are providing the service, with many more due to come on board shortly. By December, we aim to have at least 75% of the pharmacies in Southampton (34 out of 45) providing the service.

There is an ongoing communications programme promoting Pharmacy First. In September, every infant, junior and primary school in the city were provided with information to cascade to parents and a leaflet for every child's book bag. Senior schools were provided with information to put on to their websites. Information and leaflets have been given to Sure Start centres, Family Nurse Practitioners and Health Visitors. We are also targeting the other patient groups who are eligible for free prescriptions, and providing GP practices and urgent care services such as the Minor Injuries Unit with leaflets and posters.

Information about the scheme can be found on the CCG website
http://www.southamptoncityccg.nhs.uk/search/text-content/pharmacy-first-for-minor-ailments-668

Conditions covered:

- Upper respiratory tract infection (cough, cold, ear ache)
- Sore throat
- Diarrhoea
- Paediatric fever
- Constipation
- Head lice
- Dyspepsia
- Insect bites and stings
- Mouth ulcers
- Haemorrhoids
- Nappy rash
- Allergic rhinitis/Hay fever
- Vaginal thrush
- Oral thrush adult
- Minor burns and scalds
- Conjunctivitis
- Headache
- Earwax
- Musculoskeletal pain & soft tissue injury
- Paediatric teething
- Athletes' foot
- Cold sores
- Threadworm
- Contact dermatitis

Accredited pharmacies at 17th September:

- Bassil Chemist, Bedford Place (central)
- Bitterne Pharmacy, West End Road (East – 100 hour pharmacy)
- Boots The Chemist Above Bar (central)
- Boots The Chemist Portswood (central)
- Boots The Chemist Shirley (west)
- Day Lewis, Portswood Road (central)
- Day Lewis Chemist Lordswood (west)
- Day Lewis Chemist Sholing (east)
- Highfield Pharmacy, University Road (central)
- Lloyds Pharmacy, Dean Road, Bitterne (east)
- Lloyds Pharmacy, Grove Road, Shirley (west)
- Lloyds Pharmacy, Portsmouth Road, Woolston (east)
- Pharmacy Direct, Commercial Street, Bitterne (east)
- Pharmacy Direct, Shirley Road (west)
- Sangha Pharmacy, Thornhill Park Road (east)
- Telephone House Pharmacy, High Street (central)
- Tesco Pharmacy, Millbrook (west)

Southampton City
Clinical Commissioning Group

Urgent and emergency communications plan

Introduction

We want to ensure the people of Southampton are aware of the variety of local health services available to them when they become unwell. This communications plan has been designed to encourage people to choose the most appropriate service for their health needs, especially in light of the possible change in urgent care services brought on by the proposal to close the walk-in service in Bitterne. Furthermore, it will reflect our overall approach to the promotion of urgent and emergency health services throughout the city.

In order to raise awareness of the key services available in Southampton, and ensure exposure of messages, the plan will run throughout the year and focus on calendar events which are likely to increase demand on the local health service.

Aims

The plan aims to simplify the urgent and emergency care system in order to guide good choices by patients, carers and clinicians, and encourage self-help and care. We want to build people's trust and confidence not only in the services available to them but also in themselves to treat minor conditions. We will ensure that appropriate information and guidance is available in the right place at the right time to help people take care of themselves, and to make healthy lifestyle choices. If undertaken well, the plan should also support demand management around system pressures.

Objectives

The plan has the following key objectives:

1. To ensure patients have the information and support to make informed choices about their health care, providing them with a toolkit of options when they or a family member become unwell
2. To increase positive awareness and understanding of the right services to use for the right health concerns. Services to highlight include NHS 111, pharmacies and the minor injuries unit
3. To encourage patients to use the appropriate service depending on their health care needs
4. To reduce pressure in urgent care by promoting the ways in which minor illness can be treated at home
5. To raise positive awareness of the range of services available at GP practices and the ways in which appointments can be booked
6. To enhance patients' confidence and engagement in their health care

Stakeholders

Through analysis of attendees at the walk-in service, along with previous analysis carried out regarding use of the Emergency Department (ED), we have identified the key stakeholders we will be aiming to reach with our campaign.

- Residents of postcode areas SO18 and SO19
- Parents of young children
- Young adults including students from the two city universities
- Working age adults (including targeting people working at the city's larger employers)

- Older people (whilst not such intense users of urgent care services, a lack of knowledge of the available services was identified during the walk-in service consultation)
- Health care providers including University Hospital Southampton NHS Foundation Trust, community service providers, SCAS, NHS 111
- Voluntary organisations
- Signposting services such as Citizen's Advice Bureau, and Placebook
- CCG staff
- Local authority staff
- Staff at member practices – GPs, Practice Nurses and reception teams
- Media
- Healthwatch
- Public Health

Stakeholder insight

Audience insight will drive the communications approach. Feedback from the walk-in service consultation demonstrates that there is a lack of awareness of local urgent health services across all age groups. Statistical analysis indicates that there are peaks in the use of urgent care services for young children and young adults and that use of urgent care services such as the walk-in service declines with age. As a result of this analysis the following groups have been targeted as our initial audiences:

- Parents/carers of young children
- Young people between the age of 15 and 24
- People registered with east locality practices

Recent local engagement with students indicated that young adults require quick access to health services. This age group, potentially as a result of having recently left home, are often not armed with the information required to make the best decisions about their health. They are, however, very open to learning more about health therefore a comprehensive information campaign should support this demographic to make the right choices.

Recent local and national qualitative analysis suggests that people feel vulnerable about their health. They feel that they are not an expert in the subject and therefore seek reassurance even with more minor ailments. This behaviour is particularly prevalent within a parent demographic, who they often seek medical advice much sooner for their children than they would for themselves as they are concerned about more serious health conditions. People want to know that the NHS is there for them when they need it. This research was re-enforced during the walk-in service consultation with a number of people saying that it was 'reassuring' to know the service was there should they become unwell.

Strategic approach

Although already operating to a lesser extent the campaign will look to commence fully in October 2015 and will take a steady drip feed approach over the next six months. As mentioned earlier we will initially focus our attention on our three key demographics.

We have worked to identify key pressure points on the system which cause uplifted activity, such as winter, periods preceding and following bank holidays and larger national events and will actively work to manage these through the campaign.

We will aim throughout this work, to provide the residents of Southampton with a toolkit of options should they or a family member become unwell. Research suggests that self-efficacy and attitude lead to change in behaviour rather than increased knowledge. We need to support people to feel more confident and proactive about their health care and provide them with the tools to change their behaviour.

In order to effectively raise awareness and understanding of the appropriate use of services significant communications activity is recommended using multiple channels.

We will be using bespoke campaign materials which have been produced following extensive market research. These materials were created with the aim of focusing on the needs of the different target audiences. They highlight common scenarios in which different members of the public find themselves in order for the messages to resonate with their intended audience. Not only is the messaging bespoke but we will use channels appropriate for each specific audience. For example through gyms, universities and the night-time economy for young adults and community centres, newspapers and community health care workers for an older segment of the population.

GP access – A key element in our strategy will be to work more closely with GP practices to support them in promoting the variety of services they offer. Throughout the walk-in service consultation people detailed difficulties in accessing GP appointments and demonstrated limited knowledge of how to access GP services outside of standard opening hours. We must therefore work to highlight:

- the types of services on offer for example, telephone consultations and the role of nurses in dealing with minor illness
- practice opening times, including extended opening hours.
- the methods by which an appointment can be booked (eg online booking).

Amongst other things, in order to promote our messages we will:

- use our social media channels in a responsive and dynamic way throughout the plan. As well as scheduled tweets, we will use Twitter as a live tool – as a way to react quickly to weather events or increased pressure at the Emergency Department for example
- develop case studies to reinforce these services such as NHS 111 and pharmacies as tried and trusted locally
- link with the main employers in the city and encourage them to share our messages through social media initially and then develop further routes
- work with Southampton City Council to disseminate messages through their newsletters, website and on social media
- work with local providers and share our messages
- liaise with primary care in order to link with all frontline practice staff to ensure they disseminate the key messages and send patients to the right local service.

Key messages

Messages will be tailored to different stakeholder groups to ensure behavioural change and hence the success of the campaign.

Overarching messages include:

1. Your local NHS is here for you
2. There are many minor illnesses which can be treated at home with some quick advice from your local qualified pharmacist (this message will be supported by promotion of www.hereforyouhampshire.nhs.uk which will be adapted to reflect Southampton relevance)
3. NHS 111 locally is a tried and trusted service and is your first port of call when you need medical help fast, but it's not a life-threatening emergency

4. Pharmacists have extensive experience and can provide private consultations for many minor illnesses and injuries

Key channels

The plan will promote our key messages, through a variety of paid for and non-paid-for advertising methods, and also compliment any national and provider campaigns

Direct marketing

- Direct mail
- Leaflets sent to patients with specific long term conditions regarding how to manage their condition

Advertising / broadcast

- Advertising online, in print and throughout the community

Promotional merchandise

- To act as reminders as to the health care options available

Digital

- Information on CCG website
- Update of information on other local health related websites including local trusts and Healthwatch
- Provider newsletters and intranets
- GP Portal
- GP practice newsletters, websites and waiting room screens
- Articles in established CCG bulletins (In Touch, The Eye, Oakleydoke etc)
- Digital advertising on relevant websites
- City Council newsletters
- Social media (Twitter, Facebook, Youtube with videos to increase awareness of how to treat certain common conditions)

Word of mouth

- Use of opinion leaders / informers / followers and advocates as spokespeople
- On-line forums

Face to face

- Focus groups (revisiting the large number of groups we met during the walk-in service consultation)
- TARGET training events for practice staff
- Public events (for example Freshers' Fairs)
- Conversations with practice staff, including admin staff around their perception of appropriate attendances
- Conversations between clinicians and patients
- Education events at schools
- Parent and toddler groups
- Internal 'Team Time' staff briefing

Media

- Regular press releases promoting different themes

Timescales

Whilst parts of the urgent and emergency care communications plan have been ongoing throughout the year the focus will increase from October in view of the potential closure of the Bitterne walk-in service along with anticipated seasonal pressures.

Throughout the year activities will be planned seasonally and factor in key calendar events. These events have traditionally seen an increase in demand on the local urgent and emergency services, around bank holidays for example, but they are also an opportunity to promote key messages from the plan.

The plan is also flexible to adapt to other unforeseen demands, for example, an outbreak of norovirus at the hospital, unexpected change in the weather or delay in flu vaccinations being delivered.

Risks and mitigation

Risk	Mitigating action
• Other NHS organisations such as NHS England running campaigns with contradictory messaging	• The comms team have established an ongoing dialogue with the Head of Communications for NHS England Wessex and the Head of the National Marketing Reference Group at NHS England
• A large scale health crisis such as the swine flu epidemic	• Prepare communications lines to support our key messaging and bring it into context for the situation
• Lack of buy in from local NHS colleagues	• Ensure an ongoing dialogue so that concerns can be addressed quickly

Monitoring and evaluation

Communications activity will be monitored throughout the life of the campaign to ensure all channels are performing optimally to meet campaign objectives. Where any issues are highlighted, these will be promptly dealt with to ensure minimal disruption to the campaign. Specific monitoring and evaluation is outlined in the action plan, however, in general the following mechanisms will be used to monitor and evaluate campaign effectiveness:

- Statistical evidence such as a change in attendance levels at GPs and ED for minor illness, the number of minor ailments scheme consultations and the numbers of calls to NHS 111, hits on both the CCG and Here for you Hampshire website along with social media reach.
- Qualitative analysis obtained from market research at the end of the campaign will ascertain to what extent the public's perceptions and knowledge have changed.

Activity plan

Activity	Audience	Supports the delivery of:	Timeframe	Cost	Responsibility	Status	Evaluation method
Campaign preparation							
Refresh of materials inc printing of leaflets	All stakeholders	• Increasing public awareness of services • Driving GP awareness and support • Ensuring patients have information and support to make informed choices	Sept - Oct	£1000	Comms	In progress – creative amended, awaiting print supply	
Development of Here for you Hampshire website to include Southampton information	All stakeholders	• Ensuring patients have information and support to make informed choices	Sept-Oct	£100	Comms	Agreed and initial amendments completed	
Prepare statement on the conclusion of the walk-in service consultation	All stakeholders	• Increasing public awareness of services	Sept	Free	Comms	Completed	
Preparation for events such as Freshers' Fairs and self-care week	All stakeholders	• Increasing public awareness of services • Ensuring patients have information and support to make informed choices	Sept-Nov	£100	• Comms • System Delivery • Primary Care Team	Completed	

Activity	Audience	Supports the delivery of:	Timeframe	Cost	Responsibility	Status	Evaluation method
Launch							
Announcement on the conclusion of the walk-in service consultation via press, on website, via both internal and external newsletters notifying all our local colleagues of the decision	All stakeholders	• Increasing public awareness of services • Driving GP awareness and support	Sept	Free	Comms with support from Exec Team	Completed	• Website visits • Media take up • Balance of media coverage
Work with local colleagues including GP practices, acute, community and ambulance providers to ensure they disseminate accurate information around urgent care services in the city	All stakeholders	• Increasing public awareness	Throughout campaign	Free	CCG staff with support from comms	Ongoing	• Feedback from meetings
Work with contacts through our service user and community engagement networks to disseminate accurate information around urgent care services	All stakeholders	• Increasing public awareness	Throughout campaign	Free	CCG staff with support from comms	Ongoing	• Feedback from meetings
Advertising : Posters to be erected in GP surgeries, pharmacies, schools, church halls, council offices, voluntary groups, opticians, libraries, universities, gyms and leisure centres to be accompanied by letters explaining urgent care options. (posters in hard	All stakeholders	• Increasing public awareness of services • Driving GP awareness and support	Oct - Nov	• Included in material refresh cost • Facebook: can invest as much as needed but £500 a good starting point • Radio ads £2880 + VAT	Comms	Walk-in service posters distributed and erected during October. Radio ads commenced in November for three months. Further advertising for other urgent care services in progress	• ED attendance levels • NHS 111 calls • Pharmacy consultations • Post campaign market research • Replenishment levels • Unique visits to 'Here for

Activity	Audience	Supports the delivery of:	Timeframe	Cost	Responsibility	Status	Evaluation method
and soft copy) Facebook advertising Radio ads							you' web page inc. dwell time
Support the national 'Stay well this winter' campaign	Over 65s and their carers	• Ensuring patients have information and support to make informed choices	Oct-Jan	Free	Comms	Ongoing	• National post campaign research
NHS 111 credit cards given to every GP, pharmacist and community nurse in the city. To be handed out as appropriate during consultations	Patients	• Driving GP awareness and support • Increasing public awareness of services	Oct - Nov	Free	• Comms • Primary Care Team • System Delivery	Cards delivered to all GPs and pharmacists. Southern Health and Solent have agreed to provide cards to all front line staff to disseminate during appointments – reprint in progress	• Replenishment requests • Post campaign market research
Work with practices to ensure they have the information they need and have the support to promote their services such as telephone appointments, online booking and nurses appointments	• GP practices • Patients	• Driving GP awareness and support • Increasing public awareness of services • Raising positive awareness of services available at GP practices	Oct-Nov	One text message to every patient in the city would cost around £6000	• Comms • Primary Care Team	All practices have updated their websites to reflect changes in urgent care services. Initial presentation to Practice Managers Forum completed. Further work and planning in progress	• Practice websites display accurate info • Post campaign evaluation

Activity	Audience	Supports the delivery of:	Timeframe	Cost	Responsibility	Status	Evaluation method
Press release to all local agencies including print, radio and television to increase trust and confidence in local services such as 111 and pharmacies and promoting online booking nurses appts etc. Also promoting pharmacy opening times over bank holidays, encouraging people to obtain their repeat prescriptions and addressing urgent concerns such as norovirus outbreaks	Public	• Increasing public awareness of services • Ensuring patients have information and support to make informed choices	Once a month for 3-4 months	Free	Comms	Press release regarding the closure of BWIS disseminated. Draft releases developed for other urgent care services and minor health conditions, these will be disseminated using a drip feed approach	• Media take up • Balance of media coverage
Care UK MIU leaflet distributed to all Southampton residents	All stakeholders	• Increasing public awareness	First wave Aug 2015 second wave November 2015	Free	Care UK	Completed	• Activity at MIU • Post campaign market research
Social media activity to discuss seasonal illnesses, self-care, and services available : • Twitter • Facebook	• Other NHS organisations • Engaged members of public • Young adults • Working age adults	• Increasing public awareness of services • Ensuring patients have information and support to make informed choices • Driving GP awareness and support	Weekly for six months	Free	Comms	Ongoing	• Social media noise • Retweets • Hits on website social media posts are linking to • Reach of posts using analysis on Twitter and Facebook

Activity	Audience	Supports the delivery of:	Timeframe	Cost	Responsibility	Status	Evaluation method
Select a key spokesperson to help drive awareness, interest in and support for the campaign. Create three key messages plus a list of FAQ to support interviews.	Public	• Increasing public awareness of services	Throughout campaign	Free	Comms and spokesperson	• Spokesperson availability ascertained • Support pack to be developed	Requests for interviews with spokesperson
Update information on CCG website to incorporate seasonal messages	• Other NHS organisations • Engaged members of public	• Increasing public awareness of services	Throughout campaign	Free	Comms	Ongoing	Unique visits to CCG web page inc. dwell time
Promote the Pharmacy First minor ailments scheme: • Leaflets to parents via schools	Parents and people who obtain free prescriptions	• Increasing public awareness	Sept 2015	Leaflets: £372	Comms	First wave completed continued promotion via social media ongoing	Uptake of scheme
Revisit community groups visited during consultation		• Increasing public awareness of services	Oct-Dec	Free	Engagement team and System delivery	In progress	Feedback from meetings
Meet with PPGs to disseminate messages	Engaged public	• Increasing public awareness of services	Throughout campaign	Free	Engagement Team	Ongoing	Feedback from meetings
Send out A5 flyers to local primary schools, nurseries and Sure Start centres asking them to add Here for you Hampshire weblink to newsletters	Parents of young children	• Increasing public awareness of services	Oct-Nov	£256	Comms	Awaiting print supply	Post campaign evaluation

Activity	Audience	Supports the delivery of:	Timeframe	Cost	Responsibility	Status	Evaluation method
Attend events: • Freshers' Fair at University of Southampton • Fresher's Fair Southampton Solent Uni • One World Fair Southampton Solent Uni (Distributing NHS 111 fridge magnets and Think First booklets to promote local services)	Young adults	• Increasing public awareness of services	• 25 Sept • 24 Sept • 30 Oct	£100	Comms	Completed	• Attendance levels at various services • NHS 111 calls • Pharmacy consultations • Post campaign evaluation
Work with Southampton and Southampton Solent Universities and their respective student unions to promote messages	Students and staff (working age adults)	• Increasing public awareness of services • Ensuring patients have information and support to make informed choices	Oct-Nov	Free	Comms	In progress	• Messages in newsletters and on university websites • Retweets • Display of materials in student areas
Contact Street Pastors to explain services and ask them to promote 111 to people who are unwell on a night out in the city	Young adults	• Increasing public awareness of services	Oct-Nov	Free	Comms	Not started	• Post campaign evaluation • Feedback from Street Pastors
Work with Local Authority contacts to promote 111 though night economy team (ice bus etc)	Young adults	• Increasing public awareness of services	Oct-Nov	Free	Comms	Not started	• Post campaign evaluation

Activity	Audience	Supports the delivery of:	Timeframe	Cost	Responsibility	Status	Evaluation method
Articles detailing key messages in: • Oakleydoke • In Touch • Healthwatch • Local Council newsletters • Local third sector / advocacy group newsletters	• GP practices • CCG staff • NHS and City Council colleagues • Engaged members of the public	• Increasing public awareness • Driving GP awareness and support	Throughout campaign	Free	Comms	Ongoing	• Related enquiries • Click through to Choice page
Contact top employers in city via social media and through comms teams to explore message dissemination	Working age adults	• Increasing public awareness of services	Oct-Nov	Free	Comms	In progress	• Social media take up • No of organisations promoting messages internally
Meet with mental health commissioning team to understand the impact mental health users have on urgent care services and plan how best to communicate what to do in a mental health emergency	Mental health service users	• Ensuring patients have information and support to make informed choices	Oct-Nov	TBC	Comms and ICU commissioners	In progress	• Attendances at urgent care services
Evaluation							
Ongoing monitoring of the website and social media accounts					Comms	In progress	• Unique hits to page • Reach of tweets/posts
Attendance rates at ED and MIU, calls to 111 and the number of MAS consultations					System Delivery	In progress	Statistical data

Activity	Audience	Supports the delivery of:	Timeframe	Cost	Responsibility	Status	Evaluation method
Obtain feedback from practices as to interest in the campaign both from a GP and patient perspective and dialogue between GP and patient along with any change in the volume of appointments for minor illness					Comms Primary Care Team	Not started	Feedback / survey
Replenishment of advertising materials					Comms	Not started	The levels required

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BWIS closure impact monitoring – baseline data at October 2015

Contents

Baseline data monitoring of SCCCG and East GP registered patients' activity within the urgent care system

Impact monitoring and reporting timeline

Month	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16
Report	Baseline	1	2	3	4	5	6	7	8	9	10	11	12
CPT	28th	11th	2nd	6th	3rd	9th							
SMT	29th	12th	3rd	7th	4th	10th							
CEG		18th	9th	13th	10th	16th							
GB (*publ		25th *		27th *	24th	23rd *							
HOSP		26th		28th		24th							
Check points	Baseline			1st impact review		Add dates for 16/14	2nd impact review			3rd impact review			Final impact review
Notes	All baseline data to be received by 30/10	First reports received and reporting format approved	Reports timely and working	Follow up GP survey		Confirm reports will continue into 16/17		Follow up GP survey				Follow up GP survey	
NB:	Data will be mainly M5 (Aug)	Data will be mainly M6 (Sept)	Data will be mainly M7 (Oct)	Data will be mainly M8 (Nov)	Data will be mainly M9 (Dec)	Data will be mainly 10 (Jan)	Data will be mainly M11 (Feb)	Data will be mainly M12 (Mar)	Data will be mainly M1 (Apr)	Data will be mainly M2 (May)	Data will be mainly M3 (June)	Data will be mainly M4 (July)	Data will be mainly M5 (Aug)

BWIS closure impact monitoring – baseline data at October 2015

Pharmacy First minor ailments scheme utilisation

GP registered pratice	Weekly activity			% of total utilisation		
	East	West	Central	East	West	Central
Baseline	4	4	7	28%	24%	48%

Pharmacy accessed	Weekly activity			% of total utilisation		
	East	West	Central	East	West	Central
Baseline	3	3	9	22%	17%	61%

Would otherwise have attended	Weekly feedback			
	GP	WIC	ED	Other
Baseline	85%	4%	0%	11%

Baseline date : 8 weeks data 7th September to 30th October 2015

- 28% of activity is from patients registered with an East practice GP
- 22% of activity is at an accredited pharmacy in the East locality
- 4% of patients would otherwise have gone to the BWIS

BWIS closure impact monitoring – baseline data at October 2015

GP access and patient experience

Question	SCCCG	National	East locality practice notes
Overall, how would you describe your experience of your GP surgery?	84% good	85% good	6/10 practices at or above national average
Generally, how easy is it to get through to someone at your GP surgery on the phone?	68% easy	71% easy	5/10 practices at or above national average
How helpful do you find the receptionist at your surgery?	87% helpful	87% helpful	7/10 practices at or above national average
The last time you wanted to see or speak to a GP or nurse, were you able to get an appointment to see or speak to someone?	84% yes	85% yes	4/10 practices at or above national average
How convenient was the appointment you were able to get?	90% convenient	92% convenient	4/10 practices at or above national average
Overall, how would you describe your experience of making an appointment?	72% good	73% good	4/10 practices at or above national average
How do you feel about how long you normally have to wait to be seen?	51% don't wait too long	58% don't wait too long	2/10 practices at or above national average
Did you have confidence and trust in the GP you saw or spoke to?	91% yes	92% yes	5/10 practices at or above national average
Did you have confidence and trust in the nurse you saw or spoke to?	84% yes	85% yes	8/10 practices at or above national average
How satisfied are you with the hours that your GP surgery is open?	76% satisfied	75% satisfied	4/10 practices at or above national average

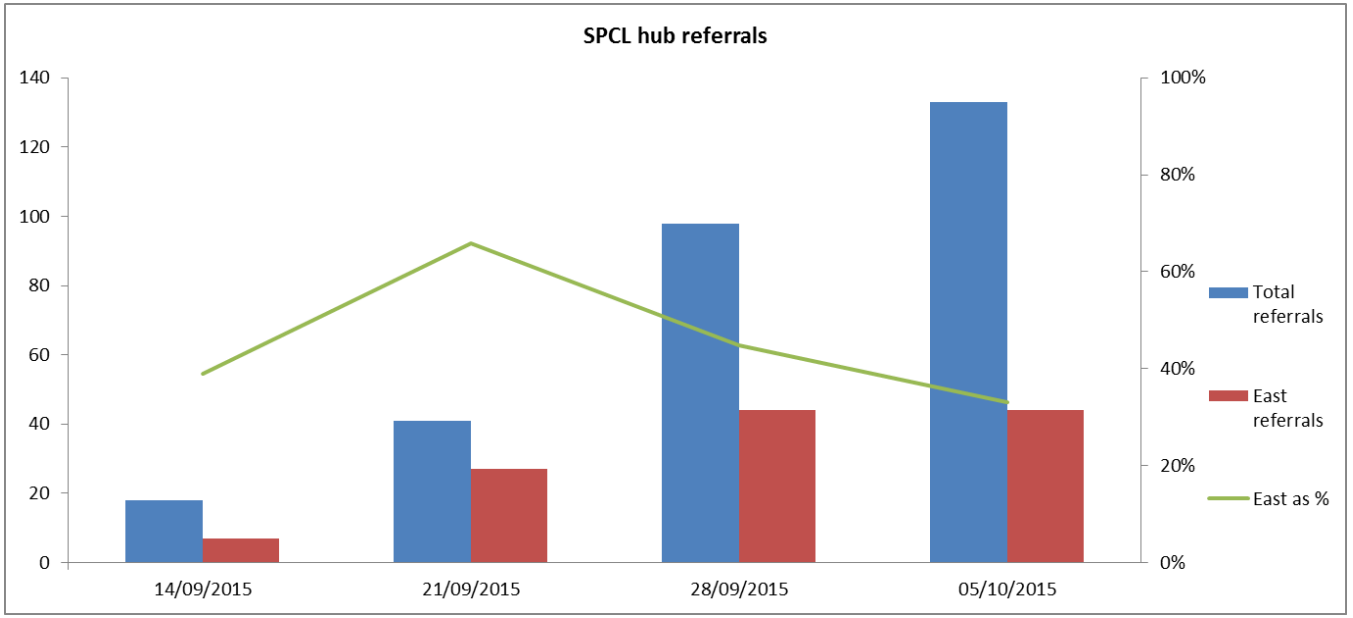
Baseline data: GP patient survey – NHS SCCCG published July 2015 (Data July – September 2014 and January – March 2015)

- Patient complaints, issues and feedback will be collated on a monthly basis and form part of the qualitative reporting
- Next surveys due in January and July 2016

Note GP feedback and experience will be reported in the qualitative impact monitoring

BWIS closure impact monitoring – baseline data at October 2015

Referrals to SPCL hub



Baseline data: 4 weeks w/c 14th September to w/c 5th October 2015

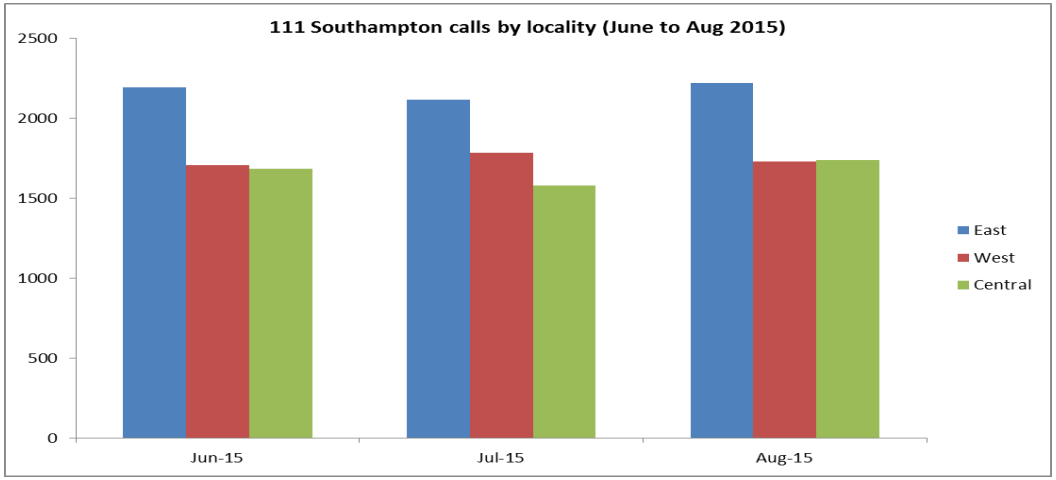
- 3 hubs in city (1 in each locality, first went live in July)
- Activity started to increase from September
- Expecting to see activity trend increase further when hubs on 111 DoS

BWIS closure impact monitoring – baseline data at October 2015

Calls to 111

111 calls	Jun-15	Jul-15	Aug-15
Total calls answered	37945	38115	40722
Calls answered within 60 seconds (≥95%)	98%	96%	97%
Calls abandoned before answered (<5%)	0.2%	0.4%	0.7%
Southampton patient call volume	5582	5480	5687
Southampton as % of all	15%	14%	14%
East	2193	2117	2221
West	1707	1782	1727
Central	1682	1581	1739

Southampton 111 calls by East practice	Registered population	Jun-15	Jul-15	Aug-15
Bath Lodge	12351	208	231	259
Bitterne Park	8979	185	148	139
Chessel	12758	331	280	343
Ladies Walk	8223	133	154	138
Old Fire Station	8605	157	138	112
St Peter's	5223	103	98	75
Townhill	5465	109	98	108
West End Road	11627	244	206	231
Weston Lane	9369	193	210	211
Woolston Lodge	13749	229	248	271
SO18/19 no GP recorded		301	306	334



Baseline data: 3 months (1st June to 31st August 2015)

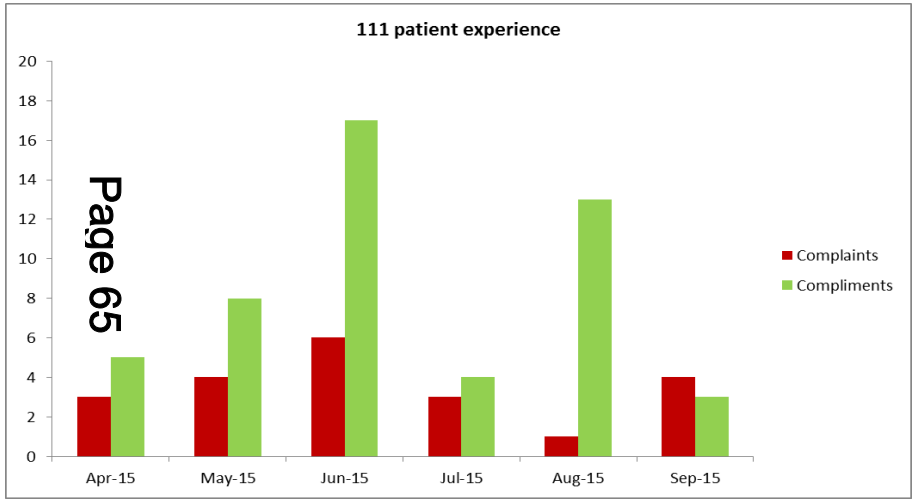
- Calls from Southampton GP registered patients represent ~14% of all calls to the local 111 service
- Across the city, East locality patients are the highest user of the service (averaging 39% of Southampton calls)

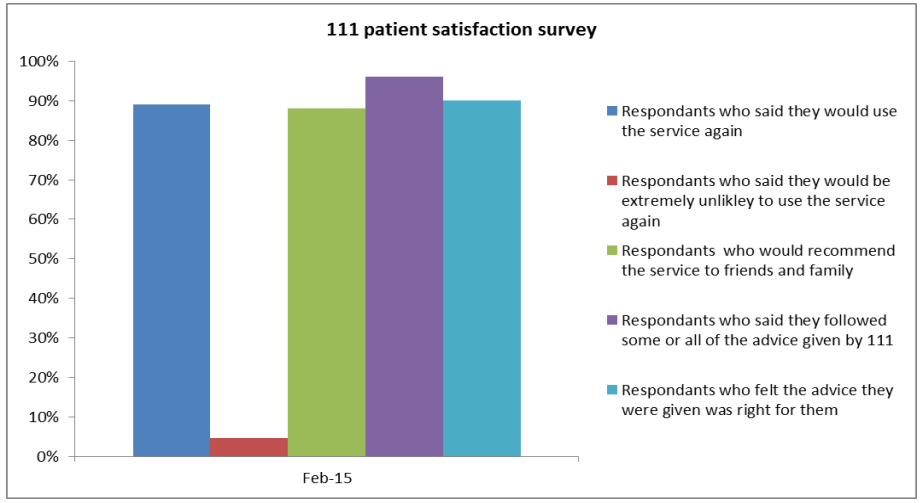
BWIS closure impact monitoring – baseline data at October 2015

111 patient experience

111 patient expereince (SHIP)	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Complaints	3	4	6	3	1	4
Compliments	5	8	17	4	13	3

Patient satisfaction survery 6 monthly (SHIP - contract level)	Feb-15
Respondants who said they would use the service again	89%
Respondants who said they would be extremely unlikley to use the service again	4.6%
Respondants who would recommend the service to friends and family	88%
Respondants who said they followed some or all of the advice given by 111	96%
Respondants who felt the advice they were given was right for them	90%





Baseline data: 6 months patient experience (April to September 2015) and bi-annual patient satisfaction Feb 2015

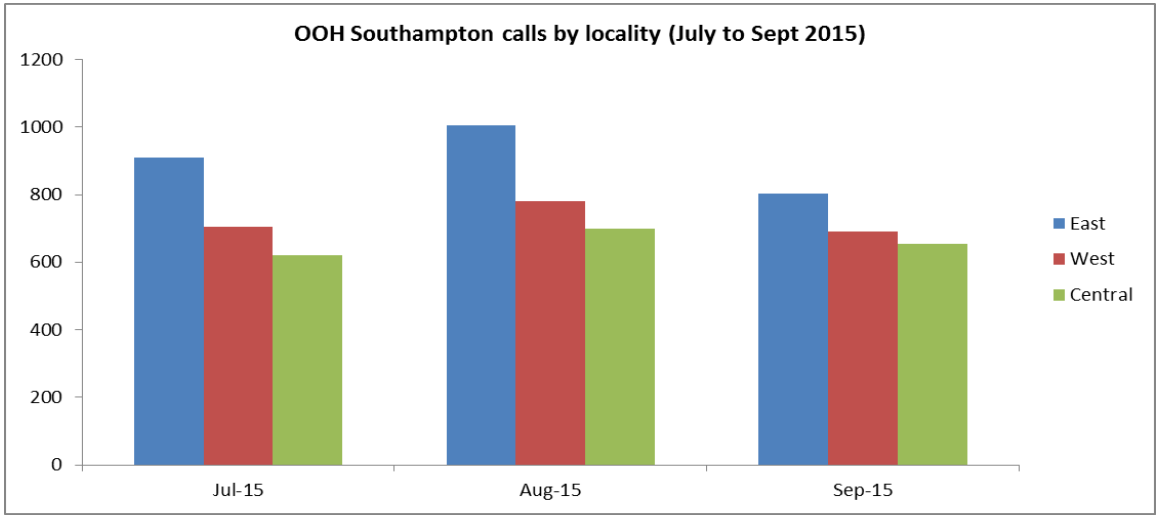
- next 6 monthly patient satisfaction survey results expected later in November
- Feb 15 patient satisfaction shows almost 90% of respondents would recommend the service and use it again, with the majority feeling the advice given was both appropriate and applied
- the service generally receives more compliments from patients than complaints

BWIS closure impact monitoring – baseline data at October 2015

Calls to GP OOH

OOH calls	Jul-15	Aug-15	Sep-15
Total patient call volume (SHIP)	13329	15351	12812
Southampton patient call volume	2237	2485	2150
Southampton as % of all	17%	16%	17%
East	909	1005	804
West	706	781	692
Central	622	699	654

Southampton OOH calls by East practice	Registered population	Jul-15	Aug-15	Sep-15
Bath Lodge	12351	112	140	126
Bitterne Park	8979	55	80	72
Chessel	12758	151	188	124
Ladies Walk	8223	81	81	63
Old Fire Station	8605	66	58	50
St Peter's	5223	54	41	30
Townhill	5465	32	56	48
West End Road	11627	112	100	89
Weston Lane	9369	109	118	85
Woolston Lodge	13749	137	143	117



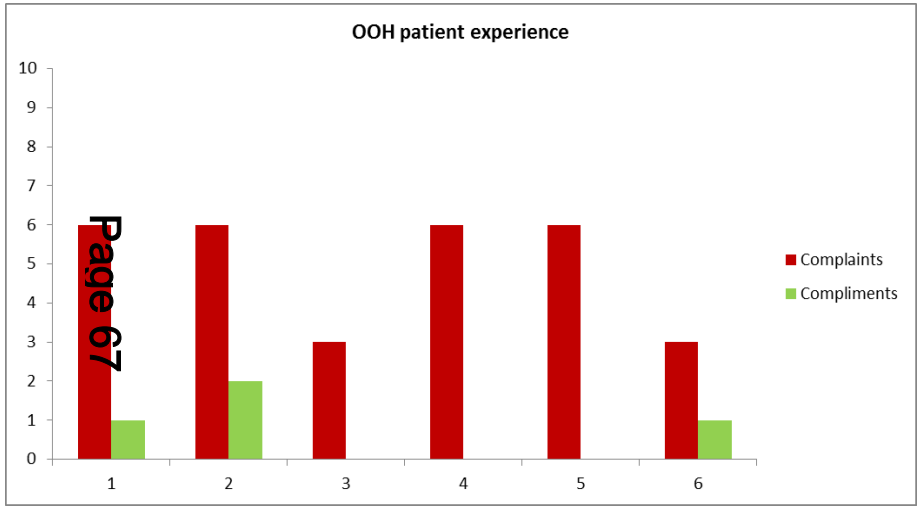
Baseline data: 3 months (1st July to 30th September 2015)

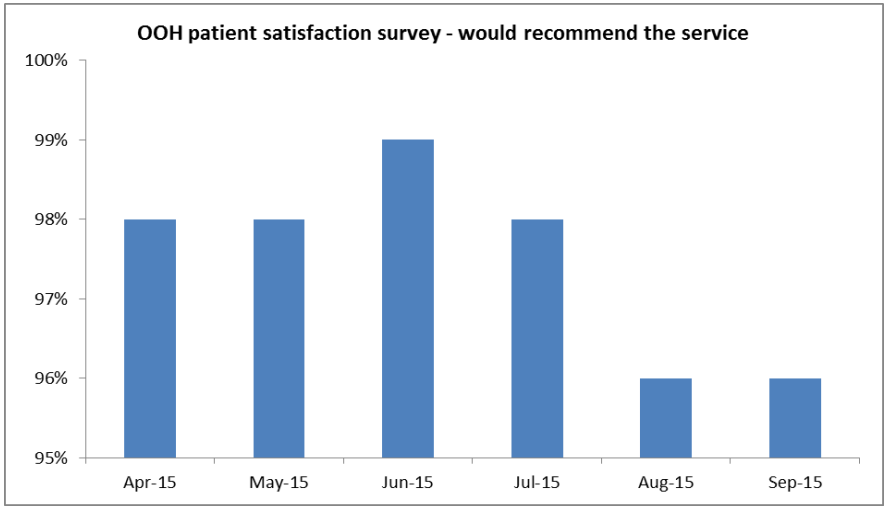
- Calls from Southampton GP registered patients represent ~17% of all calls to the local OOH service
- Across the city, East locality patients are the highest user of the service (averaging 39% of Southampton calls)

BWIS closure impact monitoring – baseline data at October 2015

OOH patient experience

Patient satisfaction with OOH (SHIP)	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Total patient call volume	16791	17960	13078	13329	15351	12812
% respondents who say they would recommend the service	98%	98%	99%	98%	96%	96%
Complaints	6	6	3	6	6	3
Compliments	1	2	0	N/A	N/A	1





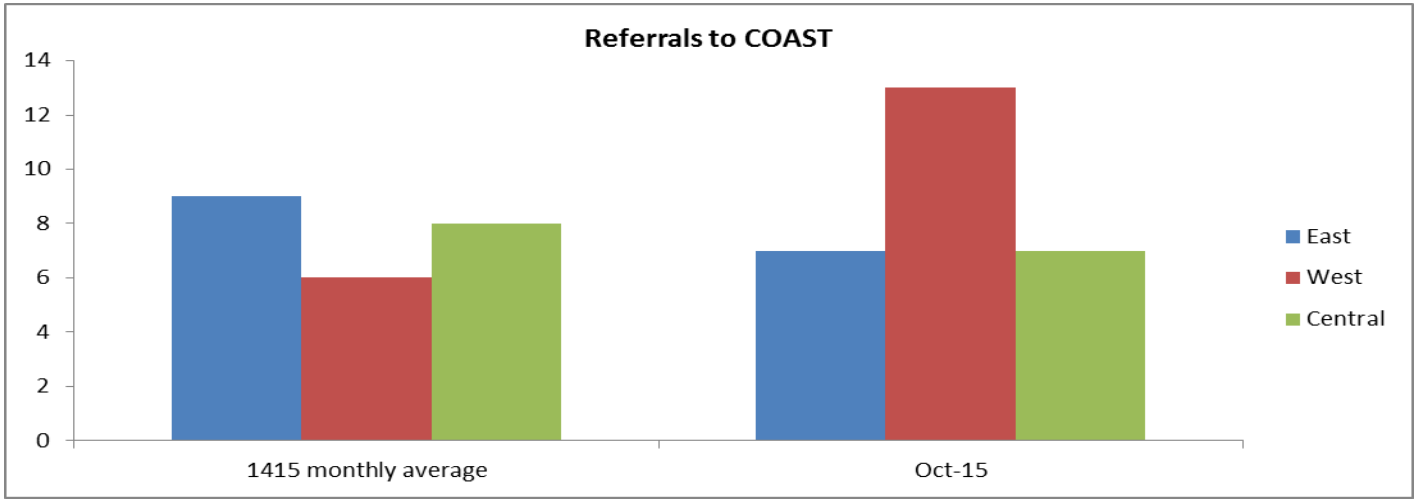
Baseline data: 6 months patient experience (April to September 2015)

- on average, 98% of respondents say they would recommend the service to family and friends
- complaints exceed compliments, but in relation to the total call volume, complaint rate averages at 0.03%

BWIS closure impact monitoring – baseline data at October 2015

Utilisation of COAST

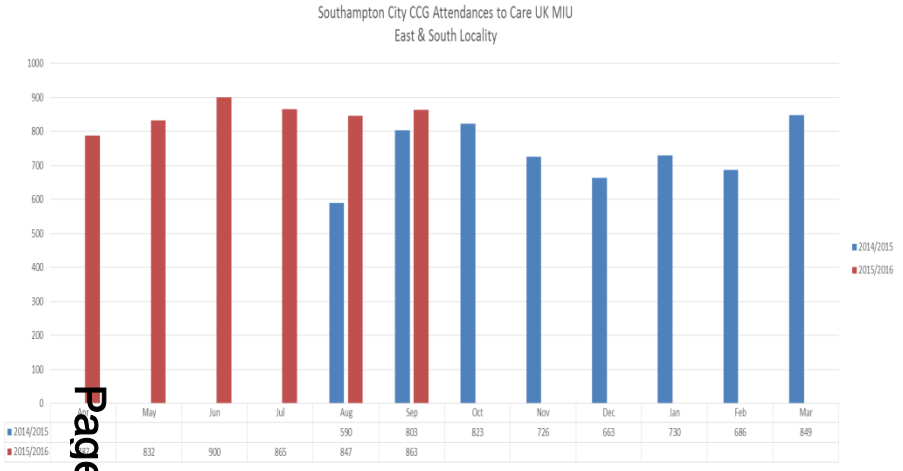
Referrals to COAST	1415 monthly average	Oct-15
East	9	7
West	6	13
Central	8	7



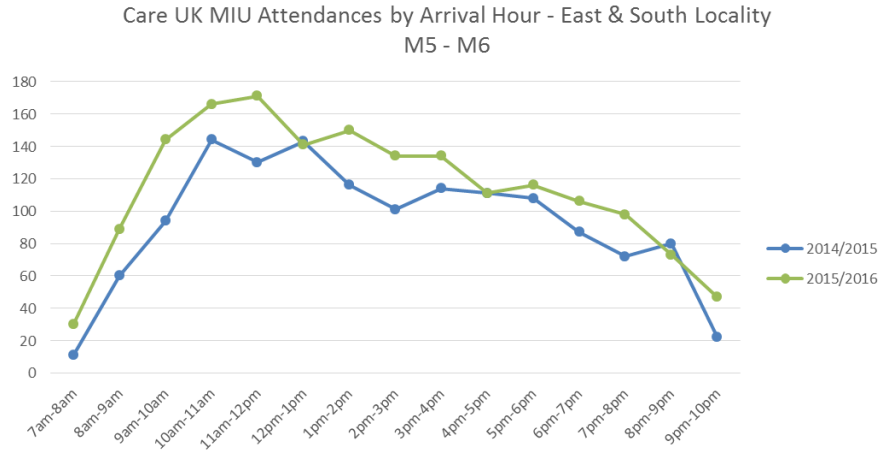
Baseline data: 2014/15 M1-9 and October 2015 (service suspended from M1-6 2015/16)

BWIS closure impact monitoring – baseline data at October 2015

MIU attendances



	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2014/2015				590	803	823	726	663	730	686	849
2015/2016	832	900	865	847	863						



Minor illness presentations	Jul-15	Aug-15	Sep-15
% Southampton attendances with minor illness	28%	30%	28%

Wound dressings	Jul-15	Aug-15	Sep-15
Southampton attendances for wound dressings	39	90	51
% East locality patients for wound dressings	13%	22%	22%

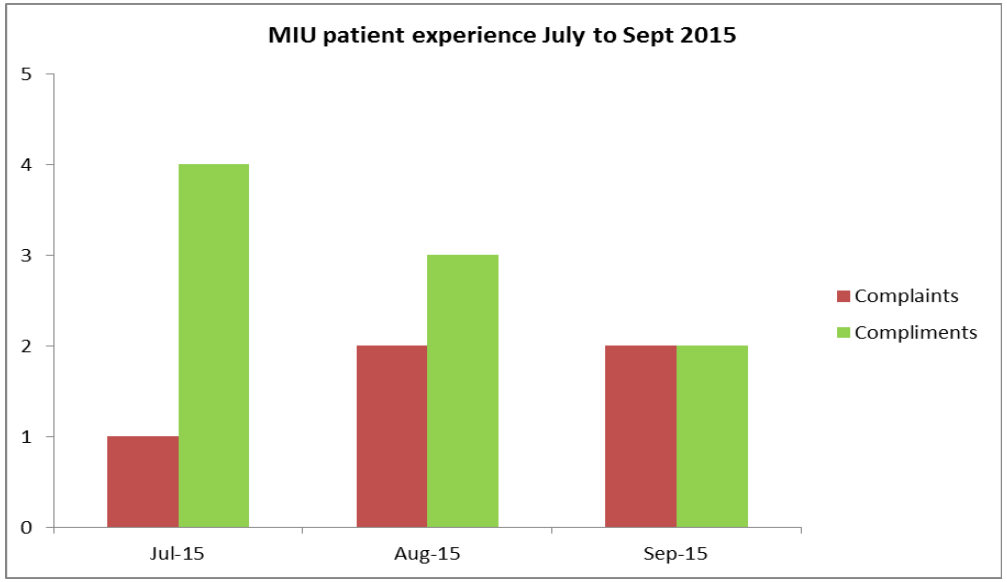
Baseline data: 2014/15 and 2015/16 activity to month 6 (September), July to September 2015 non-minor injury presentations

- East locality patient activity showing gradual increase in line with rest of city
- East locality patient activity across the day follows a similar pattern to rest of the city
- Minor illness presentations account for an average of 29% of Southampton attendances (>90% are given 'choose well' advice)
- Monitor wound dressing activity – if required out of hours can now be provided by SPCL hubs

BWIS closure impact monitoring – baseline data at October 2015

MIU patient experience

Patient experinece	Jul-15	Aug-15	Sep-15
Complaints	1	2	2
Compliments	4	3	2

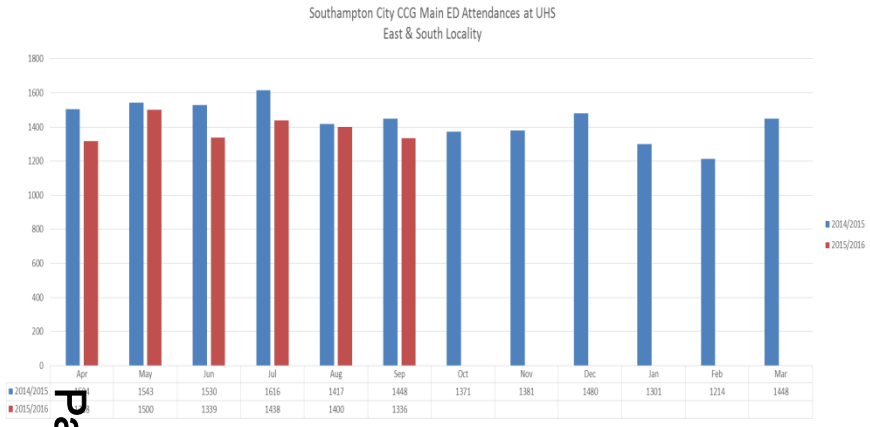


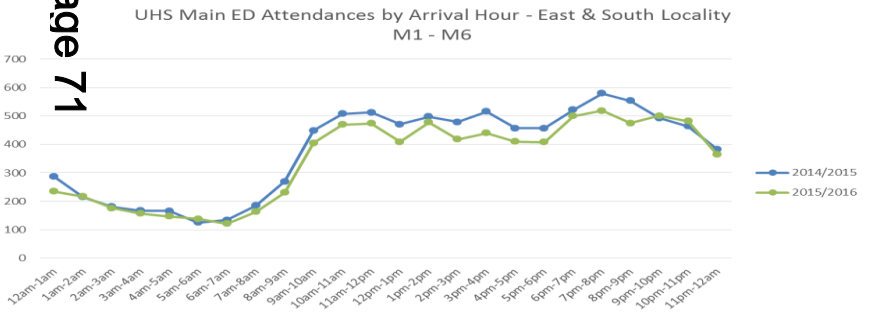
Baseline data: July to September 2015

- Friends and family test September 2015 showed 95% of patients would be extremely/very likely to recommend service
- Generally the service is receiving more compliments than complaints

BWIS closure impact monitoring – baseline data at October 2015

ED attendances





UHS Main ED Attendances by GP Practice - East & South Locality
M1 - M6

Sum of Activity	Column Label	
Row Labels	2014/2015	2015/2016
J82040 - West End Road Surgery	1140	1097
J82076 - Woolston Lodge Surgery	821	* 1113
J82101 - Chessel Practice	1299	1094
J82128 - Old Fire Station Surgery	676	698
J82141 - Bath Lodge Practice	1194	1088
J82171 - Bitterne Park Surgery	757	848
J82180 - Townhill Surgery	455	430
J82182 - Canute Surgery	408	* 1
J82187 - Weston Lane Surgery	1051	885
J82208 - St.Peters Surgery	452	404
J82622 - Ladies Walk Practice	805	673
Grand Total	**9058**	**8331**

KEY:

Activity has decreased by 10% or higher than last year

Activity has decreased from last year, but less than 10%

Activity is equal to last year

Activity is higher than last year, but less than 10%

Activity is more than 10% higher than last year

Baseline data: 2014/15 and 15/16 to month 6 (September)

- Attendances are lower than previous year on a month by month comparison – in line with the rest of the city
- * NB: Canute surgery has now merged with Woolston Lodge, this will be reflected in future reports (the combined activity would show a decrease in ED attendances 2015/16 compared to 2014/15 at M6)
- Attendances by time of day for East locality patients mirrors that on the rest of the city

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DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:		PROGRESS REPORT - THE IMPACT OF HOMELESSNESS ON THE HEALTH OF SINGLE PEOPLE		
DATE OF DECISION:		26 NOVEMBER 2015		
REPORT OF:		HEAD OF LEGAL AND DEMOCRATIC SERVICES		
CONTACT DETAILS				
AUTHOR:	**Name:**	**Mark Pirnie**	**Tel:**	**023 8083 3886**
	E-mail:	**Mark.pirnie@southampton.gov.uk**		
Director	**Name:**	**Dawn Baxendale**	**Tel:**	**023 8083 2966**
	E-mail:	**Dawn.baxendale@southampton.gov.uk**		

STATEMENT OF CONFIDENTIALITY		
None		
BRIEF SUMMARY		
On 20th January 2015 Cabinet agreed their response to the HOSP inquiry into the Impact of Homelessness on the Health of Single People. The table attached as Appendix 1 identifies progress made implementing the agreed recommendations.		
RECOMMENDATIONS:		
	(i)	That the Panel considers the progress made implementing the approved recommendations and the impact this is having on homelessness and the health of single people in Southampton.
REASONS FOR REPORT RECOMMENDATIONS		
1.	To provide oversight to the implementation of the HOSP recommendations.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
2.	None.	
DETAIL (Including consultation carried out)		
3.	The Health Overview and Scrutiny Panel (HOSP) undertook an Inquiry into the Impact of Homelessness on the Health of Single People between February and July 2014. Its purpose was to consider the impact of housing and homelessness on the health of single people.	
4.	Cabinet agreed their response to the HOSP inquiry at the meeting on 20th January 2015.	
5.	Attached as Appendix 1 is a table that provides the Panel with an update on progress made implementing the recommendations. Attached as Appendix 2 is an evaluation of the Intensive Support Service provided by Street Homelessness Team associated with recommendation 2 within the inquiry report.	
6.	The Panel are requested to consider progress made and the impact this has had on the homelessness and the health of single people in Southampton.	

RESOURCE IMPLICATIONS		
Capital/Revenue		
7.	None.	
Property/Other		
8.	None.	
LEGAL IMPLICATIONS		
Statutory power to undertake proposals in the report:		
9.	The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.	
Other Legal Implications:		
10.	None.	
POLICY FRAMEWORK IMPLICATIONS		
11.	None.	
KEY DECISION	No	
WARDS/COMMUNITIES AFFECTED:	None directly as a result of this report.	
SUPPORTING DOCUMENTATION		
Appendices		
1.	Progress report	
2.	Report of the Homelessness Strategy Steering Group - An evaluation of the SHPT Intensive Support Service	
Documents In Members' Rooms		
1.	None	
Equality Impact Assessment		
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out.		No
Privacy Impact Assessment		
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) 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	

*HOSP's Priority Recommendations are shown in bold
KEY: Y – Accepted; AIP - Accepted in part; R - Rejected

Recommendation	Accepted, In part or rejected	Outline of activity or reason for rejection	Lead	Update
A: <u>A strategic city-wide approach to homelessness</u>				
i. The Homelessness Prevention Strategy continues to support city-wide commitment for continued funding of the existing flexible and innovative partnership model of homelessness in the city.		This commitment remains, but is also subject to the long-term financial position of the local authority.	Homelessness Strategy Steering Group	This commitment remains, but is also subject to the long-term financial position of the local authority. In addition, there is a need to continue to focus on prevention and on short, but appropriate responses to need to keep people safe while maximising positive outcomes.
ii. Commissioners undertake a feasibility study including a cost/benefit analysis, with providers, to consider whether a more intensive 'Housing First' model could provide the relatively small number but high cost entrenched homeless clients a potential route into sustainable and settled accommodation.*		The commissioning of new services will commence in 2015, with the start of new services in 2016. While Southampton already has a Housing Frist focus, with services provided around the individual – hence, the availability of self-contained accommodation for very vulnerable and chaotic individuals. The ICU will however, review the model in other areas to test the value of this to Southampton. The Housing First model is one that will be considered. The development of new services in the coming year affords an opportunity to review this. However, with the resources available the city would need to make decisions on whether to focus on this group potentially at the expense of others,	Southampton Integrated Commissioning Group (ICU)	An evaluation of the Intensive Support service provided by Street Homelessness team looked at their activities comparable to the Housing First model in keeping people safe and focusing on their housing needs with additional services to support them. A report is attached as Appendix 2.

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Recommendation	Accepted, In part or rejected	Outline of activity or reason for rejection	Lead	Update
		which would be a departure from current provision.		
iii. The Housing Strategy continues to prioritise an increase in affordable single person accommodation across the City, including new developments.			Development, Economy and Housing Renewal	The Housing Strategy expired this year and will be subject to a review commencing in December which will be carried out by the new corporate strategic policy team.
iv. Links are maintained and strengthened between homelessness prevention and employment projects such as City Limits and the new City Deal to increase the skills and employment opportunities for homeless and vulnerably housed individuals.			Housing Needs / Skills and Regeneration	This continues to be a priority area – as the achievement of meaningful occupation and work continues to offer a significant solution to individual's homelessness and other issues. Funding is maintained to services and positive outcomes continue to be achieved. We expect a project linking homeless service users and employment as carers to begin shortly, as we engage with care agencies in ensuring this is sustainable in the medium and long-term.
B: <u>Raising awareness and recognition of homelessness issues and protecting valued services</u>				
v. Continue to build relationships with landlords to raise awareness and common understanding of the issues and barriers of homeless tenancies and increase social letting with relevant support agencies. This includes bringing together the current range of city approaches for social lettings to the private			Homelessness Strategy Steering Group	A landlords' accommodation forum continues to be held on a quarterly basis to which landlords, universities and local housing agencies are invited to facilitate liaison and greater understanding. There has been a reduction in the social lettings available previously through No limits and Real Lettings South.

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Recommendation	Accepted, In part or rejected	Outline of activity or reason for rejection	Lead	Update
sector housing rental market.*				
vi. Raise awareness of good practice and successful outcomes in homelessness prevention services as a means of reducing the stigma for homeless clients and encourage wider partnership involvement of other agencies including the Police and National Health Services including GPs and the University Hospital Southampton Trust.*			Homelessness Strategy Steering Group	The Integrated Commissioning Unit is continuing to help in promoting positive outcomes for homeless people in contact with health services. The ICU is planning a review of support services offering early intervention in crises across health and social care. Although a large and complex project covering many client groups, homelessness is a key issue for this review to address. It will report in 2016/17 with a new procurement process leading to services in 2017. In the meantime, work on supporting homeless people at the end of life continues to engage health and other professionals in appropriate care. (See also point X below)
vii. Expand the partnership to wider health services to reduce inequalities for homeless people services through delivering a comprehensive framework of preventative and integrated services.*		The development of the ICU provides an initial route to this. However, including UHS, Solent and Southern formally will increase understanding and participation.	Homelessness Strategy Steering Group	Partners are invited to attend, to understand the needs of homeless people and to take part in designing new initiatives. This has recently included a new proposal to rethink the Breathing Space initiative across health and homelessness providers.
viii. Raise the awareness of healthcare professionals of the role of homeless healthcare provider case workers and the value of their support of the			Homelessness Strategy Steering Group	The Homeless Healthcare Team continue to promote their work across the health system, including supporting the Breathing Space re-design and in continuing to advocate on behalf of homeless clients.

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single homeless, particularly through advocacy.*				
ix. Maintain an overview of the cost benefit of key valued services within the City's Homelessness model, including the Homeless Health Care Team and dedicated specialist services supporting substance misuse and mental health problems.		These is kept under review. New substance misuse services have commenced in the city under long-term contract. Mental health services are currently being reviewed, and the impact of changes on homelessness is considered as part of this. The key consideration is the provision of appropriate long-term accommodation for this group.	Southampton ICU / Clinical Commissioning Group	The whole system of support continues to be subject to review and analysis of positive outcomes for clients. The value of services in helping clients who are drug users and those with mental health problems achieve more positive outcomes is documented, and for example, the role of agencies in continuing to use Naloxone to provide immediate care to opiate users at risk of overdosing, continues to be a positive example of such work.
x. Consider outcomes from the Southampton Healthwatch review of GP registration and continue to work with GPs to improve access and integration to support homeless clients to move on from homeless health care to primary care services.			Healthwatch	Healthwatch have worked with the GPs and other management bodies within the NHS to ensure updated guidance is issued to GPs. This has had a positive impact locally, although there is a continued need to manage the messages
C: <u>Improving service delivery</u>				
xi. The Homelessness Strategy Steering Group continue to support commissioners as they progress towards an evidence-based and outcome-focussed commissioning model so that		The model of homelessness services within the city is based upon outcomes for users, both moving through the model and being diverted to other, more appropriate solutions. The Strategic Review process followed	Southampton ICU	Support services to homeless people, young people, teenage parents and other housing support services will be subject to a review within the Prevention and Early Intervention work of the ICU in the coming year. This has only recently been scoped,

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the case for changes in policy and practice can be evidenced.		prior to future commissioning proposals being agreed enables all parties to be involved in discussions on future service structures. This enables the current performance and future requirements to be considered, so that evidence can be used to determine future structures within the available resources.		but will enable a new more flexible approach to providing services that can be shown to work. Current performance of providers continues to show positive outcomes for individuals, even within the challenging financial climate, and where benefit sanctions are hitting a high proportion of single homeless people in the city.
xii. Children and Family Services continue to prioritise the Multi-Agency Safeguarding Hub (MASH) and Early Help Team to ensure children in need are not falling through the gaps.*			Children and Families	A review of the protocols for joint work with Children's Services and Housing has been conducted. This has resulted in closer working around homeless 16&17 year olds and facilitated greater access to accommodation for care leavers. A weekly panel has been set up, chaired by Homelessness manager, to oversee access to the supported housing provision in the city ensuring priority is given to the most vulnerable young people.
xiii. Children in Care continue to be a priority, particularly in preparing those in care to lead an independent life and that care leavers have access to suitable accommodation and maximise opportunities for employment, education and training.*			Children and Families	Renegotiated contracts with supported housing providers has identified self-contained accommodation specifically for care leavers, additional emergency beds and a support model that provides programmes of activity designed to enable young people to develop life skills which will allow them to progress in life including work around employment and education.
xiv. Homelessness Services work			Homelessness	The HSSG terms of reference have been

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Recommendation	Accepted, In part or rejected	Outline of activity or reason for rejection	Lead	Update
with National Probation Trust and the Hampshire Community Rehabilitation to support more pre-release planning to ensure emergency bed spaces are being used appropriately and to include looking at possibility of avoiding Friday prison releases.			Strategy Steering Group	reviewed and membership has been extended to include representatives from the Probation service and Community Rehabilitation company to enable a forum for further discussion. Work continues on a casework basis between probation, housing and providers to avoid homelessness on prison release.
xv. **Commissioners of Homelessness services should consider the option of providing a 'dry' environment within the homelessness prevention model in the City to support those who want to become or stay sober.***		The new contract for Alcohol services was implemented in June 2014. This includes a number of bedspaces (5) within a 'dry' house. We are discussing options with another agency to provide a supportive environment for users, which may include 'dry' areas.	Southampton ICU	The new 'dry' environment is working well within the new services. The key has been to ensure other support services are engaged with this model and able to provide appropriate support.
xvi. Homelessness providers and commissioners should work towards developing 'psychologically informed environments' in hostels and develop a staff training programme as appropriate. Partnerships between the psychological support from the University of Southampton and local housing providers are essential to achieving this.*		Proposals have already been received from a number of providers of homelessness services regarding psychologically informed environments. These are being taken forward as part of a programmed approach by landlords, where appropriate.	Southampton ICU	Providers have continued to look at opportunities to work with psychologists, including funding bids, in order to promote this area of work. It is likely that the work on prevention and early intervention will cover this area in the future, including considering the appropriateness of accommodation in helping to achieve positive outcomes.

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Recommendation	Accepted, In part or rejected	Outline of activity or reason for rejection	Lead	Update
xvii. Undertake a fundamental review of Mental Health services for the City, specifically including improving access to behaviour therapies for homeless clients and considering raising the age for transition for young people into adult services to 24 years in line with the thresholds for the Integrated Substance Misuse Service. Early intervention should be prioritised alongside improving access to services from primary to acute care to ultimately reduce and better manage demand.*		Mental health services are currently being reviewed, and the impact of changes on homelessness is considered as part of this. The key consideration is the provision of appropriate long-term accommodation for this group. In the meantime, there is an added focus being given to supporting employment opportunities with a joining of resources for homeless people and those with mental health problems into a single approach. This will rationalise the approach and provide benefits for users.	Southampton ICU	The review of mental health services is continuing and is encompassing all services and support in the city, including the appropriate support to individuals living with supported housing in the community. The employment initiatives have now been joined, and are producing benefits for homelessness and mental health, by ensuring the most appropriate response and support required regardless of the specific client group.
xviii. Investigate opportunities to reduce barriers and provide incentives for Houses in Multiple Occupation (HMOs) to be used for homeless clients.*			Regulatory Services	The private accommodation forum brings together landlords and agencies who access accommodation for homeless clients which helps improve liaison and in turn helps in reducing barriers. Incentives to landlords include offering support to landlords in managing homeless people once housed.
xix. Expand training on homelessness services / welfare services to community first responders and primary			Public Health	Public Health support is being rationalised to ensure it is focused appropriately. This includes ensuring Probation Health Trainers and others are supported.

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Recommendation	Accepted, In part or rejected	Outline of activity or reason for rejection	Lead	Update
care services e.g. Hampshire Police, Ambulance Services, GPs and community nurses				
D: <u>Monitoring and reviewing critical services and issues</u>				
xx. Regulatory Services undertake an evidence based review of the effectiveness of the HMO licensing scheme to ensure that standards of quality are maintained for all private sector tenants in the City and to support the decision making process for whether to expand the scheme to other wards in the city. It should be recognised that those who have been homeless will be moving on into the lower cost / quality end of the market where risks to their health remain high.*			Regulatory Services	HMO Additional Licensing Scheme has been introduced to include Freemantle, Shirley, Millbrook and Bassett Wards.
xxi. Regulatory Services consider options to undertake a new stock condition survey to gain a better understanding of the			Regulatory Services	The 2016 Private Sector Stock Condition Survey is currently being scoped prior to seeking funding approval.

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Recommendation	Accepted, In part or rejected	Outline of activity or reason for rejection	Lead	Update
quality of the City's private housing stock and establish mechanisms and resources to secure an up to date survey at least every 6 years.*				
xxii. Integrated Drug and Alcohol Substance misuse service to report to the Health Overview and Scrutiny Panel on how changes to service delivery will support homeless people more effectively, particularly in relation to raising the age of transition into adult services.			Southampton ICU	Southampton Drug and Alcohol Partnership (SDARP), a newly integrated substance misuse service, began offering treatment and support to people concerned by their drug and or alcohol use on December 1st 2014. The partnership includes • YP service to the age of 24 • A care coordination service for adults aged 25+ • A Structured Intervention Service to deliver a wide variety of treatment options • An hospital based Alcohol Care Team • Access to personalised care budgets that support recovery and harm reduction • SDARP has integrated services for people concerned by their drug and alcohol use SDARP will support people experiencing or

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Recommendation	Accepted, In part or rejected	Outline of activity or reason for rejection	Lead	Update
				with a history of homelessness by: Working closely with Hostels and the Street Homeless Prevention Team. Providing Outreach to ensure anyone can access timely and appropriate support and treatment, responding to risk, motivation and need Coordinating recovery and careplans with other providers (eg Hostels). Supporting the delivery of Harm Reduction Services within Hostels. Needle Exchange. The provision and administration of Naloxone, overdose awareness and overdose prevention training to staff and residents. Working jointly with Mental Health Services to coordinate care for people experiencing or with a history of homelessness with a dual diagnosis.
xxiii. Continue to monitor homelessness trends and impacts of Welfare Reforms on homeless people to			Skills and Regeneration, Local Welfare Provision	HSSG has developed a quarterly data set to track the impacts of welfare reform on homelessness trends which is also considered by the Welfare Reform group. This is lead by Cllr Kaur and comprises

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Recommendation	Accepted, In part or rejected	Outline of activity or reason for rejection	Lead	Update
enable an evidence based response to adapt the Local Welfare Provision where necessary and report the impacts of Welfare Reforms to commissioners, the Jobcentre Plus and the Department of Work and Pensions.				representatives of advice agencies in the city, providers of local welfare assistance and the DWP. The introduction of universal credit has been planned in part via this group.
xxiv. The Homelessness Strategy Steering Group review the number, use and awareness of emergency weekend bed schedule for adults and especially for young homeless referrals and discharge from hospital or custody.			Homelessness Strategy Steering Group	Emergency beds are accessed via the SHPT in the case of single adult homeless people and the homelessness team for young people. Criteria for access out of hours is agreed and reported back the next working day to ensure consistency of approach and to plan move-on.
xxv. Homelessness commissioners undertake a city-wide review of valued services which may come under threat due to lack of funding. Immediate consideration should be given to determine their value to the city's Homelessness Model and health outcomes for		Breathing Space has never been funded from within the city. It was developed and funded through a grant from the Department of Health. The city was approached recently by Two Saints as the original funding is due to end. Financial information shows the rates required to sustain the service are significantly higher than would be expected to be paid for a support service in the city. Indeed, the rates per person are significantly higher than		The Housing provider of Breathing Space has developed plans to instigate a smaller service that can support needs across a wider range of needs, but including those individuals with health needs. This will provide both a step-down and step-up service between the hospital and the community. The Vulnerable Adult Support Team is continuing and has been expanded to support more needs, reflecting its positive role and outcomes.

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Recommendation	Accepted, In part or rejected	Outline of activity or reason for rejection	Lead	Update
individuals for The Two Saints Day Centre and 'Breathing Space' project and the Vulnerable Adult Support Team in the University Hospital Southampton NHS Trust's Emergency Department.		expected to be paid for nursing care environments. In addition, there have been significant void rates in the property – substantial, even for a new project. We have referred the service to UHS to see if there may be funding available from this source, as there is a direct positive impact on the hospital setting - particularly from providing a service for end of life care and for clients whose chaotic behaviour makes sustaining accommodation elsewhere problematic. Two Saints are now considering other options for continuing the service.		

Appendix 2

REPORT FOR THE HOMELESSNESS STRATEGY STEERING GROUP
AN EVALUATION OF THE SHPT INTENSIVE SUPPORT SERVICE
AUGUST 2015

BACKGROUND

The Council's Cabinet on 20th January 2015, approved the recommendations made by the Health Overview and Scrutiny Panel on 24th September 2014 following their enquiry between February and July 2014 into the impact of homelessness on the health of single people. One of these recommendations was that:-

"Commissioners undertake a feasibility study including a cost/benefit analysis, with providers, to consider whether a more intensive 'Housing First' model could provide the relatively small number but high cost entrenched homeless clients a potential route into sustainable and settled accommodation."

It is the view of the commissioners and the Homelessness Strategy Steering Group that the city has already achieved a housing first focus by the provision of accommodation for very vulnerable and chaotic individuals with services provided around those individuals. However, there was also an acknowledgement that there would be value in looking to evaluate the outcomes of the Intensive Support approach developed by the homelessness outreach team to address clients who cannot manage in the "traditional" supported housing accommodation route. This evaluation to be used in part as evidence of the value of such approaches for the next commissioning cycle.

DEFINITION OF HOUSING FIRST MODELS AND THE INTENSIVE SUPPORT SERVICE

Developed in the USA Housing First models are used an alternative to a system of providing emergency hostel or shelter and transitional housing progression. Rather than moving homeless individuals through different "levels" of housing, whereby each level moves them closer to "independent housing", Housing First moves the homeless individual immediately from the streets or homeless shelters into their own accommodation. In some states the model is used in response to increases in homeless households with dependent children, whereas in Britain this approach is only used for single homeless individuals with complex needs or chaotic behaviour.

Homeless link have described Housing First for our UK purposes as: 'Housing First Models are founded on the principle of housing being a basic human right and provides permanent accommodation for people straight from the street or those that have experienced repeated homelessness. The model does not require people to address their wider social care and support needs either prior to or whilst in their long term accommodation. People are only required to meet the terms of their tenancy agreement (as would any member of the general public) and are given intensive support to do so which is separate to the housing management function.'

The Street Homeless Prevention Team Intensive support service was not created specifically to replicate the housing first model, it does however have similarities and shares some common principles. These shared principles include:-

- Immediate (or relatively immediate) permanent accommodation is provided to the service user directly from the streets without the requirement of being assessed for housing readiness.

- There are no preconditions of treatment compliance for issues such as substance misuse or engagement are made (housing first, not treatment first).

- Comprehensive support services are offered and brought to the service user.

- A harm reduction approach is taken to the dependency issues and abstinence is not required, however the support agency must be prepared to support a resident's commitment to recovery.

- Support can 'float away' or return as needs arise and the housing is maintained even if the resident leaves the program, e.g. through imprisonment or hospital admission.

Due to the similarities it was agreed at the HSSG that an evaluation into the service would in part address the recommendation outlined by HOSP. A short brief was developed based on a similar brief used by Homeless link. There were difficulties in producing information designed to assess the cost benefits of some of the team's work as much of this was not available retrospectively. Comparisons for access to A&E, mental health services, or substance misuse treatment and involvement of the police or criminal justice service prior and post service engagement was not possible from the data collected. Much of the data collected by the team is for casework monitoring purposes and only relates to work after engagement with clients. The system of referral is also very informal so the client's history prior to the service involvement is patchy. For the purposes of this evaluation we have only been able to draw conclusions in the broadest terms using case studies for an in depth look at the value of the interventions using national figures on costs of other service costs.

CRITERIA TO ACCESS THE INTENSIVE SERVICE

Clients need to meet at least one of the following criteria:-

- Client has a history of homelessness and is known to services

- Client has stayed in homeless services in the past OR is in a hostel and needs intensive support to be able to move on to different accommodation

- The client demonstrate some level of willingness to engage (low threshold)

- The client has complex needs such as drug, alcohol, mental health or behavioural issues

- The client is homeless and has had a failed tenancy OR being evicted from homeless accommodation within the last 12 months or has been refused accommodation with homeless service

- The client is at risk of homelessness from long term housing such as council or housing association due to complex issues i.e. hoarding, non-engagement with housing services, mental health etc.

Intensive Support Work Includes:-

- Helping tenants settle in by sourcing furniture, setting up utility bills and encouraging tenants to make regular payments, maintaining benefit claims, budgeting plans, use of Jam Jar accounts through the credit union.

- Supporting tenants to manage their visitors.

- Encouraging tenants to access and engage with other services such as G.P, mental health services, drug & alcohol services etc and support them in considering meaningful activities.

- Regular visits to ensure tenant is managing accommodation to an acceptable level, and to offer additional support if needed such as help de-clutter, clear or clean.

- Once the tenant has settled into the accommodation, usually 6 to 8 weeks after, their support needs are reviewed and support adjusted accordingly.

- Providing impartial mediation between the landlord and tenant to try to resolve any issues.

- Provide additional support if the tenant becomes at risk of losing their tenancy in order to prevent further homelessness.

- Refer the tenant onto the contracted Floating Support Service once the tenancy is stable and ensure a smooth transition of support.

- Support the tenant to look for alternative accommodation should the tenancy fail.

SERVICE VOLUMES AND CLIENT PROFILE

For the purposes of this exercise the required data was not available in easily accessible format therefore these results are based solely on a single officer's caseload records to reduce the work involved in collating it. The period chosen for analysis was March 2013 to April 2015 i.e. a period of 25 months in total.

51 cases were opened during this period and an additional 19 were open at the start of this period of which 9 of the original cases are still being supported.

A detailed analysis of the profile of these clients is shown in **appendix** including the source of the referral, age, gender, presenting issue such as physical or mental health, prevalence of substance misuse issues and the type of accommodation provided. The geographical spread of client's homes is also included, this is because in the UK model of Housing First, clients should be given as much choice as possible about where they live and concentrations of flats especially for these individuals is not considered beneficial.

RESULTS AND OUTCOMES

Cases are closed where on review it is established that stability has been achieved but contact is maintained by case holder and support continues to remain available. Cases are reopened where there are new crisis events or chaos is identified. On average cases are opened 2.5 times, but for some more chaotic individuals they are opened as many as 7 times.

Data analysis of the 51 cases shows the average number of contacts per client is 24.5. The main aim of this service is for the client to comply with their tenancy conditions so that they can remain in their accommodation. By cross checking client data with Housing Benefit records we can see that 36 (71%) of the 51 closed cases from the review period are still living independently in their accommodation.

From officer information and case studies there are additional benefits of support that have been highlighted including:-

- Reduced amount of contact with emergency services.
- Increased number of clients accessing additional services.
- Increased engagement with outside support agencies.

COST BENEFITS

As outlined earlier in the report reliable data for the range of issues clients present with prior to referral is not available for this evaluation however, we know that the cost of some of the other housing options available to assist. We also know from client profiles and case studies that most clients present with addiction issues and mental health problems. As a consequence their attendance levels at A&E are high, they suffer chronic health conditions and often are arrested for criminal activity, some resulting in prison sentences. We have identified some National figures for the costs of these interventions below to indicate the types and levels of savings this service can effect.

Roughly the cost of SHPT Intensive support, inclusive of the accommodation LHA rent levels, ranges from £98 per week for a room in a shared house to £148 for a bedsit/one bed in the private rented sector or £120 for social rented (assuming a typical mid-range rent level) based on staff costs providing around 1.5 hours of support per week per client. These calculations are only very broad average costs as clearly the needs of different clients dictates the actual hours spent supporting an individual and this will also vary at different stages. However, it provides a reasonable comparison with other service costs such as the cost of an Intensive support hostel which ranges from £250 and £285 per

week and the cost of a “Life skills plus” hostel which costs between £170 and £196 per week. A number of the clients supported by the service live in council properties and where the outcome of the intensive support is to prevent the loss of the tenancy most of the costs to the authority of an eviction is also saved. Shelter (2012) highlight the average total cost of an eviction from a Local Authority tenancy as £5,800 (including cost of eviction, arrears write offs and cost of re-letting) and an eviction from a private rented tenancy can cost the local authority on average £2,500. Where the council has to seek a court order, which is then defended, the costs are much higher, around £20k due to legal fees.

Other useful comparator costs include; a single arrest costs the Police service an average of £1,668; a conviction of shoplifting is estimated at £3,500; a drug offence conviction is estimated at £16,000; a single visit to A&E costs the NHS £147 and a short stay in hospital on average costs £586.

In July this year Crisis published a report in conjunction with the Centre for Housing Policy, University of York (“At What cost? An estimation of the financial costs of single homelessness in the UK” July 2015) into the costs of single homelessness specifically focusing on the benefits of preventing homelessness. The report uses 4 different case study types to estimate the costs to public services which provide further evidence of the value of taking a supportive approach such as delivered in Southampton. The extract below is taken from this report:-

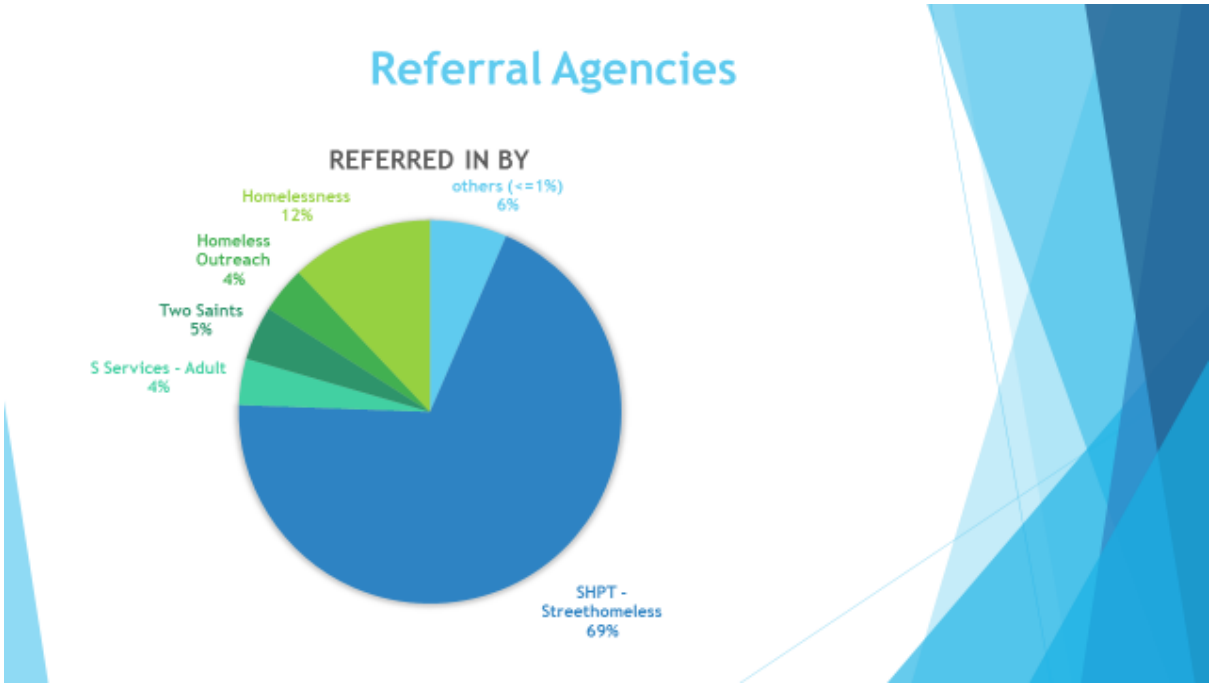
In the second scenario, rough sleeping persists after he is refused assistance by a local authority Housing Options team and is offered only housing advice services. After six months he has developed mental health problems associated with sustained isolation and his physical health has also started to deteriorate markedly. He has also begun drinking alcohol at a problematic level. He starts to make frequent visits to an A&E department and gets admitted into hospital twice. He also starts to have regular contact with the criminal justice system. He makes some use of homelessness services, but spends much of his time living and sleeping on the street, becoming increasingly alienated and socially isolated. As homelessness persists to twelve months in duration, his support needs increase as his physical and mental health continue to deteriorate and his alcohol consumption increases. He is referred to high intensity homelessness services, but attempts to support him run into difficulties resulting from his experiences and support needs.

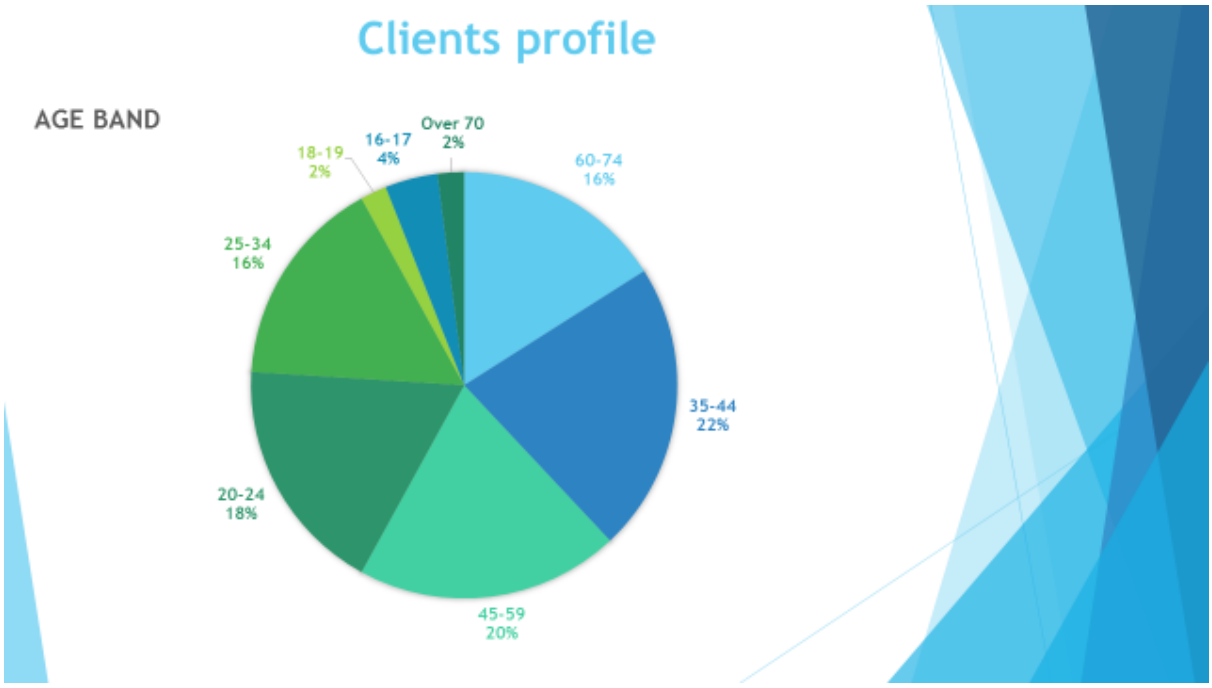
Homelessness persists for 12 months	*Cost*
Processed by Housing Option Team, refused assistance1	£558
Visits to A&E department (20)4	£2,340
Non-elective long stay in hospital (2)3	£5,432
Anti-social behaviour (6 incidents) 4	£4,038
Arrested and detained (four times)4	£2,876
High intensity accommodation-based service (mean support cost,12 weeks)2	£4,884

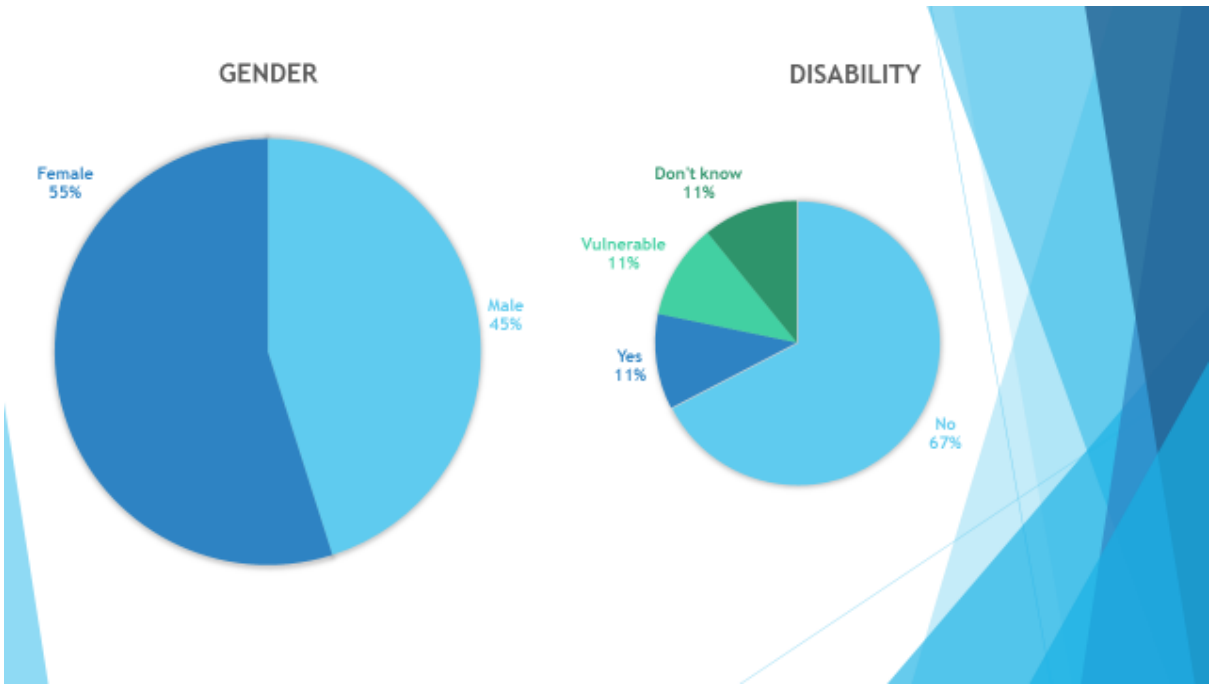
Total	£20,128

Appendix

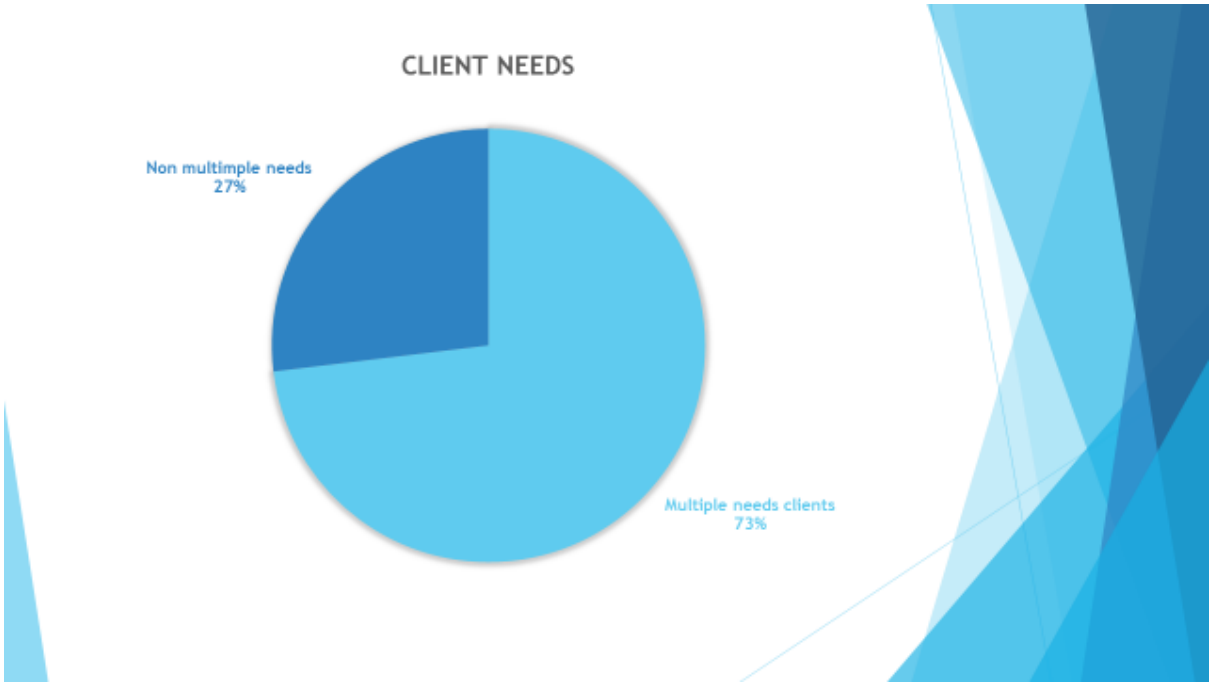
Client profile





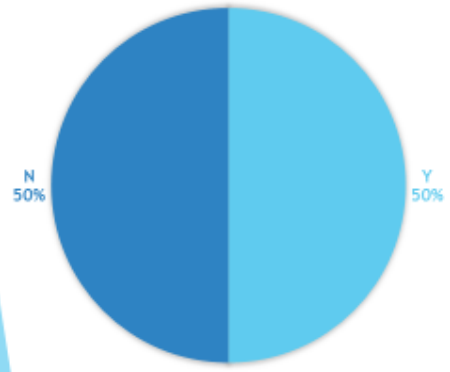

GENDER
Female
55%
Male
45%

DISABILITY
Don't know
11%
Vulnerable
11%
Yes
11%
No
67%

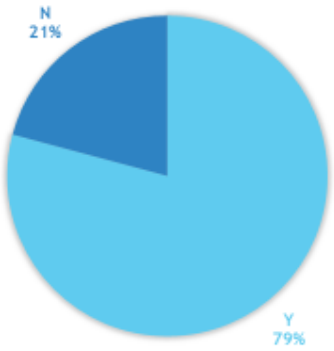

CLIENT NEEDS
Non multimple needs
27%
Multiple needs clients
73%

Makeup of needs of clients include:

PHYSICAL HEALTH

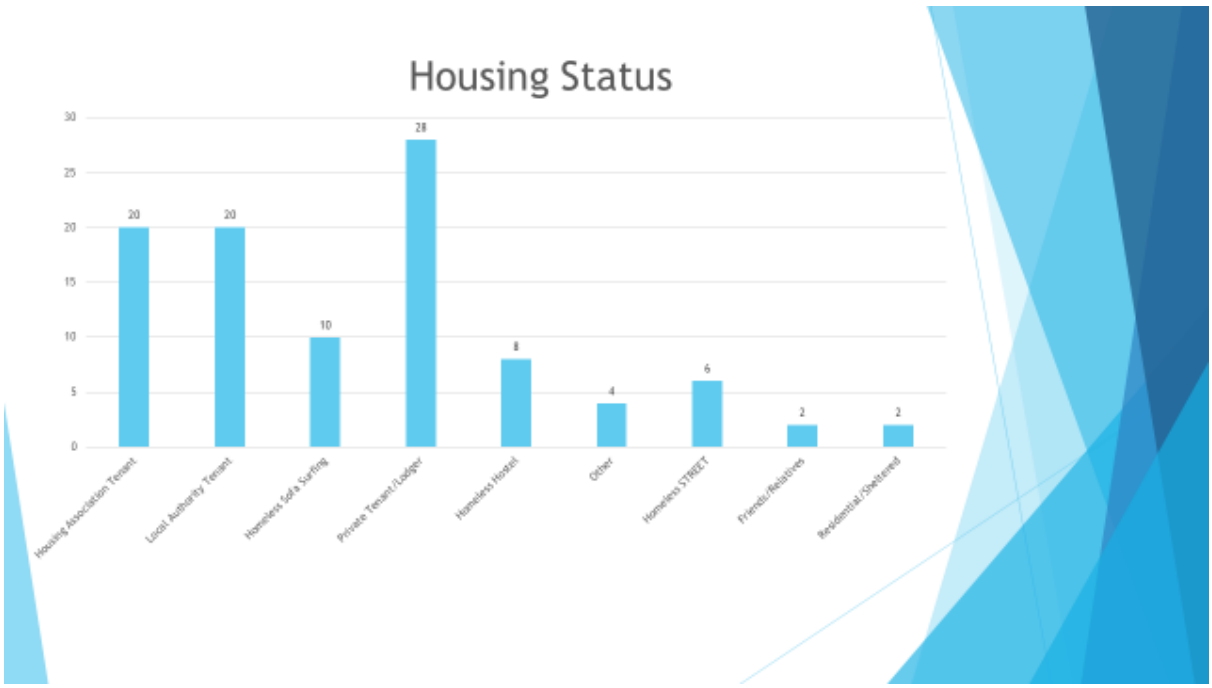


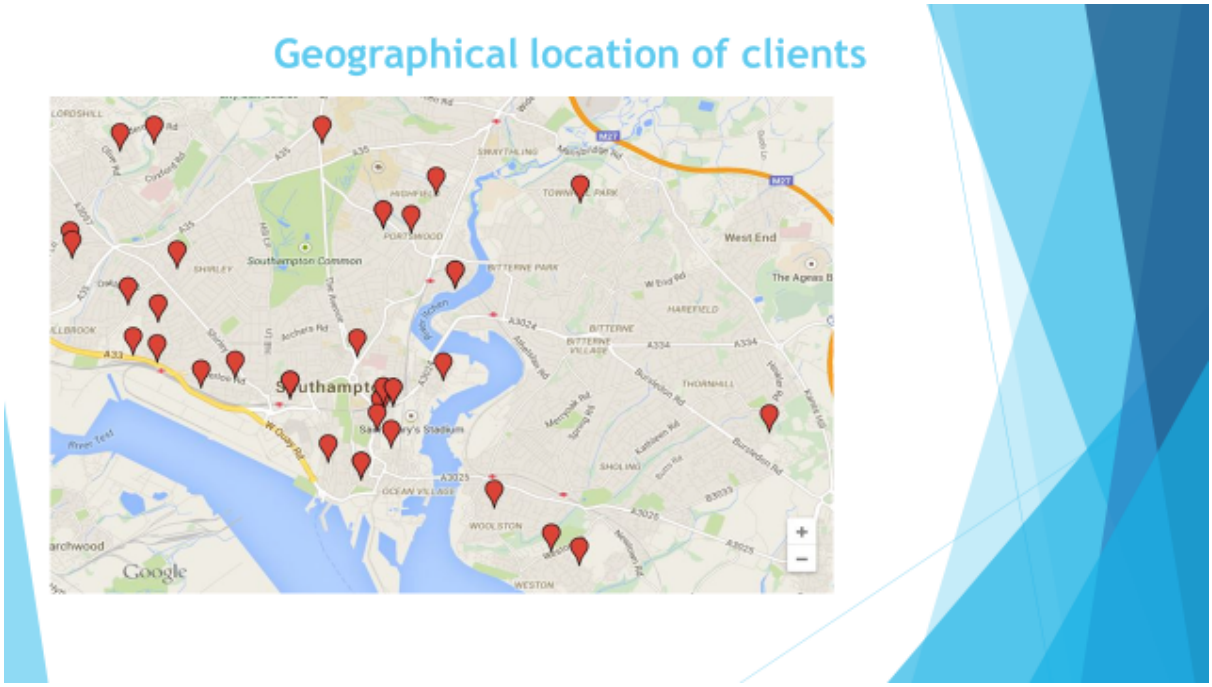
MENTAL HEALTH



ALCOHOL

DRUGS


Housing Status
30
25
20
15
10
5
0
20
20
10
28
8
4
6
2
2
Housing Association Tenant
Local Authority Tenant
Homeless Sofa Surfing
Private Tenant / Lodger
Homeless Hostel
Other
Homeless STREET
Friends/Relatives
Residential/Sheltered


Geographical location of clients
Southampton Common
West End
Google

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DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:		HEALTH AND ADULT SOCIAL CARE PORTFOLIO – 2016/17 BUDGET PROPOSAL HASC 8		
DATE OF DECISION:		26 NOVEMBER 2015		
REPORT OF:		CHAIR OF THE HEALTH OVERVIEW AND SCRUTINY PANEL		
CONTACT DETAILS				
AUTHOR:	**Name:**	**Mark Pirnie**	**Tel:**	**023 8083 3886**
	E-mail:	**Mark.pirnie@southampton.gov.uk**		

STATEMENT OF CONFIDENTIALITY
None.

BRIEF SUMMARY
This item enables the Health Overview and Scrutiny Panel to consider the 2016/17 Health and Adult Social Care portfolio budget proposal HASC 8.

RECOMMENDATIONS:		
	(i)	That the Panel discuss the 2016/17 Health and Adult Social Care portfolio budget proposal HASC 8 and, if agreed by the Panel, formally responds to the Council's budget consultation process.

REASONS FOR REPORT RECOMMENDATIONS	
1.	To enable the Panel to consider the Health and Adult Social Care portfolio budget proposal HASC 8.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	To not discuss the budget proposal. This was rejected because it is not compatible with the principles of effective scrutiny.

DETAIL (Including consultation carried out)	
3.	Cabinet, at their meeting on 18th November 2015, approved the Executive's General Fund Revenue Account 2016/17 to 2018/19 budget proposals for consultation. The period of written consultation will run from 19th November 2015 to 14th January 2016.
4.	The Cabinet report identifies the Health Overview and Scrutiny Panel (HOSP) as consultees in this process. The Chair of the HOSP has requested that the proposal, HASC 8, is considered by the Panel.
5.	The proposal relates to the setting of personal budgets to meet unmet eligible adult social care needs. The Equality and Safety Impact Assessment (ESIA) produced by officers relating to this proposal is attached as Appendix 1.
6.	The Panel are requested to consider the proposal and the information contained within the ESIA and discuss this with officers from Adult Social Care. The Panel may opt to submit a formal response to the budget consultation with regards to this proposal.

RESOURCE IMPLICATIONS		
Capital/Revenue		
7.	The Cabinet report identifies £1.1m savings related to HASC 8 from 2016/17.	
Property/Other		
8.	Not available.	
LEGAL IMPLICATIONS		
Statutory power to undertake proposals in the report:		
9.	The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.	
Other Legal Implications:		
10.	None.	
POLICY FRAMEWORK IMPLICATIONS		
11.	None.	
KEY DECISION	No	
WARDS/COMMUNITIES AFFECTED:	None directly as a result of this report.	
SUPPORTING DOCUMENTATION		
Appendices		
1.	Equality and Safety Impact Assessment – HASC 8	
Documents In Members' Rooms		
1.	None	
Equality Impact Assessment		
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out.		No
Privacy Impact Assessment		
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) 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	

SOUTHAMPTON CITY COUNCIL

Equality and Safety Impact Assessment

The **public sector Equality Duty** (Section 149 of the Equality Act) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people carrying out their activities.

The Equality Duty supports good decision making – it encourages public bodies to be more efficient and effective by understanding how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people's needs. The Council's Equality and Safety Impact Assessment (ESIA) includes an assessment of the community safety impact assessment to comply with section 17 of the Crime and Disorder Act and will enable the council to better understand the potential impact of the budget proposals and consider mitigating action.

Name or Brief Description of Proposal	**HASC 8** – Setting of Personal Budgets to meet unmet eligible adult social care needs.
Brief Service Profile (including number of customers)	As at 30 September 2015, the council funds the costs of meeting the eligible social care needs of 2,727 adults. The costs are either met in full or in part, depending on the outcome of a financial assessment. 212 people whose care and support is currently being funded by the council are potentially directly affected by this proposal. This proposal will also affect the way that Personal Budgets are set for adults with care and support needs in the future.
Summary of Impact and Issues	The council has a statutory duty under the Care Act 2014 to assess eligibility for social care and support and to set a Personal Budget to meet any unmet eligible social care needs. **Adults aged over 65 or with a physical disability** The following figures include people with eligible social care needs who are aged over 65 and individuals with a physical disability: 1,611 (76%) adults receive funding for a package of care and support to meet their needs at home (this is known as domiciliary care or home care).

516 (24%) adults receive funding for a suitable residential or nursing home placement to meet their needs.

Of the people who receive home care, 1,524 (95%) adults have a package of care costing less than £500 per week. 87 (5%) of adults have a package of care costing £500 or over. This can be broken down as follows:

Weekly cost of meeting needs at home	Number of people
£500 - £599	31
£600 - £699	19
£700 - £799	10
£800 - £899	8
£900 - £999	8
£1,000 and over	11
Total	87

Where the cost of meeting eligible social care needs is likely to exceed £500 per week, the council proposes to set a Personal Budget at a level that would enable those needs to be met in an appropriate extra care housing scheme, residential or nursing placement.

The council's current published rate for residential care is £368.69 per week. For residential care to support individuals who are living with dementia, this increases to £435.19 per week. The council's current published rate for nursing care is £486.36 per week. (These rates are subject to a separate review with options to be considered by Cabinet in February 2016 and the value of Personal Budgets for individuals affected by this proposal may be adjusted accordingly should these rates be changed.)

For individuals with more complex needs who require specialist or additional support, these costs are sometimes higher. Higher rates are also sometimes paid when contracting with a home outside of the Southampton City Council area or if an appropriate local placement is not available at the council's published rates. These factors would all be taken into account when setting the Personal Budget.

An individual will be able to use their Personal Budget to meet their eligible needs in the extra care housing

	scheme, residential or nursing home placement identified. Alternatively, they may choose to put their Personal Budget towards the cost of receiving care and support at home or in an alternative placement. When setting the Personal Budget, the council will have regard to an individual's views, wishes, feelings and beliefs. Where a preference is expressed that care and support is provided at home rather than in an appropriate extra care housing scheme, residential or nursing placement, but this exceeds the Personal Budget, the council will help to arrange this. However, unless there are exceptional circumstances funding will be limited to the amount of the Personal Budget. If additional funding cannot be secured from alternative sources, then the individual will be supported to move to an appropriate placement. The eligible social care needs of the 87 adults whose packages of home care currently cost more than £500 per week will be re-assessed and a new Personal Budget will be set according to how much it would cost to meet their needs in the most cost effective way. This will typically mean the cost at which their eligible needs can be met in an extra care housing scheme or in an appropriate residential or nursing placement. This will apply also to adults requiring packages of care and support for the first time. **Adults with a learning disability** This proposal also relates to individuals with a learning disability who are receiving care and support at home. Of the individuals with a learning disability who receive care and support at home, 125 out of 600 (21%) have a package of care costing £500 or over. This includes individuals who are living in supported living placements, which are often the most cost-effective way of meeting an individual's complex social care needs. However, it is estimated that the needs of 45 individuals could be met by setting their Personal Budget at a level that would enable those needs to be met in an appropriate residential or nursing placement, rather than at home. The needs of these individuals will be reassessed and a new Personal Budget will be set accordingly.

	Supported living and Shared Lives placements generally offer a more cost effective alternative to residential care and promote greater levels of independence. These options will therefore be carefully considered in every case when setting a Personal Budget. The eligible social care needs of the 125 adults whose packages of home care currently cost more than £500 per week will be re-assessed and a new Personal Budget will be set according to the most cost effective way of meeting their eligible social care needs. This will apply also to adults with a learning disability requiring packages of care and support for the first time. **All adults with care and support needs** Financial support for adult social care is means tested. The value of an individual's home is not taken into account for as long as they live there (or for as long as it is occupied by a person who is: their partner, former partner or civil partner; a relative who is aged 60 or over; the individual's child aged under 18; or a relative who is incapacitated). Therefore, for all individuals with eligible social care needs, moving into a suitable placement may mean that the value of their home is taken into account for the purpose of the financial assessment. Former recipients of funding from the Independent Living Fund (ILF) are excluded from this proposal, because of the special funding arrangements that are in place to support these individuals. [All figures are correct as at 30 September 2015.]
Potential Positive Impacts	The proposed approach is fairer, at it will assist the council to use its fixed budget to support everyone in Southampton who has eligible adult social care needs. The current position is that the council is using a disproportionate amount of its Adult Social Care budget to support a relatively small number of individuals to receive their care and support at home, even if their needs could be met in an appropriate residential or nursing placement. The proposed approach will assist the council to continue to meet its statutory duty of ensuring that arrangements are in place to meet eligible social care

	needs, in the context of increasing demand for services and budget constraints.
Responsible Service Manager	Paul Juan
Date	6 November 2015

Approved by Senior Manager	Mark Howell
Date	6 November 2015

Potential Impact

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Age	Of the 87 people who currently receive a package of home care costing over £500 per week, 50 (57%) are aged under 65, 4 (5%) are aged between 65 and 74, 17 (20%) are aged between 75 and 84 and 16 (18%) are aged 85 and over. [These figures exclude individuals living with a learning disability]. Of the 125 individuals living with a learning disability who currently receive a package of home care costing over £500 per week, 112 (90%) are aged under 65, 12 (10%) are aged between 65 and 74 and 1 (<1%) is aged between 75 and 84. For new packages of care and support there is no evidence to suggest that there would be an unequal impact on any particular age group. Older people may find a move to an appropriate residential or	The council will carry out a thorough assessment and will set an individual's Personal Budget at a level that will enable their unmet eligible social care needs to be met in full. The options will be clearly explained to individuals and regard would be had to individual preferences. Individuals would be supported to find and move to an appropriate extra care housing, nursing or residential home placement. In each case, the council would consider whether there were any exceptional reasons to take into account when setting the Personal Budget and this would include a consideration

	nursing placement more difficult.	of any impact on the individual's wellbeing. A phased introduction of this proposal is also being considered to help mitigate any adverse effects. The way in which a Personal Budget is set will be clearly defined.
Disability	Individuals with eligible care and support needs are by definition deemed to have an impairment or illness that affects their ability to achieve two or more outcomes that are defined by regulations. This proposal therefore impacts on individuals living with a physical or disability, where they would otherwise use their Personal Budget to receive care and support at home rather than in an appropriate residential or nursing placement.	The council will carry out a thorough assessment and will set an individual's Personal Budget at a level that will enable their unmet eligible social care needs to be met in full. The options will be clearly explained to individuals and regard would be had to individual preferences. When necessary, individuals would be supported to find and move to an appropriate supported living, Shared Lives, extra care housing, nursing or residential home placement. In each case, the council would consider whether there were any exceptional reasons to take into account when setting the Personal Budget and this would include a consideration of any impact on the individual's wellbeing.

		A phased introduction of this proposal is also being considered to help mitigate any adverse effects. The way in which a Personal Budget is set will be clearly defined.
Gender Reassignment	No identified negative impacts.	
Marriage and Civil Partnership	This could potentially adversely affect an individual's marriage or civil partnership if they moved to a residential or nursing home placement, rather than receive care and support at home.	The council will carry out a thorough assessment and will set an individual's Personal Budget at a level that will enable their unmet eligible social care needs to be met in full. The location of a residential or nursing home placement would be taken into account when determining whether it was appropriate (for example, to allow the individual's partner to visit easily). In each case, the council would consider whether there were any exceptional reasons to take into account when setting the Personal Budget and this would include a consideration of any impact on the individual's wellbeing. A phased introduction of this proposal is also being considered to help mitigate any adverse effects.
Pregnancy and Maternity	No identified negative impacts.	
Race	No identified negative impacts.	

Religion or Belief	No identified negative impacts.	
Sex (Gender)	A higher proportion of individuals affected by this proposal are female (57%), principally because a greater proportion of older people with eligible support needs are female.	The council will carry out a thorough assessment and will set an individual's Personal Budget at a level that will enable their unmet eligible social care needs to be met in full.
Sexual Orientation	No identified negative impacts.	
Community Safety	No identified negative impacts.	
Poverty	Eligibility for financial support to meet social care needs is means tested. Individuals with savings or assets in over £23,250 are not eligible for financial support. The value of an individual's home is not taken into account while they are living there. If they moved into a residential or nursing placement, the value of their home may then be taken into account, depending on who continued to live there. If the care and support costs exceed an individual's Personal Budget (for example, if the Personal Budget is set at a level at which their needs could be met in an appropriate residential or nursing placement but they chose to receive care and support at home at a higher cost), this could lead to financial hardship.	The value of an individual's home would not be taken into account if the individual moved in to a residential or nursing placement if the individual's partner or relative aged over 65 or under 18 continued to live there. In each case, the council would consider whether there were any exceptional reasons to take into account when setting the Personal Budget and this would include a consideration of any impact on the individual's wellbeing. Individuals would, where appropriate, be signposted to Independent Financial Advice about funding care and support costs. An Independent Financial Advisor would be able to advise on the impact of options on the adult social care financial assessment (for

		example, whether the value of a property would be taken into account if an individual moved into residential or nursing care). The Southampton Information Directory would also be updated to include links to information on funding care provided by Age UK, Mencap and other relevant charities and support organisations. A phased introduction of this proposal is also being considered to help mitigate any adverse effects.
Other Significant Impacts	No identified negative impacts at this stage, although this will be kept under review as the consultation progresses.	

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DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:		MONITORING SCRUTINY RECOMMENDATIONS TO THE EXECUTIVE		
DATE OF DECISION:		26 NOVEMBER 2015		
REPORT OF:		HEAD OF LEGAL AND DEMOCRATIC SERVICES		
CONTACT DETAILS				
AUTHOR:	**Name:**	**Mark Pirnie**	**Tel:**	**023 8083 3886**
	E-mail:	**Mark.pirnie@southampton.gov.uk**		
Director	**Name:**	**Dawn Baxendale**	**Tel:**	**023 8083 2966**
	E-mail:	**Dawn.baxendale@southampton.gov.uk**		

STATEMENT OF CONFIDENTIALITY		
None		
BRIEF SUMMARY		
This item enables the Health Overview and Scrutiny Panel to monitor and track progress on recommendations made at previous meetings.		
RECOMMENDATIONS:		
	(i)	That the Panel considers the responses to recommendations from previous meetings and provides feedback.
REASONS FOR REPORT RECOMMENDATIONS		
1.	To assist the Panel in assessing the impact and consequence of recommendations made at previous meetings.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
2.	None.	
DETAIL (Including consultation carried out)		
3.	Appendix 1 of the report sets out the recommendations made at previous meetings of the Health Overview and Scrutiny Panel. It also contains summaries of any action taken in response to the recommendations.	
4.	The progress status for each recommendation is indicated and if the Health Overview and Scrutiny Panel confirms acceptance of the items marked as completed they will be removed from the list. In cases where action on the recommendation is outstanding or the Panel does not accept the matter has been adequately completed, it will be kept on the list and reported back to the next meeting. It will remain on the list until such time as the Panel accepts the recommendation as completed. Rejected recommendations will only be removed from the list after being reported to the Health Overview and Scrutiny Panel.	
RESOURCE IMPLICATIONS		
Capital/Revenue		
5.	None.	

Property/Other			
6.	None.		
LEGAL IMPLICATIONS			
Statutory power to undertake proposals in the report:			
7.	The duty for local authorities to undertake health scrutiny is set out in National Health Service Act 2006. The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.		
Other Legal Implications:			
8.	None		
POLICY FRAMEWORK IMPLICATIONS			
9.	None		
KEY DECISION	No		
WARDS/COMMUNITIES AFFECTED:	None directly as a result of this report.		
SUPPORTING DOCUMENTATION			
Appendices			
1.	Monitoring Scrutiny Recommendations – 26th November 2015		
Documents In Members' Rooms			
1.	None		
Equality Impact Assessment			
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out.	No		
Privacy Impact Assessment			
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) 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		

Health Overview and Scrutiny Panel: Monitoring Recommendations

Scrutiny Monitoring – 26th November 2015

Date	Title	Action proposed	Action Taken	Progress Status
23/07/15	Local Safeguarding Adults Board – Annual report	1) That consideration is given to providing appropriate training to elected members on the role of the LSAB.	LSAB training for Elected Members has been organised for 15th December 2015 at 6pm in Conference Room 3.	In progress
01/10/15	Bitterne Walk-In Service	1) That the draft Urgent and Emergency Communication Plan is circulated to the Panel for comment.	Circulated to HOSP on 2nd October 2015.	Completed
		2) That response times and key performance information relating to both the NHS 111 Service and the GP Out of Hours service are circulated to the Panel.	Information circulated to HOSP on 17 November 2015.	Completed
		3) That the proposal for a community hub on the east side of Southampton is considered at a future meeting of the Panel if the scheme progresses.	Agreed	
		4) That the Panel scrutinise the impact and implementation of the closure of the Walk-In Service at each HOSP meeting until the Panel informs the CCG that the information is no longer required.	Agreed	
01/10/15	UHS Emergency Department Performance	1) That UHS Emergency Department performance is considered at the 28 January 2016 meeting of the Panel.	Agreed	
01/10/15	Update on discharges from UHS	1) That, taking into account the increased pressure on the system anticipated over winter, and the embedding of new initiatives, the issue of delayed transfers of care is considered at the 28 January	Agreed	

Date	Title	Action proposed	Action Taken	Progress Status
		2016 meeting of the Panel.		
01/10/15	Adult Social Care – Key Performance Indicators	1) That Adult Social Care key performance information is presented to the Panel in January 2016.	Agreed	
01/10/15	Health & Wellbeing Board Review	1) That the review considers how the Health and Wellbeing Board can exert influence on key levers of change for health outcomes such as transport and planning.	Agreed. The issues raised by HOSP will be included in the recommendations, through the establishment of a forum to consider the wider determinants of health led by SVS.	