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HEALTH AND WELLBEING BOARD

Wednesday, 20th June, 2018 at 5.30 pm

Council Chamber - Civic Centre

This meeting is open to the public

Members

Councillor Lewzey
Councillor Payne
Councillor Paffey
Councillor Shields
Councillor Taggart

Rob Kurn – Healthwatch
Hilary Brooks – Service Director, Children and Families Services
Carole Binns – Designated Director Adult Services
Dr J Horsley – Director of Public Health
Dr M Kelsey – Clinical Commissioning Group
Dr E Mearns – NHS England Wessex Local Area Team

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Senior Democratic Support Officer
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BACKGROUND AND RELEVANT INFORMATION

Purpose of the Board

The purpose of the Southampton Health and Wellbeing Board is:

- To bring together Southampton City Council and key NHS commissioners to improve the health and wellbeing of citizens, thereby helping them live their lives to the full, and to reduce health inequalities;
- To ensure that all activity across partner organisations supports positive health outcomes for local people and keeps them safe.
- To hold partner organisations to account for the oversight of related commissioning strategies and plans.
- To have oversight of the environmental factors that impact on health, and to influence the City Council, its partners and Regulators to support a healthy environment for people who live and work in Southampton

Responsibilities

The Board is responsible for developing mechanisms to undertake the duties of the Health and Wellbeing Board, in particular

- Promoting joint commissioning and integrated delivery of services;
- Acting as the lead commissioning vehicle for designated service areas;
- Ensuring an up to date JSNA and other appropriate assessments are in place
- Ensuring the development of a Health and Wellbeing Strategy for Southampton and monitoring its delivery.
- Oversight and assessment of the effectiveness of local public involvement in health, public health and care services
- Ensuring the system for partnership working is working effectively between health and care services and systems, and the work of other partnerships which contribute to health and wellbeing outcomes for local people.
- Testing the local framework for commissioning for:
  - Health care
  - Social care
  - Public health services
  - Ensuring safety in improving health and wellbeing outcomes

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

The Southampton City Council Strategy (2016-2020) is a key document and sets out the four key outcomes that make up our vision.

- Southampton has strong and sustainable economic growth
- Children and young people get a good start in life
- People in Southampton live safe, healthy, independent livesSouthampton is an attractive modern City, where people are proud to live and work

Fire Procedure – In the event of a fire or other emergency, a continuous alarm will sound and you will be advised, by officers of the Council, of what action to take

Access – Access is available for disabled people. Please contact the Democratic Support Officer who will help to make any necessary arrangements.

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. By entering the meeting room you are consenting to being recorded and to the use of those images and recordings for broadcasting and or/training purposes. The meeting may be recorded by the press or members of the public.

Any person or organisation filming, recording or broadcasting any meeting of the Council is responsible for any claims or other liability resulting from them doing so.

Details of the Council's Guidance on the recording of meetings is available on the Council's website.

Dates of Meetings: Municipal Year 2018/19

2018	
20 June	
19 December	

CONDUCT OF MEETING

BUSINESS TO BE DISCUSSED
Only those items listed on the attached agenda may be considered at this meeting.

PROCEDURE / 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.

RULES OF PROCEDURE
The meeting is governed by the Executive Procedure Rules as set out in Part 4 of the Council's Constitution.

QUORUM
The minimum number of appointed Members required to be in attendance to hold the meeting is 3 who will include at least one Elected Member, a member from Health and Healthwatch.

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.

AGENDA

1 ELECTION OF CHAIR

To elect a Chair for the Municipal Year 2018 – 19.

2 ELECTION OF VICE CHAIR

To elect a Vice-Chair for the Municipal Year 2018 – 19.

3 APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)

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

4 STATEMENT FROM THE CHAIR

5 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.

6 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)

To approve and sign as a correct record the minutes of the meeting held on 14th March 2018 and to deal with any matters arising, attached.

7 BETTER CARE YEAR END REPORT

Report of the Director of Quality and Integration detailing the end of year report for the Better Care Programme.

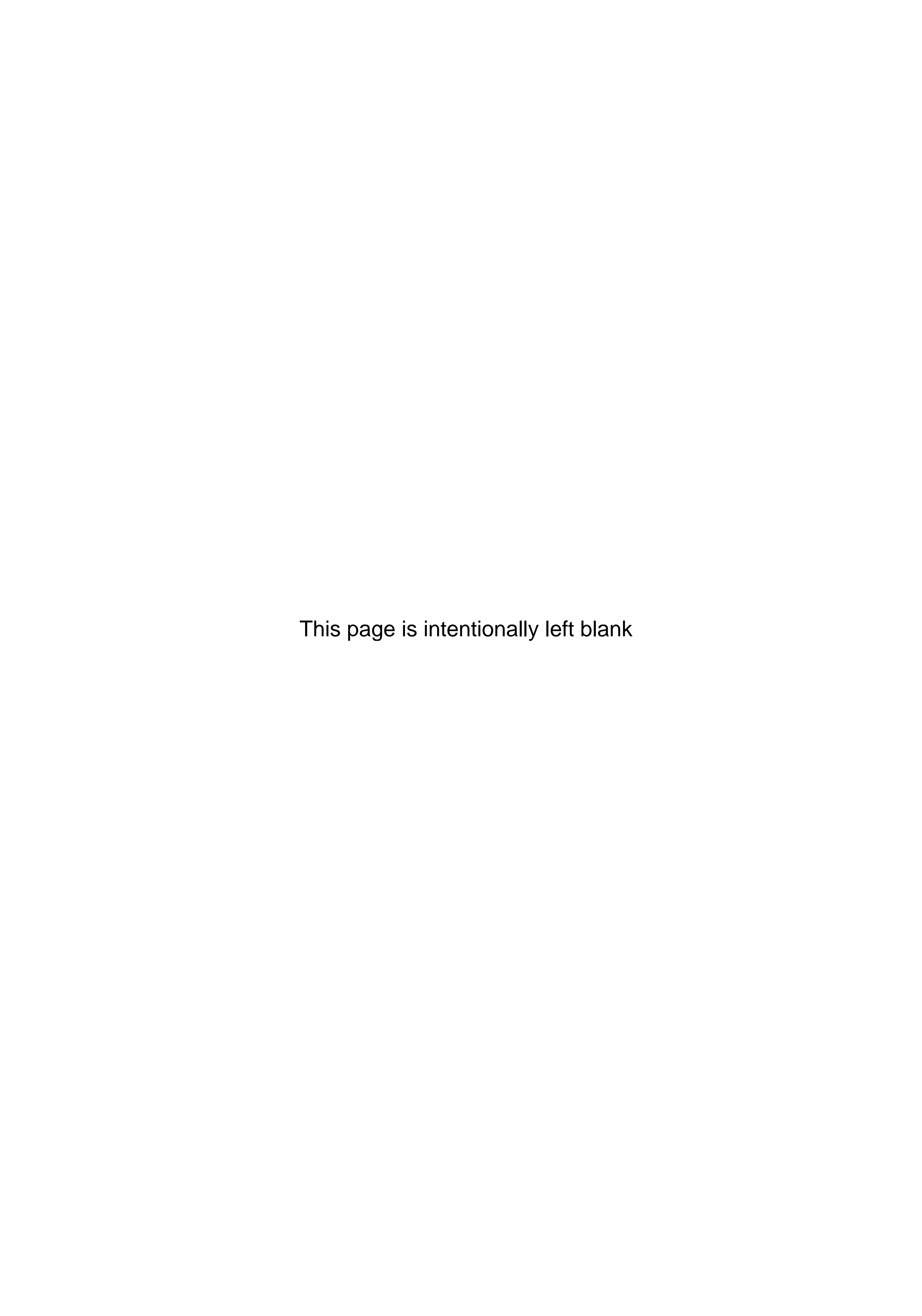
8 CLEAN AIR ZONE CONSUTLATION

Report of the Scientific Service Manager providing an update on the Clean Air Zone Consultation 2018.

9 JOINT STRATEGIC NEEDS ASSESSMENT UPDATE

Report of Director of Public Health providing an update on the Southampton Joint Strategic Needs Assessment and the Health and Wellbeing Strategy Scorecard.

Tuesday, 12 June 2018 Service Director, Legal and Governance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HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING HELD ON 14 MARCH 2018

Present: Councillors Shields and Taggart

Rob Kurn, Carole Binns (mins 31-34), Jason Horsley, Dr Elizabeth Mearns and Dr Mark Kelsey

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

Apologies were received from Councillors Lewzey, Payne and Paffey.

28. **DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS**

Councillor Shields declared a personal interest in that he was a Council appointed representative of the Clinical Commissioning Group and remained in the meeting and took part in the consideration and determinations of items on the agenda.

Dr Kelsey declared a personal interest in that she was a member of the Clinical Commissioning Group Governing Body and remained in the meeting and took part in the consideration and determinations of items on the agenda.

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

RESOLVED: that the minutes of the meeting held on 17th January 2018 be approved and signed as a correct record.

30. **PHARMACEUTICAL NEEDS ASSESSMENT**

The Board considered the report of the Director of Public Health seeking approval of the final Pharmaceutical Needs Assessment (PNA) for publication on 1st April 2018 in accordance with the statutory requirement for Health and Wellbeing Boards to publish a revised assessment within three years of its previous PNA.

RESOLVED: that the final Pharmaceutical Needs Assessment as detailed in Appendix 1 of the report be approved for publication on 1st April 2018.

31. **CHILDREN AND YOUNG PEOPLE'S HEALTHY WEIGHT PLAN**

The Board considered the report of the Director of Public Health seeking approval of the Children and Young People’s Healthy Weight Plan which had been developed with key partners and outlined a range of important actions aimed at increasing the proportion of healthy weight children and young people in the City.

The Board sought confirmation that the opposite end of the spectrum in relation to underweight children and young people was also taken account of and were assured that this was addressed through the school nursing programme and a clinical approach.

RESOLVED:

(i) That the Children and Young People’s Healthy Weight Plan as detailed in Appendix 1 of the report be approved; and
(ii) That the Children and Young People’s Healthy Weight Plan be presented to the Children and Families Scrutiny Panel for information.

32. PHYSICAL ACTIVITY AND SPORTS PLAN

The Board received and noted the report of the Director of Public Health detailing the draft Physical Activity and Sports Plan which was a new 5 year plan to support the Health and Wellbeing Strategy and aligned with a number of other Council Strategies such and the Children and Young People's Strategy, the Clean Air Strategy and the Cycling Strategy.

The Board noted that it was a good plan and encouraged more use of open spaces outside of the City Centre. The Board acknowledged the links with the other Council Plans and noted that governance arrangements and who would be responsible for monitoring the plan were still to be agreed. The Board requested that any further comments be submitted to Ravita Taheem, Senior Public Health Practitioner direct.

33. BETTER CARE PLAN RESPONSIBILITY

The Board considered the report of the Director of Public Health seeking approval for the delegation of responsibility for the Better Care Fund from the Health and Wellbeing Board to the Joint Commissioning Board.

The Board noted that the establishment of a Joint Commissioning Board had been agreed by Cabinet and Council in July 2017 to ensure effective collaboration, assurance, oversight and good governance across the integrated commissioning arrangements between the City Council and Southampton City CCG and as such the Joint Commissioning Board would be responsible for the Better Care Fund.

RESOLVED: that the responsibility for the Better Care Fund be delegated to the Joint Commissioning Board.

34. HEALTH AND WELLBEING BOARD FREQUENCY

The Board considered the report of the Director of Public Health setting out a proposal for the review of the frequency of meetings of the Board following the establishment of the Joint Commissioning Board which would now lead on much of the Health and Wellbeing functions. The Board noted that as part of the Health and Social Care Act 2012 there were a number of statutory functions it would remain responsible for but considered these could be met in less meetings per year.

It was suggested that a small group of Board Members meet to review the required frequency of meetings and make recommendation for inclusion into the Council's Constitution Review at the May Annual General Meeting.

RESOLVED:

- (i) That a small group be formed to make recommendation for inclusion into the Council's Constitution Review; and
- (ii) That the frequency of future Health and Wellbeing Board be confirmed as part of the Council's Constitutional Review at the May Annual General Meeting.

DECISION-MAKER:		HEALTH AND WELLBEING BOARD		
SUBJECT:		BETTER CARE YEAR END REPORT		
DATE OF DECISION:		20 JUNE 2018		
REPORT OF:		DIRECTOR OF QUALITY AND INTEGRATION		
CONTACT DETAILS				
AUTHOR:	Name:	Donna Chapman	Tel:	023 80296004
	E-mail:	d.chapman1@nhs.net		
Director	Name:	Stephanie Ramsey	Tel:	023 80296941
	E-mail:	Stephanie.Ramsey@southampton.gov.uk		

STATEMENT OF CONFIDENTIALITY

NOT APPLICABLE

BRIEF SUMMARY

This report provides an end of year overview of Southampton City's Better Care programme in 2017/18.

RECOMMENDATIONS:

	(i)	To note the end of year 2017/18 report for Better Care.

REASONS FOR REPORT RECOMMENDATIONS

1.	The Health and Wellbeing Board is accountable for the delivery of the Better Care Plan in Southampton. On a day to day basis responsibility for overseeing financial and quality performance of each of the Better Care schemes included in the Better Care pooled fund has been delegated to the Joint Commissioning Board (JCB).
2.	It should be noted that 2017/18 is year one of a two year Better Care plan. No changes to the schemes are envisaged for 2018/19.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

NOT APPLICABLE

DETAIL (Including consultation carried out)

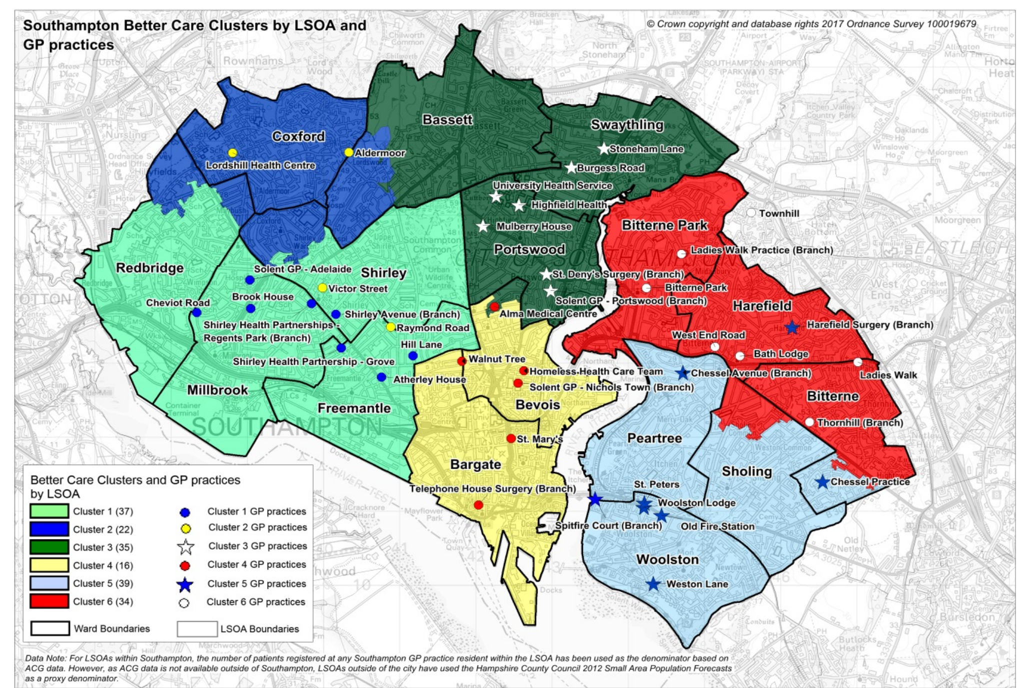
1. **Overview**

Southampton's Better Care Plan aims to achieve the following vision:

- to put **individuals and families at the centre of their care and support**, meeting needs in a holistic way
- To provide the **right care and support, in the right place, at the right time**
- To make **optimum use of the health and care resources** available in the community
- To **intervene earlier** and build resilience in order to secure better outcomes by providing more coordinated, proactive services.
- To **focus on prevention and early intervention** to support people to retain and regain their independence

It is a programme of whole system transformational change which is based around 3 key building blocks:

- **Implementing person centred, local, integrated health and social care through the city's six cluster teams** (shown in the map below). This includes harnessing the assets within communities and the power of individuals in improving their own health and wellbeing. It also includes health, social care, housing and voluntary sector teams in each cluster coming together to proactively identify those people most in need in the local area and plan and deliver care and support in a more joined up and personalised way.



- **Joining up Rehab and Reablement, hospital discharge teams and other city wide services into integrated health and social care teams** that in turn link with each of the six clusters.
- **Building capacity** across the system to promote and support people to maintain their independence for as long as possible. This includes promoting self management approaches and supporting the role of carers. It also includes developing the capacity of the voluntary and community sector to meet lower level needs in local communities, as well as investing in the home care sector to enable more people to continue living in their own homes.

At the heart of the Better Care Programme is the focus on **prevention and early intervention**, encouraging local people and the health and care workforce to promote positive health and wellbeing at every opportunity and to identify problems as early as possible, taking proactive action to address them.

The **Better Care Fund** pools resources from both the CCG and Local Authority to support the delivery of the Better Care Programme. In 2017/18 this totalled just over £109M (£71.5M from the CCG and £37.8M from the Council), making Southampton one of the country's top ten authorities for pooling an amount way beyond its national requirement which is £16.177M, demonstrating its commitment to integrating health and social care at scale.

Southampton's Better Care Fund is made up of the following schemes:

1. Supporting Carers
2. Cluster working
3. Integrated Rehabilitation and Reablement and Hospital Discharge
4. Promoting Care Technology
5. Prevention and Early Intervention
6. Learning Disability Integration
7. Promoting uptake of Direct Payments
8. Transforming Long Term Care
9. Integrated provision for children with SEND
10. Integrated health and social care provision for children with complex behavioural & emotional needs

2\. **Performance in 2017/18**

The table below provides the Performance against the key Better Care national indicators at 2017/18 year end.

2017/18 End of Year Performance Summary

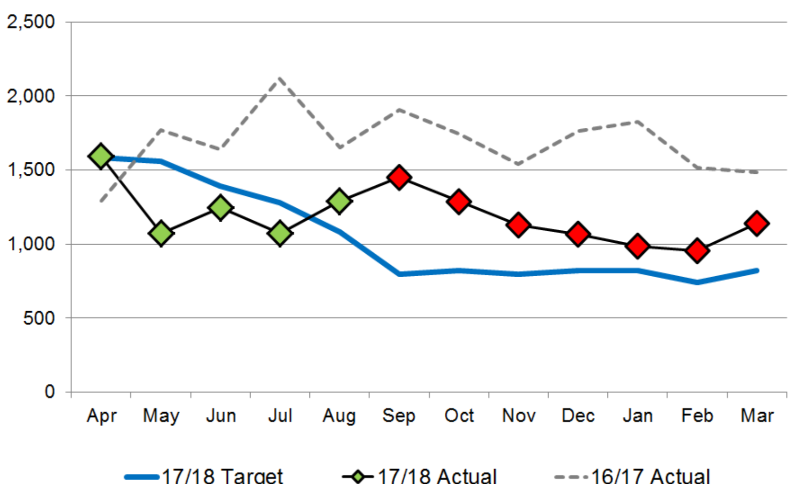
Green	≤0% difference	On Track
Amber	>0% and <10% difference	Slightly Off Track
Red	≥10% difference	Off Track

Metrics	End of Year Performance vs. Target	End of Year Performance vs. Previous Year	Commentary
Non elective hospital admissions	Target Achieved (0% variance to target)	Flat (0% change to last year)	• It is likely that the following initiatives helped with delivery: 1. **Changes to coding/counting of very short stay NEL admissions** where a patient is admitted into a CDU chair. From August 2017, these are now only counted as an A&E attendance. 2. **Introduction of GP front door streaming in ED**, from October 2017. 3. **Case Management** in primary care and with care homes
DTOC Rate (March snapshot)	Target Not Achieved (6.4% vs. 3.9% target)	Better (2.2% lower than last year)	• Provider DTOC rates at the end of the year – UHS, 5.9%; Solent, 4.1%; Southern Health: 3.6%. • Strong focus this year on community hospital DTOC as well as acute hospital
Delayed Days	Target Not Achieved (14% higher than target)	Better (29% lower than last year)	
Permanent admissions into residential care	Target Achieved (6% lower than target)	Better (12% lower than last year)	• Success in this area is believed to be the result of focus on "home first" principles supported by developments in domiciliary and extra care and discharge to assess schemes focussing on supporting clients to maintain their independence
Injuries due to falls	Slightly Missed Target (7% higher than target)	Slightly Higher than Last Year (3% higher than last year)	• Reducing admissions related to falls continues to be a challenge although the numbers are small exaggerating percentage variance • A number of initiatives are in place to reduce falls, some only starting in Quarter 3, e.g. the Fracture Liaison Pathway and the expansion of falls exercise across the city. It is known that it can take a while for interventions to embed and have an impact

3\. **Performance Headlines**

- **Permanent admissions to residential and nursing homes** have reduced significantly compared to 2016/17, exceeding the 2017/18 target. This is believed to be the result of a relentless focus on "home first" principles supported by developments in home care and extra care and discharge to assess schemes focussing on supporting clients to maintain their independence.
- **Delayed transfers of care** have reduced significantly compared to 2016/17 (29% reduction of 4913 bed days), albeit not achieving the national 3.5% target (delayed bed days as a % of total available bed capacity). The position

for UHS at year end was 5.9% against the 3.5% target. Good progress has been made at the community hospitals with a year end position of 4.1% for Solent and 3.6% for Southern Health. The chart below shows the significant reduction made in 2017/18 compared to 2016/17:



The reduction has been significantly noticeable in delays related to completion of assessment - these reduced by 2308 in 2017/18 compared to 2016/17 (a reduction of 76%).

- **Non Elective admissions** remained the same in 2017/18 as in 2016/17, despite a 1.9% increase in population.
- **Falls** were 7% above target at year end and 3% higher than in 2016/17. A number of initiatives have been put in place to reduce falls, although some only starting in Quarter 3, e.g. the Fracture Liaison Pathway which commenced 1 October 2017 to identify patients with fragility fracture following attendance in A&E or hospital admission and ensure they are appropriately referred to community support services. It is known that, as with many prevention programmes, it can take a while for interventions to embed and have an impact.

4. Key highlights in relation to the Better Care Schemes in 2017/18

Below is a summary of the key developments in 2017/18 against each of the three "building blocks" identified in section 1.

- **Implementing person centred, local, integrated health and social care through the city's six cluster teams**
  - Cluster Development: six clusters are embedding across the city. Cluster leadership has been strengthened with the appointment of dedicated professional leads for each cluster from December 2017.
  - A Better Care programme manager has also been appointed (started May 2018) to provide additional support and capacity for cluster development, the initial task being a stock take of progress made in each cluster towards integrated person centred working with a view to putting in place a development plan for each cluster.
  - Local Solutions Groups bringing together voluntary, community, faith organisations and the business sector have now been established in each cluster. The initial focus of the groups will be to map

neighbourhood resources to aid signposting to community alternatives. The Itchen to Bridge the Gap group (Cluster 5) has already been established and has completed this mapping exercise (to be uploaded to the Southampton Information Directory (SID)) and developed Dementia Friends with local businesses in the Bitterne area.

- Additional investment from the CCG has been made available to Solent NHS Trust to provide enhanced End of Life support – recruitment of additional palliative care support workers commenced in Quarter 3; the enhanced provision will support more people to die in their place of choice.
- A model of Enhanced Health in Care Homes has been piloted since September 2017 to provide additional support to care homes. This includes a city wide team providing training and development and support with implementation of best practice, e.g. early warning signs tool; and case management and enhanced primary care support delivered respectively by Solent NHS Trust and Southampton Primary Care Ltd focussing on the 15 homes with the highest number of hospital admissions. This model will be evaluated in June 2018 with a view to further roll out across the city.

- **Joining up Rehab and Reablement, hospital discharge teams and other city wide services into integrated health and social care teams**
    - The Integrated Rehabilitation and Reablement and Hospital Discharge service continues to embed and achieve key performance targets (92% of referrals for crisis response responded to within 2 hours, 88% reablement clients achieving their goals).
    - Data from the Urgent Response Team (within the Rehab and Reablement Service) continues to show that the service is reducing long term care needs. In Q3 there were 42 users of rehab and reablement. 40% of these left independent, requiring no further care; of those remaining 23% saw a 13% reduction in their care. This resulted in a saving of 129.5 home care hours a week.
    - The Hospital Discharge Team is now providing a service across the community hospitals as well as the acute hospital in line with the city's ambition to improve hospital discharge across the system as a whole.
    - Discharge to assess is now standardised for pathway 2 (clients requiring additional support, including rehab and reablement) and the numbers of discharges to this pathway are exceeding target levels. A similar model has been piloted for pathway 3 and the results are currently being evaluated.
    - The work undertaken on integrating and strengthening rehab and reablement has also achieved the intended refocus from bed based reablement to reablement in a person's own home, and, as a result, we have seen a drop in demand for the five reablement beds commissioned from the residential care sector over the last 6 months and have subsequently reduced this to 3 beds for 2018/19.
- **Building capacity** across the system to promote and support people to maintain their independence for as long as possible

- The Carers in Southampton Service has increased the numbers of carers identified. Between 98% and 100% of carers assessed and awarded a personal budget have taken this as a Direct Payment.
- There have been a number of developments with the voluntary and community sector which have resulted in new services being procured during 2017/18, including:
  - The Integrated Advice, Information and Guidance service which went live in February 2018
  - The Southampton Living Well Service which went live in April 2018 and will transform the current older person's day services into a more community focussed model.
  - The roll out of Community Navigation across all clusters. A number of different providers are currently delivering this service and work is currently underway with them to develop a more integrated model of provision.
  - Falls exercise classes are now operating in all parts of the city and their impact is currently being evaluated.
  - The new Behaviour Change Service went live 1 April 2017.
- The additional iBCF funding (which is part of the Better Care pooled fund) has been used to increase capacity within the care market particularly over the winter period. This has included the following developments:
  - The development of extra care; new placements have been made, including individuals moving from nursing care settings to extra care. Significant savings have been achieved following the opening of Erskine Court in 2016/17 - £272K full-year effect. The ICU is working with the care provider to continue to increase complexity levels that can be met within Erskine Court. This includes additional training for staff to meet greater needs, payment for covering call alarms in schemes, activities, and planning for additional capacity overnight to support individuals with night-time care needs. Learning from Erskine Court is being utilised in the development of Potters Court to maximise positive outcomes.
  - Consolidation of increased home care (5,829 additional home care hours purchased for 17/18), promotion of 7 day working and extension of an existing retainer for 6 months to provide additional capacity over the winter to support hospital discharge.
  - Promotion of community based resources as an alternative to social care - temporary resource put in place to update Southampton Information Directory (SID) so that people are aware of the services available.
  - Development of prevention, early intervention and return to home initiatives to help people keep well and maintain their independence thereby reducing future pressure on the care market. Grants for agencies were provided to go live from April

- 2018 onwards.
- Transport options for care workers increased as part of a broader programme supporting care staff through agencies. This includes car parking passes and access to bicycles for key parts of the city

5. **Key Areas of Focus for 2018/19**

In 2018/19 we will continue to deliver against the 6 key priorities identified in the 2017-19 Better Care Plan:

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

2018/19 will specifically focus on the following key developments:

2018/19 Work Programme

Person centred local coordinated care	• Strengthen cluster leadership and embed integrated working practices • Embed new strengths based model of adult social care and housing into clusters. • Develop integrated models of care and support, including Frailty model, Learning Disability Services and prevention and early help provision for children and families. • Develop community services to manage greater levels of acuity outside hospital. • Implement the new service model for end of life care
Responsive Discharge and Reablement	• Embed the three discharge pathways (simple, supported and enhanced), including Discharge to Assess with a particular focus this year on Pathway 3 • 7 day services to support seven day discharge, including improving quality of discharge and relationships with care homes • Develop the role of the clusters in supporting timely discharge. • Roll out of the Enhanced Health in Care Homes model
Building Capacity	• Embed the new Southampton Living Well Service, Community Navigation and new integrated Information and Advice Service. • Full implementation of online carer support services. • Continue to seek development partner(s) to increase the supply of extra care housing. • Re-procure home care and stimulate growth in the local supply of nursing care for people with complex needs and challenging behaviour. • Procure and implement the care technology strategy in Southampton.

RESOURCE IMPLICATIONS

Capital/Revenue

6. The total value of the pooled fund for 2017/18 is just over £109m.

Financial performance against each Scheme is monitored on a monthly basis by the Better Care Finance and Performance Group and reported to the JCB. KRP

Property/Other

7. There are no specific property implications arising from the Better Care

	Programme, although work is underway to explore co-location opportunities in each cluster, taking into consideration existing buildings and future development plans.
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report</u>:	
8.	The legal framework for the Better Care Pooled Fund derives from the amended NHS Act 2006, which requires that in each Local Authority area the Fund is transferred into one or more pooled budgets, established under Section 75, and that plans are approved by NHS England in consultation with DH and DCLG. The Act also gives NHS England powers to attach additional conditions to the payment of the Better Care Fund to ensure that the policy framework is delivered through local plans. In 2017-19, NHS England set the following conditions: • Agreement of a joint plan between the CCG and Local Authority • NHS contribution to social care is maintained in line with inflation • Agreement to invest in NHS-commissioned out-of-hospital services • Implementation of the High Impact Change Model for Managing Transfers of Care. Southampton is compliant with all four of these conditions. As at the time of writing, no updated guidance has been published for the Better Care fund in 2018/19 and beyond.
<u>Other Legal Implications</u>:	
9.	None
CONFLICT OF INTEREST IMPLICATIOINS	
10.	None
RISK MANAGEMENT IMPLICATIONS	
11.	Key risks and issues for the Better Care Programme overall are summarised below: • **Capacity and Capability of leadership within clusters** to embed the new model of person centred integrated working at the pace required - one of the key initial tasks of the Better Care Programme Manager who commenced this month will be to undertake a stocktake of progress within each cluster to identify strengths and weaknesses and work with the Cluster leadership teams to put in place development plans, highlighting any requirements for additional support and resources to the Better Care Steering Board. • **Capacity of the care market** to meet increasing needs and support additional schemes to improve discharge - To mitigate this, the ICU is working proactively with the care market and utilising alternative mechanisms such as retainers and block contracts to provide increased stability • **Resilience in the voluntary sector** - A number of mitigating actions are being taken including: various procurement options being considered to make best use of local market and encourage innovation; support to local agencies also being considered as part of the developments; proactive review of any bidding opportunities.
POLICY FRAMEWORK IMPLICATIONS	
12.	Southampton's Better Care Programme supports the delivery of outcomes in the

	Council Strategy (particularly the priority outcomes that "People in Southampton live safe, healthy and independent lives" and "Children get a good start in life") and CCG Operating Plan 2017-19, which in turn complement the delivery of the local HIOW STP, NHS 5 Year Forward View, Care Act 2014 and Local System Plan.
13.	Southampton's Better Care Plan also supports the delivery of Southampton's Health and Wellbeing Strategy 2017 - 2025 which sets out the following 4 priorities: • People in Southampton live active, safe and independent lives and manage their own health and wellbeing • Inequalities in health outcomes and access to health and care services are reduced. • Southampton is a healthy place to live and work with strong, active communities • People in Southampton have improved health experiences as a result of high quality, integrated services

KEY DECISION?	**Not Applicable - No decision required**
WARDS/COMMUNITIES AFFECTED:	**All**

SUPPORTING DOCUMENTATION

Appendices

1	Appendix 1 - Introduction to Better Care

Documents In Members' Rooms

1.	**None**

Equality Impact Assessment

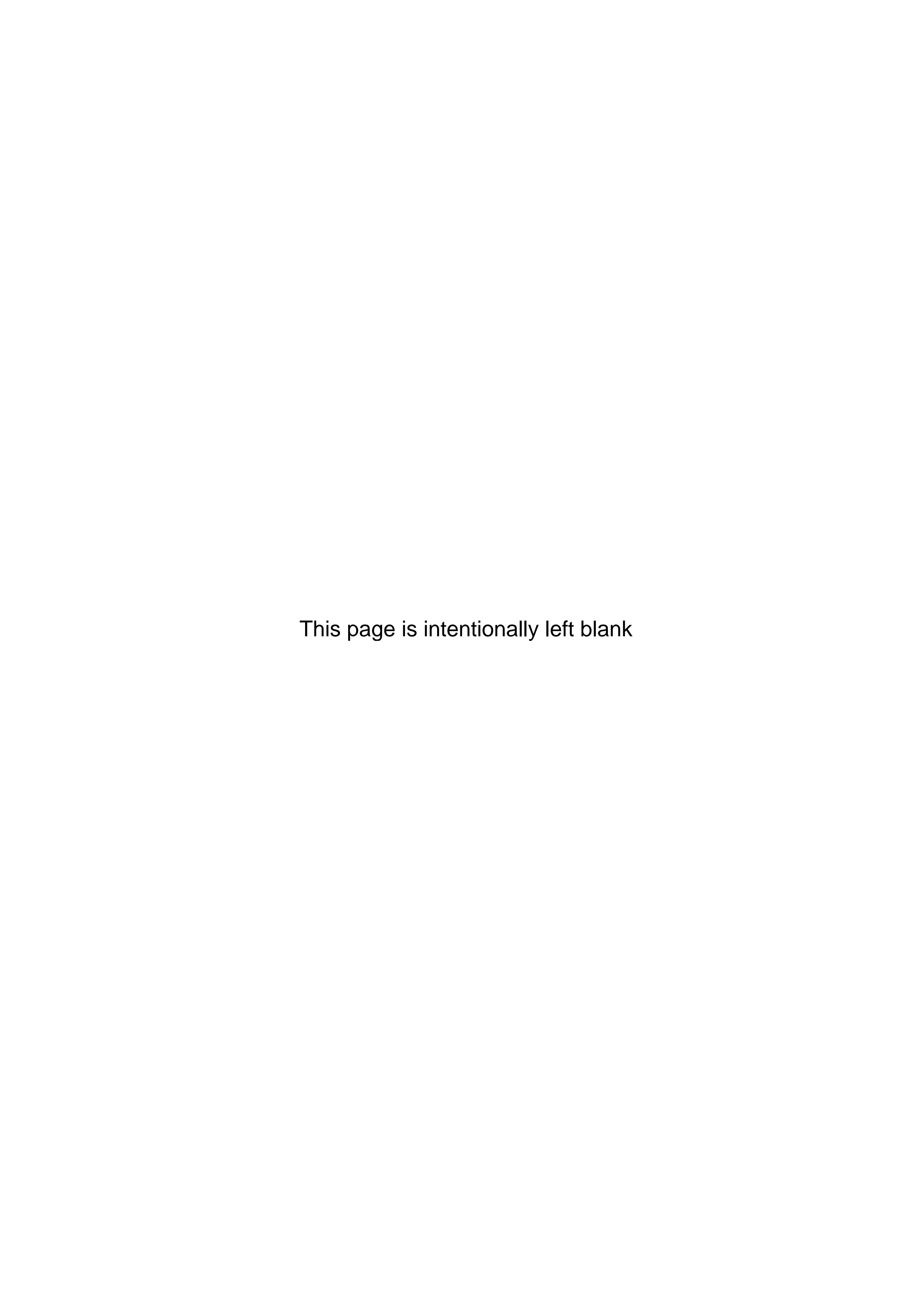
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	**No -**

Privacy Impact Assessment

Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	**No**

Other Background Documents
Other Background documents available for inspection at:

Title of Background Paper(s)		**Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)**
1.	**None**	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Better Care 2017/18 End of Year Report

Introduction to Better Care

1. What is the Better Care Plan?

National context:

It is a national policy requirement for all Local Authorities with their local Clinical Commissioning Groups (CCGs) to work together to agree and deliver a shared plan "The Better Care Plan" and a Better Care Fund for joining up health and social care to deliver better outcomes for local people. The last national planning guidance for the Better Care Plan was published on 4 July 2017 by the DH and DCLG. This was for a two year plan covering the years 2017/18 and 2018/19.

Better Care plans must set out how CCGs and local authorities are working towards fuller integration and better co-ordinated care, including how the Better Care plan complements the direction set in the Next Steps of the NHS Five Year Forward View, the development of Sustainability and Transformation Partnerships (STPs), the requirements of the Care Act (2014) and wider local government transformation in the area covered by the plan. The 2017 guidance also highlighted that the Better Care Plan should set out a vision and progress towards fuller integration of health and social care by 2020.

National guidance stipulates that the Better Care Plan should be approved by the relevant Health and Wellbeing Board (HWBB) and by the constituent Local Authorities (LAs) and Clinical Commissioning Groups (CCGs) prior to submission.

Southampton:

Southampton's latest Better Care Plan is a two year plan which was signed off by the HWBB in July 2017 and submitted to DH in September 2017. The Plan sets out 6 key priorities as below:

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

2. What is the Better Care Fund (BCF)?

National context:

Underpinning each local area's Better Care Plan there is a national requirement to pool funding from the CCG and Local Authority into a Better Care Fund and ensure that this is signed off under Section 75 arrangements for Pooled Budgets (ref. NHS Act 2006). To this end, each Local Authority area is expected to pool a "minimum" amount of funding, made up of ring-fenced grants (e.g. the Disabled Facilities Grant or DFG, Carers Grant) and other resources.

The national policy guidance for 2017/18 – 2018/19 sets out four conditions which each local authority area must adhere to:

- That a BCF Plan, including at least the minimum contribution to the pooled fund specified in the BCF allocations, must be signed off by the HWBB, and by the constituent LAs and CCGs;
- A demonstration of how the area will maintain in real terms the level of spending on social care services from the CCG minimum contribution to the fund in line with inflation;
- That a specific proportion of the area's allocation is invested in NHS commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement; and
- All areas to implement the High Impact Change Model for Managing Transfers of Care to support system-wide improvements in delayed transfers of care (DTOC).

It should be noted that most of the funding in the BCF is not new money and will already be invested in existing services.

Southampton:

In Southampton the total value of the Better Care Fund for 2017/18 is just over £109m ((£71.5M from the CCG and £37.8M from the Council). This is far greater than the nationally set minimum requirement for the city which is £16.177M for 2017/18 and £16.484M for 2018/19 and signifies the city's ambition to integrate services at scale by bringing together budgets/resources in one place. This funding breaks down into ten specific schemes/service provision:

1. Supporting Carers
2. Cluster working
3. Integrated Rehabilitation and Reablement and Hospital Discharge
4. Promoting Care Technology
5. Prevention and Early Intervention
6. Learning Disability Integration

7. Promoting uptake of Direct Payments
8. Transforming Long Term Care
9. Integrated provision for children with SEND
10. Integrated health and social care provision for children with complex behavioural & emotional needs

Southampton's Better Care Fund spend and performance is monitored by the Joint Commissioning Board to which this responsibility has been delegated by Southampton's HWBB.

3. What is the Improved Better Care Fund (iBCF)?

National context:

In 2017/18 the Government announced an additional grant called the Improved Better Care Fund (iBCF). This was announced in two tranches: as part of the Local Governance Finance Settlement and then additional funding announced for adult social care as part of the 2017 budget. The grant conditions attached to this funding set out that the funding should be used a) for meeting adult social care needs, b) for reducing pressures on the NHS, including supporting hospital discharge and c) for supporting the local social care provider market. Local Authorities are required to pool the grant into the local BCF, work with the relevant CCG and providers and provide quarterly reports as required by the Secretary of State.

Southampton:

Southampton's iBCF grant was £4,981,651 in 2017/18.

This funding reduces over a 3 year period, so in 2018/19 the total grant is £3,161,704 and in 2019/20 the grant is £ 1,567,547.

The iBCF has been invested in the following schemes which have been included in Southampton's BCF:

- Direct Payments team to increase the uptake of Direct Payments
- Care Technology to increase uptake
- Short stay replacement care
- Expanded 7 day social care operation in the hospital discharge team
- Speeding up hospital discharges for people with complex needs (discharge to assess schemes)
- Enhanced social care out of hours service (2017/18 only)
- Additional social work capacity in new community-based social wellbeing service (2018/19 only)
- Additional social work capacity in new integrated learning disability service (2018/19 only)

- Meeting increased demand and complexity
- Stabilising the provider market
- Additional social work capacity to review care needs in accordance with the Care Act 2014 (2018/19)
- Accelerating the extra care housing programme
- Extra nursing home capacity for complex needs

DECISION-MAKER:		HEALTH AND WELLBEING BOARD		
SUBJECT:		CLEAN AIR ZONE CONSULTATION		
DATE OF DECISION:		20 JUNE 2018		
REPORT OF:		SERVICE MANAGER – SCIENTIFIC SERVICE		
CONTACT DETAILS				
AUTHOR:	**Name:**	**Steve Guppy, Service Manager, Scientific Services**	Tel:	**023 8091 7525**
	E-mail:	Steve.Guppy@southampton.gov.uk		
Director	**Name:**	**Mitch Sanders, Service Director, Transactions and Universal Services**	Tel:	**023 8083 3613**
	E-mail:	Mitch.Sanders@southampton.gov.uk		

STATEMENT OF CONFIDENTIALITY
None

BRIEF SUMMARY
Southampton City Council is one of the first five local authorities in England outside of London required to assess the need for a Clean Air Zone. The primary objective of a Clean Air Zone (CAZ) is to bring about compliance with EU Ambient Air Quality Directive limits of nitrogen dioxide (NO_2) within the shortest possible time. New Forest District Council have subsequently been identified as also needing to undertake an assessment to improve air quality to legal levels, and are working in partnership with Southampton City Council to ensure the city's proposals deliver legal compliance in both areas. The options have been derived and assessed in accordance with the Government's Clean Air Zone Framework, and have been undertaken with technical support from consultants Ricardo and Systra in collaboration with government's Joint Air Quality Unit (JAQU). The work has been funded by JAQU. The outcome of the assessment to date concludes that New Forest District Council are compliant with legal levels without additional measures. Without intervention by 2020, levels of nitrogen dioxide in Southampton will likely remain in breach of legal limits.
The Council published its Clean Air Strategy in 2016 which identified its intent to implement a charging Clean Air Zone for commercial vehicles by 2019/20. A city wide Class B Clean Air Zone continues to be the preferred option for implementing a Clean Air Zone. Under a city wide Class B, Buses, Coaches, Taxis (Hackney Carriage and Private Hire) and Heavy Goods Vehicles (HGVs) would be charged to enter the Clean Air Zone should the vehicle fail to meet minimum emission standards (Euro 4 petrol/Euro 6 diesel/Euro VI diesel). The preferred option would not charge any private vehicles, light goods vehicles (LGVs), minibuses, motorcycles or mopeds. The evidence base supporting the preferred option has progressed to a stage where it is appropriate to begin consultation with the public and other interested parties and organisations, to commence 28th June 2018, and to be undertaken as a joint exercise with New Forest District Council.
RECOMMENDATIONS:

	(i)	That the Health and Wellbeing Board notes the proposed consultation, to be launched June 2018 (Subject to Cabinet Decision 19th June 2018).
REASONS FOR REPORT RECOMMENDATIONS		
1.	For information	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
2.	Not applicable.	
DETAIL (Including consultation carried out)		
3.	In 2015, Defra identified Southampton as needing to deliver compliance with EU Ambient Air Quality Directive levels for nitrogen dioxide by introducing a Class B Clean Air Zone, indicating that legislation would be passed to this effect. In 2017, a subsequent iteration of the plan revised this requirement. Southampton City Council were instead required to undertake a feasibility assessment to determine what class of clean air zone is required and to what geographic extent and produce a Full Business Case for a Clean Air Zone based on the outcome. The Council have been directed to deliver the Full Business Case to the Secretary of State by 15th September 2018 and have received a Ministerial Direction to that effect. The plan proposed within the Full Business Case must be implemented as soon as possible and by the end of 2019.	
4.	The technical assessment has concluded that the business as usual (existing measures only) in Southampton is not enough to achieve legal levels of nitrogen dioxide within the shortest possible time. Therefore, action is required to accelerate the improvement of nitrogen dioxide concentrations in the city, a number of options have been explored to assess their impact on air quality alongside an associated economic appraisal.	
5.	New Forest District Council (NFDC) were subsequently identified as having to undertake a feasibility assessment to establish how to bring about compliance with nitrogen dioxide limits. The area exceeding in NFDC is an extension of the area being assessed in Southampton. Therefore, NFDC are now included within Southampton's assessment and has concluded that NFDC will be compliant without intervention by 2020. Measures implemented by Southampton will deliver additional improvements in nitrogen dioxide concentrations in NFDC.	
6.	The evidence base for the assessment which includes an air quality technical assessment and economic appraisal of options, has now progressed to a stage that is appropriate for the options to be considered through public consultation. The Clean Air Zone Framework requires both Southampton City Council and New Forest District Council to undertake extensive engagement and consultation with neighbouring authorities, local communities and businesses to: explain the aims, including the potential health and economic benefits; understand any concerns; and assess the need for any mitigating actions or identify alternative options for consideration.	
	Clean Air Zone Implementation Options	

7.	Table 1 Options excluded at initial assessment screening

Any option including following component:	Reason for exclusion
Smaller area (i.e. City centre only)	Causes adverse traffic impacts
Less Stringent CAZ Class (i.e. Class A which includes only buses and taxis)	Fails to deliver objective
More stringent CAZ Class (i.e. Class C & D which include LGVs and Private Cars)	Class B sufficient to deliver objective therefore associated economic impacts considered excessive and unjustified.
Use specific components of the CAZ framework (i.e. charge HGV's, LGV's or cars only)	Fails to maintain national consistency with CAZ framework

8.

Preferred Option for Consultation: The current preferred option, a city wide Class B Clean Air Zone, would charge Buses, Coaches, Taxis (Private Hire and Hackney Carriage) and Heavy Goods Vehicles (HGVs) to enter the zone. The provisional charges are based on London's Ultra-Low Emission scheme which are as follows:

- Buses, Coaches and HGVs not meeting Euro VI: £100 per day
- Taxis (Private Hire and Hackney Carriage) not meeting Euro 6 diesel/Euro 4 petrol: £12.50 per day

Any charges introduced will not exceeded these amounts and the consultation exercise will seek to identify a lower charge that can still be effective in delivering the necessary level of behaviour change needed to achieve compliance.

Penalties would be issued to vehicles that do not meet minimum emission standards and fail to pay the charge within 24 hours of accessing the Clean Air Zone. Private cars, light goods vehicles (LGVs), motorcycles and minibuses would **not** be charged to enter the Clean Air Zone.

The scheme would be enforced using a network of Automatic Number Plate Recognition (ANPR) cameras to identify vehicles that do not meet minimum emission standards.

Table 2 Preferred Option – City wide Class B

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

*Based on persistent exceedance of EU objective as barrier to future economic growth and indicator for ongoing detrimental health costs.

9. *Alternative Option:* More stringent classes of Clean Air Zone to include light goods vehicles (LGVs) and/or private cars but has not been selected as the preferred option as the adverse economic impact of introducing LGVs and private cars is unlikely to be supported locally and is not required as the preferred option is sufficient to deliver compliance within the shortest possible time.

10. *Alternative Option:* A non-charging Clean Air Zone has also undergone assessment. The feasibility assessment has to date concluded that a non-charging proposal consisting of alternative mechanisms to charging to enforce compliance with Clean Air Zone minimum emission standards will not meet legal limits within the shortest possible time or by 2020.

11. *Alternative Option:* A less stringent Class and smaller geographic extent has also been considered, a city centre Class A Clean Air Zone (charging Buses, Coaches, Private Hire and Hackney Carriage vehicles). The feasibility assessment has to date concluded that this option will not meet legal limits within the shortest possible time or by 2020. A citywide scheme has also been shown to be the only option that effectively prevents secondary congestion and local air quality issues caused by traffic diverting.

12. *Alternative Option:* An option that is not consistent with the Clean Air Zone Framework has been assessed. This option is city wide and enforces non-compliant Buses, Hackney Carriage and Private Hire Vehicles through alternative mechanisms and levies a charge on non-compliant HGVs. While this delivers compliance within the same timeframe as the preferred option, though there is a higher levels of uncertainty of achieving compliance associated with the alternate mechanisms of enforcement. Inconsistency with the Framework also results in a lack of consistency with other authorities implementing Clean Air Zones.

13. The preferred option would include a range of mitigation measures to support local businesses and organisations adversely impacted by the introduction of the scheme. If subsequently approved, this will include discounts and

exemptions from the charge. Access would also be available to funds for supporting the replacement of non-compliant vehicles with compliant vehicles and to support sustainable and Clean Air Zone compliant practice, for example choosing to consolidate goods and use compliant vehicles to undertake deliveries within the Clean Air Zone. An overview of the proposed mitigation measures for each vehicle class is outlined in table 3.

Table 3 Proposed Mitigation Measures

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

The consultation will aid identification of any other potential options and mitigation measures that could be included in the current preferred option. The consultation will also provide an opportunity for stakeholders to consider the proposed mitigation measures and any alternatives.

14. The consultation will seek the views of all residents, business, organisations and individuals who will be impacted by a proposed Clean Air Zone, and will launch on 28th June 2018. It will provide adequate opportunity for respondents to comment on the proposals and offer their own alternatives for cabinet to consider before finalising proposals for submission to government. The consultation will be open for responses for 12 weeks, closing September 20th 2018. It will be undertaken as a joint exercise with NFDC. An Equality and Safety Impact Assessment (ESIA) has been undertaken to identify stakeholders who may be impacted by the proposal and indicates how those impacts will be mitigated. The ESIA identifies concessionary bus users, users of Home to School transport, and taxi users with mobility issues as being impacted with mitigations identified. Positive impacts with regards to improvements in public health due to reductions in air pollution are also identified, in particular the elderly, young and those with existing health conditions will see the most benefit. The ESIA will be subject to consultation, if there are any particular groups that have so far not been recognised we would expect them to be identified through this process.

15. A Campaign Plan has been drafted and includes public meetings, physical consultation materials, digital marketing, information on websites, external signage across the city (e.g. billboards), face-to-face meetings with stakeholders and press releases.

RESOURCE IMPLICATIONS

Capital/Revenue

16.	Significant Capital expenditure is required for installation of any enforcement system (including ANPR cameras, road signage, markings and associated infrastructure), and back office requirements for administration of any scheme. Government funding for implementing Clean Air Zones is being made available through JAQU's Clean Air Implementation Fund, and the financial model assumes the implementation of the scheme will be fully funded through this source. The scheme is viable subject to full Government funding being available to cover the Council's costs.
17.	There will be no statutory duty to deliver the CAZ in the absence of funding from central government. SCC anticipate that confirmation of funding will be confirmed with the Ministerial Direction requiring its implementation. That is anticipated in early 2019.
18.	The annual running costs of a Clean Air Zone will be met from the revenue generated from the enforcement system. Residual income will then be ring fenced for economic mitigation measures in accordance with the Clean Air Zone Framework.
19.	The scheme presents some financial risks to SCC if the grant funding received does not meet the capital cost of setting up the Clean Air Zone, and that revenue generated is not sufficient to reinvest in mitigation measures. A financial model is being developed to accompany the Full Business Case to ensure that any scheme is fully and accurately costed, and that appropriate sensitivity analysis on revenues and running costs are included.
Property/Other	
20.	None
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
21.	Part III Transport Act 2000 and s.1 Localism Act 2011.
Other Legal Implications:	
22.	The requirement to carry out consultation on a proposal of this nature is determined in accordance with the Transport Act 2000 together with recent case law on the adequacy of public consultation such as the Mosely and Leicestershire cases. The proposals require a full Equality Impact Assessment under the Equalities Act 2010, which has been carried out and is being updated at every stage of the process to identify potential impacts and mitigation. In carrying out the consultation and proposals the Council has regard to its duties under s.149 of the Equalities Act 2010 (the public sector equality duty) and in particular the need to ensure the proposals are compiled having due regard to the need to eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity between people who share protected characteristics under the Act and to foster good relations between people who share protected characteristics and those who do not.
23.	The UK Government is currently facing legal action from the European Union that could result in significant fines for infraction of nitrogen dioxide limits. The UK Government holds discretionary power within Part 2 of the Localism Act

	2011 that could require responsible authorities to pay all or part of an infraction fine.
24.	A Data Protection Impact Assessment Statement has been completed for the consultation exercise and concluded that it is not necessary to conduct a Data Protection Impact Assessment. However, any subsequent decision made on implementing a Clean Air Zone charging scheme will require an additional assessment and is likely to require a full Data Protection Impact Assessment.
RISK MANAGEMENT IMPLICATIONS	
25.	Southampton City Council has received a ministerial direction from the Parliamentary Under Secretary of State for Environment, Food and Rural Affairs to prepare and submit to the Secretary of State a Full Business Case by 15th September 2018. This must set out detailed proposals for a scheme which is the authority's preferred measure to deliver compliance in its area with legal limit value for nitrogen dioxide in the shortest possible time. Under section 85(7) of the Environment Act it is the duty of a local authority to comply with a direction given to it. A formal 12 week written consultation will mean that Southampton will not be able to submit a preferred option to the Secretary of State by September 15th 2018. However, the scale of the proposal and the potential wide reaching social and economic impacts it was not deemed appropriate to shorten the time frame. By undertaking a 12 week consultation, the risk of a future legal challenge that may delay implementation of the preferred option is minimised and outweighs the risk to the Council of the government seeking specific performance in relation to the ministerial deadline. This gives greater robustness to the scheme and in it being able to meet the objective of improving nitrogen dioxide to compliant levels within the shortest possible time.
26.	SCC's Strategic Risk Register includes "Failure to improve air quality to legal levels" and is subject to regular Service Director oversight.
POLICY FRAMEWORK IMPLICATIONS	
27.	The recommendations are consistent with SCC's Clean Air Strategy 2016-2025 (published 2016) which identifies the need to improve air quality in the city as a priority. The introduction of charging Clean Air Zone is also cited as a delivery objective in the Strategy.
28.	The recommendations are consistent with the Health and Wellbeing Strategy 2017-2025 within which an outcome is to ensure Southampton is a healthy place to live and work with strong active communities. This is to be achieved by delivering a cleaner environment through a Clean Air Zone with vehicle access restrictions to the city.
29.	The recommendation is consistent with the priority within the Southampton City Council strategy 2016-2020 to "improve air quality".

KEY DECISION?	**No**
WARDS/COMMUNITIES AFFECTED:	All Wards

<table>
<tr><td colspan="4"><u>SUPPORTING DOCUMENTATION</u></td></tr>
<tr><td colspan="4">Appendices</td></tr>
<tr><td>1.</td><td colspan="3">Equality and Safety Impact Assessment</td></tr>
<tr><td>2.</td><td colspan="3">Data Protection Impact Assessment</td></tr>
</table>

Documents In Members' Rooms

<table>
<tr><td>1.</td><td colspan="3">None</td></tr>
<tr><td colspan="4">Equality Impact Assessment</td></tr>
<tr><td colspan="3">Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.</td><td>Yes</td></tr>
<tr><td colspan="4">Data Protection Impact Assessment</td></tr>
<tr><td colspan="3">Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.</td><td>Yes</td></tr>
<tr><td colspan="4">Other Background Documents
Other Background documents available for inspection at:</td></tr>
<tr><td colspan="2">Title of Background Paper(s)</td><td colspan="2">Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)</td></tr>
<tr><td>1.</td><td>None</td><td colspan="2"></td></tr>
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What is a Data Protection Impact Assessment?

A Data Protection Impact Assessment ("DPIA") is a process that assists organisations in identifying and minimising the privacy risks of new projects or policies.

Projects of all sizes could impact on personal data.

The DPIA will help to ensure that potential problems are identified at an early stage, when addressing them will often be simpler and less costly.

Conducting a DPIA should benefit the Council by producing better policies and systems, and improving the relationship with individuals.

Why should I carry out a DPIA?

Carrying out an effective DPIA should benefit the people affected by a project and also the organisation carrying out the project.

Whilst not a legal requirement, it is often the most effective way to demonstrate to the Information Commissioner's Officer how personal data processing complies with data protection legislation.

A project which has been subject to a DPIA should be less privacy intrusive and therefore less likely to affect individuals in a negative way.

A DPIA should improve transparency and make it easier for individuals to understand how and why their information is being used.

When should I carry out a DPIA?

The core principles of DPIA can be applied to any project that involves the use of personal data, or to any other activity that could have an impact on the privacy of individuals.

Answering the screening questions in **Section 1** of this document should help you identify the need for a DPIA at an early stage of your project, which can then be built into your project management or other business process.

Who should carry out a DPIA?

Responsibility for conducting a DPIA should be placed at senior manager level. A DPIA has strategic significance and direct responsibility for the DPIA must, therefore, be assumed by a senior manager.

The senior manager should ensure effective management of the privacy impacts arising from the project, and avoid expensive re-work and retro-fitting of features by discovering issues early.

A senior manager can delegate responsibilities for conducting a DPIA to three alternatives:

a) An appointment within the overall project team;
b) Someone who is outside the project; or
c) An external consultant.

Each of these alternatives has its own advantages and disadvantages, and careful consideration should be given on each project as to who would be best-placed for carrying out the DPIA.

How do I carry out a DPIA?

Working through each section of this document will guide you through the DPIA process.

The requirement for a DPIA will be identified by answering the questions in **Section 1**. If a requirement has been identified, you should complete all the remaining sections in order.

The Data Protection Impact Assessment Statement in **Section 7** should be completed in all cases, and a copy of this document should be sent to the Information Lawyer (Data Protection Officer) to record and review.

The Information Lawyer (Data Protection Officer) will review the DPIA within 14 days of receipt, and a draft DPIA report will be issued within 28 days. The report will confirm whether the proposed measures to address the privacy risks identified are adequate, and make recommendations for additional measures needed.

These measures will be reviewed once in place to ensure that they are effective.

Advice can be found at the beginning of each section, but if further information or assistance is required, please contact the Information Lawyer (Data Protection Officer) on 023 8083 2676 or at information@southampton.gov.uk.

Section 1 - Screening Statements

The following statements will help you decide whether a DPIA is necessary for your project.

Please tick all that apply.

- The project will involve the collection of new information about individuals.
- The project will compel individuals to provide information about themselves.
- Information about individuals will be disclosed to organisations or people who have not previously had routine access to the information.
- You are using information about individuals for a purpose it is not currently used for, or in a way it is not currently used.
- The project involves you using new technology which might be perceived as being privacy intrusive. For example, the use of biometrics, facial recognition, or profiling.
- The project will result in you making decisions or taking action against individuals in ways which can have a significant impact on them.
- The information about individuals is of a kind particularly likely to raise privacy concerns or expectations. For example, health records, criminal records, or other information that people would consider to be particularly private.
- The project will require you to contact individuals in ways which they may find intrusive.
- The project involves making changes to the way personal information is obtained, recorded, transmitted, deleted, or held.

If any of these statements apply to your project, it is an indication that a DPIA would be a useful exercise, and you should complete the rest of the assessment, including the Data Protection Impact Assessment Statement in **Section 5**.

If none of these statements apply, it is not necessary to carry out a DPIA for your project, but you will still need to complete the Data Protection Impact Assessment Statement in **Section 5.**

Section 2 - Identifying the Need for a DPIA

Briefly explain what the project aims to achieve, what the benefits will be to the Council, to individuals, and to other parties.

Section 3 - Describe the Information Flows

The collection, use, sharing, and deletion of personal data should be described here.

Section 4 - Identifying the Privacy Risks

Answering the questions below will help identify the key privacy risks, and the associated compliance and corporate risks.

The questions cover the key data protection principles, and whilst all may not be relevant to your project, they may prompt you to consider areas of risk which aren't initially apparent.

Principle 1

Personal data shall be processed lawfully, fairly and in a transparent manner in relation to the data subject.

What personal data will be collected and/or shared?

With whom will the personal data be shared?

How will individuals be told about the use of their personal data?

Conditions for processing

For all data (tick all that apply):

- The data subject has given consent to the processing.
- The processing is necessary for the performance of a contract to which the data subject is party or in order to take steps at the request of the data subject prior to entering into a contract.
- The processing is necessary for compliance with a legal obligation to which the Council is subject.
- The processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the Council.

Does your project involves the processing of the following?

Tick all that apply:

- data revealing racial or ethnic origin
- political opinions
- religious or philosophical beliefs
- trade-union membership
- genetic data or biometric data for the purpose of uniquely identifying a natural person
- data concerning health
- data concerning a natural person's sex life or sexual orientation

If so, which of the following apply?

- The data subject has given explicit consent to the processing.
- The processing is necessary for the purposes of carrying out the obligations and exercising specific rights of the Council or of the data subject in the field of employment and social security and social protection law.
- The processing is necessary for the establishment, exercise, or defence of legal claims, or whenever courts are acting in their judicial capacity.
- The processing is necessary for reasons of substantial public interest.
- The processing is necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services.
- The processing is necessary for reasons of public interest in the area of public health, such as protecting against serious cross-border threats to health or ensuring high standards of quality and safety of health care and of medicinal products or medical devices.
- The processing is necessary for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes.

If you are relying on consent to process personal data, how will this be collected and recorded?

What will you do if consent is withheld or withdrawn? How will this be recorded?

Can an alternative condition for processing (see page 7) be used instead of consent? If yes, please provide details. See conditions on page 6 for options.

How will individuals be informed at the point of collection about how their personal data will be used?

Will any personal data be published on the Internet or in other media? If yes, please provide details.

Will a third party contractor be processing the personal data on our behalf, or involved at any stage in the data processing process?

Principle 2

Personal data shall be collected for specified, explicit, and legitimate purposes, and not further processed in a manner that is incompatible with those purposes.

Do you envisage using the personal data for any other purpose in the future? If so, please provide details.

Principle 3

Personal data shall be adequate, relevant, and limited to what is necessary in relation to the purposes for which they are processed.

Are you satisfied that the personal data processed is of good enough quality for the purposes proposed? If not, why not?

Is there any personal data that you could not use, without compromising the needs of the project? If yes, please provide details.

How will you ensure that only personal data that is adequate, relevant, and not excessive in relation to the purpose for which it is processed?

Principle 4

Personal data shall be accurate and, where necessary, kept up to date.

Are you able to update and amend personal data when necessary, after it has been collected and recorded? Please provide details.

How will you ensure that personal data obtained from individuals or other organisations is accurate?

Principle 5

Personal data shall be kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed.

What retention periods are suitable for the personal data you will be processing?

How will you ensure the personal data is deleted in line with your retention periods?

What processes will be put in place for the destruction of the personal data?

Principle 6

Personal data shall be processed in accordance with the rights of data subjects under this Act.

If an individual requested a copy of the personal data held about them, detail how this would be provided to them.

If the project involves marketing, have you got a procedure for individuals to opt out of their personal data being used for that purpose?

Principle 7

Personal data shall be processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures.

Where, and in what format, will the personal data be kept?

Will an IT system or application be used to process the personal data? Please provide details.

How will this system provide protection against security risks to the personal data?

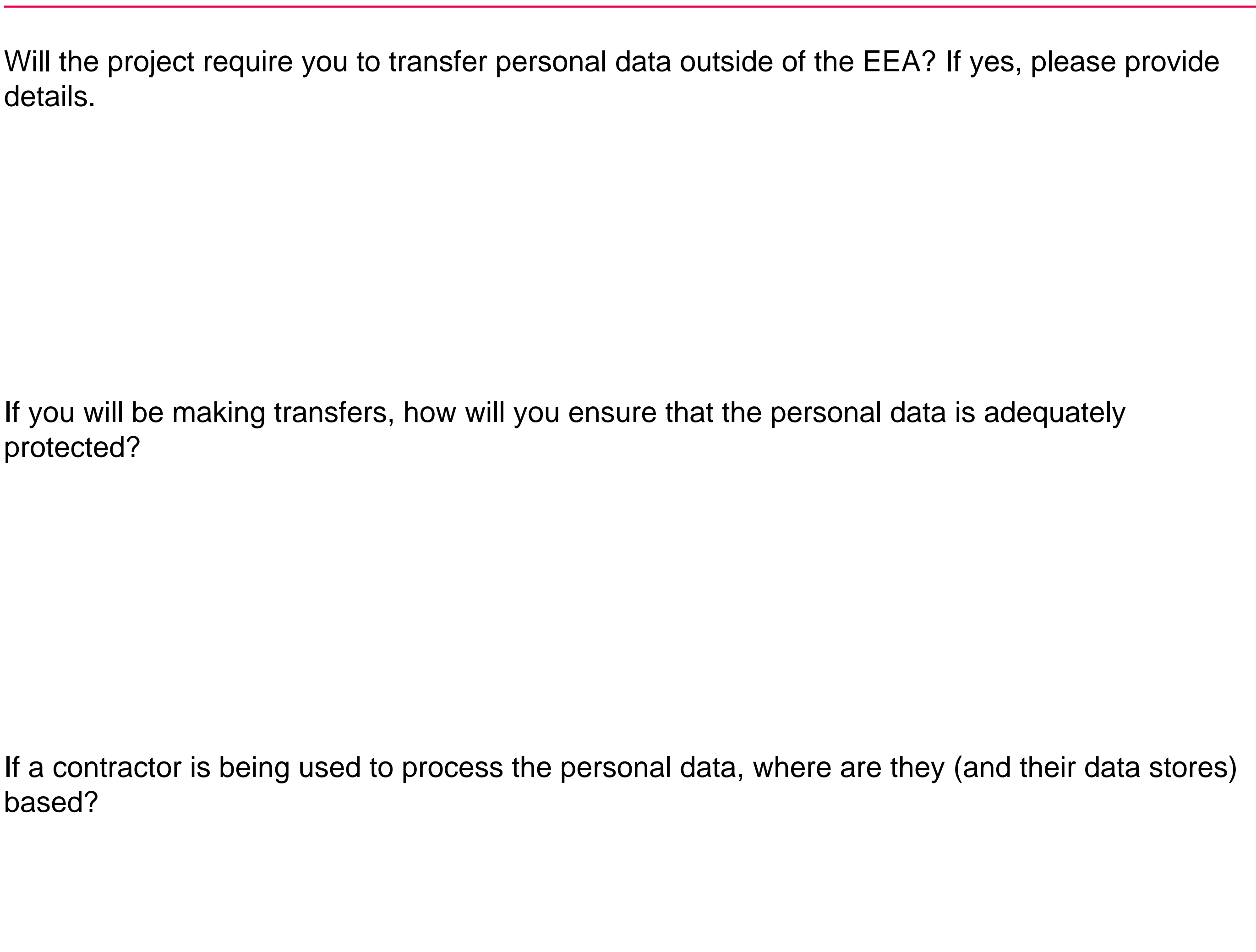
What training and instructions are necessary to ensure that staff know how to operate the system securely?

Will staff ever process the personal data away from the office (e.g. via paper files, on laptops, tablets, or smart phones)? If so, please provide details.

How will access to the personal data be controlled?

Principle 8

Personal data shall not be transferred to a country or territory outside the European Economic Area (EEA) unless that country of territory ensures and adequate level of protection for the rights and freedoms of data subjects in relation to the processing of personal data.



Will the project require you to transfer personal data outside of the EEA? If yes, please provide details.

If you will be making transfers, how will you ensure that the personal data is adequately protected?

If a contractor is being used to process the personal data, where are they (and their data stores) based?

Section 5 - Data Protection Impact Assessment Statement

This statement must be completed for all projects, regardless of whether a DPIA was deemed to be necessary on completion of the screening questions in Section 1.

Name:

Position:

Project Summary:

Estimated date of project completion:

Please choose one of the following options:

- None of the screening statements in Section 1 of this document apply to the above project, and I have determined that it is not necessary to conduct a Data Protection Impact Assessment.
- Some of the screening statements in Section 1 of this document apply to the above project, and a need to carry out a Data Protection Impact Assessment was identified. The assessment has been carried out, and the outcomes will be integrated into the project plan to be developed and implemented.

Date:

Once completed, please send a copy of this document to Corporate Legal.

Email: information@southampton.gov.uk

Internal post: Corporate Legal, Civic Centre, Municipal, Ground Floor West

Document Information

Title: Data Protection Impact Assessment

Author: Chris Thornton, Senior Legal Assistant (Information)

Version: v2.7

Owner: Information Governance Board on behalf of the Council's Management Team

Agreed by: Information Governance Board on behalf of the Council's Management Team

Effective from: 31st January 2017

Review Date: 31st January 2018

Revision History:

06/12/13 - Version 1.0 - Reviser: Vikas Gupta - Document Created

10/03/15 - Version 2.0 - Reviser: Chris Thornton - Updated to PDF form format

17/07/15 - Version 2.1 - Reviser: Chris Thornton - Added information re report in introduction

14/01/16 - Version 2.2 - Reviser: Chris Thornton - Added screening question

27/01/16 - Version 2.3 - Reviser: Chris Thornton - Added project completion date to S7

24/01/16 - Version 2.4 - Reviser: Chris Thornton - Added service level for issuing reports

29/04/16 - Version 2.5 - Reviser: Chris Thornton - Removed sections 5 and 6, and revised questions

22/02/17 - Version 2.6 - Reviser: Chris Thornton - Changed wording to reflect GDPR

26/05/17 - Version 2.7 - Reviser: Chris Thornton - Changes made to consent to reflect GDPR

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 proposals and consider mitigating action.

Name or Brief Description of Proposal	Southampton and New Forest District Council Local Plan for Compliance with NO_2 EU AQ Directive Within the Shortest Possible Time.
Brief Service Profile (including number of customers)	

Clean Air Zones are areas where there is a focus on improving air quality by reducing harmful emissions. The creation of Clean Air Zones in major UK cities is part of the government's Air Quality Plan which aims to improve air quality and address sources of pollution.

Southampton is assessing the need for a Clean Air Zone because levels of air pollution in the area are above required European Union legal standards. The specific pollutant that Southampton City Council must reduce to legal levels is nitrogen dioxide (NO_2). New Forest District Council must also produce a plan to reduce levels of air pollution to legal levels and are working in partnership with Southampton City Council to achieve this.

The proposal to introduce a Clean Air Zone in Southampton and the New Forest will see the most polluting vehicles discouraged from entering the zone through charges. A significant source of nitrogen dioxide in the UK is road transport. The aim of the Clean Air Zone is to bring pollution down to legal levels by replacing older, more polluting vehicles with modern, cleaner vehicles and by encouraging a shift towards more sustainable and active transport.

The preferred option is to introduce a citywide Class B Clean Air Zone. This means buses, taxis (private hire and hackney carriage), coaches and heavy goods vehicles that do not meet minimum emission standards will be charged to enter the zone.

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Summary of Impact and Issues

Nitrogen Dioxide Impacts on Health

Air pollution is a major cause of death and illness worldwide with impacts ranging from increased hospital admissions to increase risk of premature death. Studies have shown that symptoms of respiratory conditions in children increase in association with long-term exposure to NO_2. Reduced lung function growth is also linked to nitrogen dioxide at concentrations currently measured (or observed) in cities of Europe and North America (WHO[1]). Air pollution is also linked with a range of other conditions including diabetes, neurodevelopment, cardiovascular, cancer and obesity The Royal College of Physicians produced a report in 2016 (RCP, 20162) highlighting that while air pollution is harmful to everyone, some people suffer more than others because they:

- live in deprived areas, which often have higher levels of air pollution,
- live, learn or work near busy roads,
- are more vulnerable because of their age or existing medical conditions.

Clean Air Zone Impacts on Health

The proposed preferred option for the introduction of a Clean Air Zone aims to achieve compliance with legal levels of nitrogen dioxide by reducing concentrations. This means that residents will be exposed to reduced levels of nitrogen dioxide as a result of the preferred option and will therefore see associated health benefits (reduction of the negative impacts identified above). The proposed scope of the Clean Air Zone is citywide and will therefore deliver benefits across the city.

Clean Air Zone Impacts on Households

The preferred option is unlikely to directly impact households as private vehicles will not be subject to a charge, however the selected options may still have indirect effects on some households through impacts on businesses. For example, households which include individuals employed in freight/delivery operator businesses that are affected by the introduction of a Clean Air Zone. .

Furthermore, the extent that businesses pass on any additional costs to consumers could have a disproportionate impact on lower income households:

- Buses, as a cheaper mode of transport, are used more by lower income households[3] than other groups. Therefore any increased costs of tickets as a result of pass-through costs could have a greater impacts on these households.
- Taxis are often relied upon by disabled persons, who may therefore also face a disproportionate impact of any costs passed through.

The preferred option also includes a number of measures designed to mitigate these possibilities.

Clean Air Zone Impacts on Business and Sole Traders

The proposal is to charge non-compliant vehicles which are likely to be owned and/or operated by businesses or sole traders.

It is likely therefore that all businesses located in and around the CAZ will be affected to some extent, many indirectly. That extent will be determined by a number of

[1] http://www.who.int/airpollution/ambient/health-impacts/en/

[2] https://www.rcplondon.ac.uk/projects/outputs/every-breath-we-take-lifelong-impact-air-pollution

[3] https://www.ucl.ac.uk/transport-institute/pdfs/transport-poverty

parameters, in particular by the location and type of the business, and also by what complementary funding and support is made available to affected businesses to mitigate any negative effects. A draft Economic Impact Assessment will be published with the outline Business Case.

Potential Positive Impacts

- The introduction of a Clean Air Zone using the preferred option will reduce emissions of nitrogen oxides (NO_x) including nitrogen dioxide from HGVs, taxis, buses and coaches on a citywide scale that will deliver positive benefits for public and environmental health.
- Improve concentrations of nitrogen dioxide within the Clean Air Zone and into New Forest District Council.
- Deliver compliance with the European Union Air Quality Directive within the shortest possible time in Southampton and New Forest (below 40µg/m^3 at locations relevant to the EU AQ Directive).
- Health benefits as a result of improving air quality.
- Potential to deliver a reduction in noise and accidents due to reduced HGVs on the road (those cancelling/avoiding or choosing to utilise freight consolidation and delivery and service planning) and improve accessibility for other road users.

The overall economic impact assessment concludes a positive economic impact for the preferred option.

Responsible Service Manager	Steve Guppy, Service Manager – Scientific Service
Date	24/05/2018
Approved by Senior Manager	Mitch Sanders, Service Director – Transactions and Universal Services
Date	

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Potential Impact

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Age	**Asthma Incidence 0-14 year olds and 15 years+** The preferred option will reduce NO_2 concentration across the city so all areas will see benefits for those suffering with respiratory conditions including asthma. Rates of asthma prevalence in 0-14 year olds significantly higher in Redbridge compared to the rest of Southampton. The preferred option will deliver compliance with the EU AQ Directive at exceedances identified in this area at the A33. NO_2 concentrations and asthma prevalence are associated therefore improving NO_2 concentrations will have a positive impact on this area of significantly increased asthma prevalence (see appendix 1). Rates of asthma prevalence 15 years+ similarly identifies Redbridge area as having a significantly higher prevalence than the Southampton average. The preferred option will reduce NO_2 concentration across the city so all areas will see positive impact in terms of asthma prevalence.	N/A – positive impact

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Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	Concessionary Bus Use Total concessionary bus journeys in Southampton (including senior citizen and disability passes) across four bus operators Apr 2017-Mar 2018 totalled 4,385,932. There are currently 27,442 senior citizen bus passes issued in Southampton. The cost to operators will not be passed onto those eligible for concessionary bus travel as the pass allows for free travel. However, measures to force emission improvements could potentially make some routes financially unviable and concessionary trips unavailable.	**Concessionary Bus Use** A fund will be available which offers non-compliant buses the option to retrofit to an accredited Clean Air Zone compliant standard.
	Home to School Transport 41 Taxis with 4 seats, 2 Taxis with 6 seats, 1 Taxi with 7 seats and 3 Wheel Chair Accessible Taxis are used for Home to School Transport in Southampton. Currently, there is limited availability of accessible vehicles and capital costs are often higher than a standard vehicle. Measures to force emission improvements could make some services financially unviable and restrict access to suitable vehicles.	**Home to School Transport** Will seek to identify opportunities to exempt or relax requirements to support a suitable supply of wheel chair accessible vehicles. Incentive schemes to be introduced to support the transition to compliant vehicles.
Disability	**Home to School Transport** 41 Taxis with 4 seats, 2 Taxis with 6 seats, 1 Taxi with 7 seats and 3 Wheel Chair Accessible Taxis are currently used for Home to School Transport in Southampton. There is limited availability of accessible vehicles, and capital costs are often higher than a standard vehicle. A Clean Air Zone could impact the numbers of specialist vehicles operating in the city.	**Home to School Transport** Will seek to identify opportunities to exempt or relax requirements to support a suitable supply of wheel chair accessible vehicles. Incentive schemes to be introduced to support the transition to compliant vehicles.

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Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	Concessionary Bus Travel Total concessionary bus journeys in Southampton (including senior citizen and disability passes) across four bus operators Apr 2017-Mar 2018 totalled 4,385,932. There are currently 2,717 disability bus passes issued in Southampton. However, measures to force emission improvements could potentially make some routes financially unviable and concessionary trips unavailable.	**Concessionary Bus Travel** Offering non-compliant buses the option to retrofit to an accredited CAZ compliant standard through the Council's £2.7m Clean Bus Technology fund will ensure operators are not adversely economically impacted by the preferred option, preventing routes becoming unviable.
	Taxi Use and Mobility In 2015, the latest data available on mobility, on average, adults (16+) with mobility difficulties use taxis or PHVs more than people who do not (16 trips per person vs. 10 trips per person). These figures have remained broadly stable since 2010. Taxi or PHV usage makes up 3% of all their trips, compared to just 1% for those without mobility difficulties. These figures have remained broadly stable since 2010Error! Bookmark not defined.. Though a charge will not be levied on taxis, other enforcement mechanisms including bus lane enforcement for non-CAZ compliant taxis will potentially add journey time for non-CAZ compliant wheel chair accessible vehicles.	**Taxi Use and Mobility** Will seek to identify opportunities to exempt or relax requirements to support a suitable supply of wheel chair accessible vehicles. Incentive schemes to be introduced to support the transition to compliant vehicles.
Gender Reassignment	No impact	
Marriage and Civil Partnership	No impact	
Pregnancy and Maternity	Exposure to outdoor air pollution is linked to premature birth, stillbirth and organ damage during development. The proposal will improve air quality across the city with positive impacts in terms of pregnancy and maternity seen in wards with birth rates significantly higher than the Southampton average 2014-2016 (including Redbridge and Millbrook where the	N/A – positive impact

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Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	EU AQD exceedance will be addressed).	
	Birth Weight Traffic related air pollution is estimated to contribute to one-fifth of low birth weight at term cases. Southampton's low birth weight value in 2015 was 6.7%, similar to the national average 7.4%[4]. Very low birth weight in Southampton in 2015 was 1.26%, similar to the national average 1.57%[5]. Therefore, there is limited evidence that air pollution is currently affecting birth weight in the city, but the Clean Air Zone will continue to reduce risks.	N/A – positive impact
Race	22.3% of the Southampton's population are non-White British, including 14% who are residents from Black or Minority Ethnic backgrounds. Citywide improvements in air quality will also mean all ethnic groups across the city will experience positive health benefits.	N/A – positive impact
Religion or Belief	No impact	
Sex	**Deaths from COPD by gender** COPD incidence and earlier onset is associated with exposure to air pollution[2]. In Southampton, COPD is attributed to the deaths of 103.47 males per 100,000 and 56.73 females per 100,000 in 2014-2016. Improving air quality as a result of the Clean Air Zone will benefit both males and females.	N/A – Positive Impact
Sexual Orientation	No impact	
Community	No impact	

[4]https://fingertips.phe.org.uk/search/birthweight#page/3/gid/1/pat/6/par/E12000008/ati/102/are/E06000045/iid/92531/age/29/sex/4

[5]https://fingertips.phe.org.uk/search/birthweight#page/3/gid/1/pat/6/par/E12000008/ati/102/are/E06000045/iid/92532/age/29/sex/4

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Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Safety		
Poverty	**Lower Income Households** Nationally, the health impacts associated with air pollution are likely to fall to a greater extent on poorer households for a range of reasons[6]. Citywide improvements in Southampton's air quality will be greatest in and around the city centre and in vicinity of main roads, which score lower on the Indices of Multiple Deprivation scale (IMD) (i.e. are more deprived). For example, a number of the current Air Quality Management Areas (AQMAs) are located in some of the most deprived neighbourhoods, such as those in Redbridge, Bevois and Bargate. In addition, evidence shows that people resident in the most deprived neighbourhoods in the city are 2.7 times more likely to suffer from COPD and 1.4 times more likely to suffer from asthma compared to the least deprived neighbourhoods; conditions known to be exacerbated by poor air quality.	N/A – Positive Impact
Health & Wellbeing	Health impacts associated with age, disability and pregnancy and maternity are previously discussed.	
	Emergency COPD Admission 35 years+ Emergency chronic obstructive pulmonary disorder (COPD) admissions for those 35+ are	N/A – positive impact

[6] http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review

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Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	significantly higher at Redbridge in comparison to the Southampton average. There are also other areas across the city with significantly higher emergency COPD admissions for this age group. The preferred option will deliver citywide improvements to air quality so will have a positive impact at all areas.	
	Wellbeing The introduction of a charging scheme could be increase stress levels to those who perceive the financial implications to adversely affect them.	**Wellbeing** Communications strategy will ensure the proposals including mitigation measures are accessible, accurate and clearly reported across all relevant groups. Mitigation measures will target those groups most financially affected and seek to provide assurances regarding delivery.
Other Significant Impacts		

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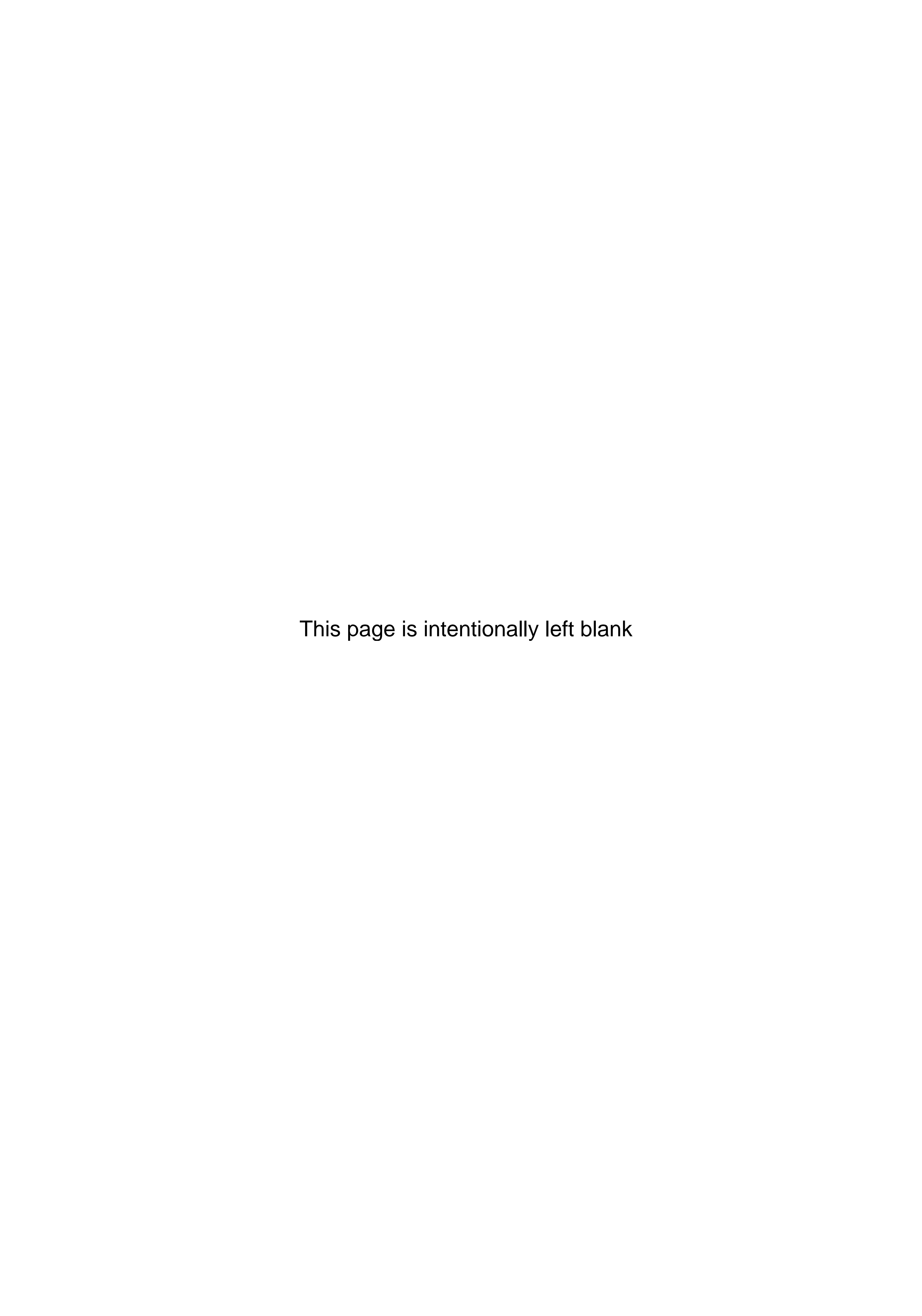

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DECISION-MAKER:		HEALTH AND WELLBEING BOARD		
SUBJECT:		JOINT STRATEGIC NEEDS ASSESSMENT UPDATE		
DATE OF DECISION:		20 JUNE 2018		
REPORT OF:		THE DIRECTOR OF PUBLIC HEALTH		
CONTACT DETAILS				
AUTHOR:	**Name:**	Andrew Saunders	Tel:	023 8083 3925
	E-mail:	Andrew.saunders@southampton.gov.uk		
Director	**Name:**	Jason Horsley	Tel:	023 8083 3818
	E-mail:	Jason.horsley@southampton.gov.uk		

STATEMENT OF CONFIDENTIALITY		
Not applicable		
BRIEF SUMMARY		
This paper provides an update on Southampton's Joint Strategic Needs Assessment and the progress towards the delivery of a Single Assessment of Needs (SNA) for the city. It also includes an update on the latest Health and Wellbeing Strategy Scorecard.		
RECOMMENDATIONS:		
	(i)	The Health and Wellbeing Board note the changes to the JSNA and the move towards a Single Needs Assessment.
	(ii)	The Health and Wellbeing Board note the updated Health and Wellbeing Strategy Scorecard.
REASONS FOR REPORT RECOMMENDATIONS		
1.	For information only.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
2.	None	
DETAIL (Including consultation carried out)		
	Background	
3.	Under the Health and Social Care Act 2012 local Health and Wellbeing Boards are responsible for producing a Joint Strategic Needs Assessment (JSNA). The JSNA looks at the current and future health and care needs of the local populations to inform and guide the planning and commissioning of health, wellbeing and social care services within a local authority area.	
4.	The JSNA supports Health and Wellbeing Boards and other stakeholders to consider wider factors that impact on their communities' health and wellbeing, and local assets that can help to improve outcomes and reduce inequalities. Local areas are free to undertake JSNAs in a way best suited to their local circumstances – there is no template or format that must be used and no mandatory data set to be included.	
5.	Southampton City Council and the Southampton Health and Wellbeing Board recognise the importance of evidence based decision making, using evidence and data from a range of sources including outside traditional health	

	indicators. We are therefore moving away from the traditional JSNA and producing a Single Needs Assessment which is intended to incorporate the existing framework into an "all purpose" needs assessment. This vision has been previously presented and agreed by the Health & Wellbeing Board.
	Single Needs Assessment
6.	A new website is being developed to host the new Single Needs Assessment, with all content available online. The new website will be hosted at www.data.southampton.gov.uk and will replace the JSNA currently hosted at www.publichealth.southampton.gov.uk
7.	Following feedback from a JSNA user workshop, the SNA website will be structured by topic to improve navigation and to make it more intuitive for users to find what they need. The website will consist of two main levels; from the homepage the user will be presented with 8 topics; *population*, *health (JSNA)*, *economy*, *community safety*, *children & young people*, *place,* detailed needs *assessments* and *resources*. The second level will explore each of these topics in more depth. Appendix 1 shows the draft structure of the first two levels of the SNA website, although this may be subject to change and adapted over time. Each level will allow the user to navigate seamlessly through the website using similar functionality to that used on the Office of National Statistics (ONS) website.
8.	Following user feedback, the Single Needs Assessment (SNA) will incorporate a variety of 'core products', such as: • Bitesize web information on needs by topic, with downloads; • Data compendium but signposted to resources elsewhere (e.g. PHE fingertips); • PowerPoint summary slides; • Catalogue of detailed needs assessments – brought together from across SCC and partners; and • City profiles e.g. ward profiles. It is currently hoped that the new website will be developed during the summer of 2018, with new content available to users in the Autumn.
	Strategic Analysis Steering Group (SASG)
9.	A Strategic Analysis Steering Group (SASG) has been formed to give the SNA strategic direction. Its purpose is to: • Help set the strategic direction of the SNA and other strategic analysis, ensuring it is fit for purpose and informs evidence based decision making • The JSNA should be produced in partnership; SASG embeds this approach ensuring all partners are engaged and contribute to the process • Provide a forum for partners to influence the analytical work programme • Helps direct finite analytical resource to make the most impact – ensuring the work programme is informed by organisational priorities, the commissioning and strategy cycle and business need • Identify past / ongoing / planned needs assessment work within organisations to feed the SNA; and

	• Members to champion SNA in their areas to ensure it is use. The steering group is made up of representatives from different areas, such as the CCG, Public Health, Voluntary Sector, Children's and Adult Service, ICU and Strategy and Policy. Their participation and input ensures the analytical work programme is continually informed by a variety of partners and their respective priorities and business need.
	JSNA Scorecard
10.	We know that improvements in health outcomes can take years to achieve at a population level, and that no one action will contribute to improving health across the city. The strategy therefore includes a number of measures from the Public Health Outcomes Framework (PHOF), which will be monitored over the 8 years of the strategy. Appendix 2 provides a scorecard outlining the current position, regional, national and statistical comparators, and recent trends for each measure. Southampton continues to face challenges in relation to health outcomes, but has seen some improvements from the previous years. These include: • Smoking status at time of delivery has decreased from 14.3% in 2015/16 to 13.8% in 2016/17. • Child excess weight in 10-11 year olds has decreased from 36.7% in 2015/16 to 34.9% in 2016/17. • The rate of looked after children has decrease in Southampton from 120 per 10,000 in 2015/16 to 108 per 10,000 in 2016/17. • Children in low income families (under 16s) has decreased from 23.4% in 2014 to 19.7% in 2015.
11.	However, there are still some areas for improvement, and include: • Southampton's under 18 years contraception rate has increased from 29.2 per 1000 population in 2015 to 31.7 per 1000 population in 2016. • Southampton is the 2nd worst for injuries due to falls in people aged 65+ compared to it ONS comparator areas. • Under 75 year's mortality rate for cardiovascular disease (Male) has increased from 124.9 per 100,000 population in 2013/15 to 128 per 100,000 population in 2014/16, and higher than the England average. • Child excess weight in 4-5 year olds has increased in Southampton from 22.2% in 2015/16 to 23.3% in 2016/17.
RESOURCE IMPLICATIONS	
Capital/Revenue	
12.	None
Property/Other	
13.	None
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
14.	None
Other Legal Implications:	
15.	None
RISK MANAGEMENT IMPLICATIONS	

16.	None
POLICY FRAMEWORK IMPLICATIONS	
17.	None

KEY DECISION?	**No**
WARDS/COMMUNITIES AFFECTED:	All

SUPPORTING DOCUMENTATION

Appendices

1.	Draft Single Needs Assessment Website Structure
2.	Health and Wellbeing Strategy Scorecard

Documents In Members' Rooms

1.	None

Equality Impact Assessment

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

Data Protection Impact Assessment

Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.	**No**

Other Background Documents
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	

Single Needs Assessment website layout

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

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Health and Wellbeing Strategy 2017-2025

Health and Wellbeing Scorecard

May 2018

Comparison with England: Significantly Worse | Worse (but not sig) | Similar | Better (but not sig) | Significantly Better

England Ranking Quintile: 20% Worst | 2nd | 3rd | 4th | 20% Best

remember make white for final 1-30 31-60 61-91 92-121 122-152

Direction of travel comparison with ghost rank of last time

Priority area	Measure	Unit	Latest Period	Southampton sparkline	Southampton value	England Value	Comparison with England	ONS Comparator Ranking (12 LAs) (1 = worst)	England LA Ranking (1 = worst)*	Updated May 2018	Updated February 2018	Comparator ranking direction of travel	England ranking direction of travel	ONS Comparator Ranking (12 LAs) (1 = worst)	England LA Ranking (1 = worst)*
Overarching	Life expectancy at birth (Male)	Years	2014-16		78.5	79.5	Significantly lower	9	49		*	↔	↑	9	46
	Life expectancy at birth (Female)	Years	2014-16		82.8	83.1	Lower	12	68		*	↔	↓	12	71
	Life expectancy at 65 years (Male)	Years	2014-16		17.9	18.8	Significantly lower	7	37		*	↓	↓	9	39
	Life expectancy at 65 years (Female)	Years	2014-16		20.8	21.1	Lower	11	64		*	↓	↓	12	73
	Healthy Life Expectancy at birth (Male)	Years	2014-16		61.9	63.3	Lower	11	64		*	↑	↑	9	49
	Healthy Life Expectancy at birth (Female)	Years	2014-16		63.1	63.9	Lower	12	74		*	↑	↓	10	77
	Under 75 years mortality rate from cardiovascular disease (Male)	per 100,000	2014-16		128.0	102.7	Significantly higher	7	35						
	Under 75 years mortality rate from cardiovascular disease (Female)	per 100,000	2014-16		45.6	45.8	Lower	12	81						
	Under 75 years mortality rate from respiratory disease (Male)	per 100,000	2014-16		60.9	38.5	Significantly higher	5	12						
	Under 75 years mortality rate from respiratory disease (Female)	per 100,000	2014-16		38.2	28.0	Significantly higher	9	37 of 149						
	Mortality rate from causes considered preventable (Male)	per 100,000	2014-16		295.2	230.4	Significantly higher	7	22						
	Mortality rate from causes considered preventable (Female)	per 100,000	2014-16		152.2	138.5	Higher	10	57						
Priority area	**Measure**	**Unit**	**Latest Period**	**Southampton sparkline**	**Southampton value**	**England Value**	**Comparison with England**	**ONS Comparator Ranking (12 LAs) (1 = worst)**	**England LA Ranking (1 = worst)***			**Comparator ranking direction of travel**	**England ranking direction of travel**	**ONS Comparator Ranking (12 LAs) (1 = worst)**	**England LA Ranking (1 = worst)***
Children & Young People/early years	Smoking status at time of delivery	%	2016/17		13.8	10.7	Significantly higher	5	39 of 149						
	Breastfeeding prevalence at 6-8 weeks after birth	%	2016/17	Not available	Not available	Not available	Not available	Not available	Not available		*				
	Child excess weight in 4-5 year olds	%	2016/17		23.3	22.6	Higher	9	65		*	↓	↓	11	84
	Child excess weight in 10-11 year olds	%	2016/17		34.9	34.2	Higher	10	77		*	↔	↑	8	55
	Population vaccination coverage – MMR for one dose (2 years old)	%	2016/17		95.2	91.6	Significantly higher	10	118 of 149		*	↑	↑	9	109 of 149
	Looked after children rate	per 10,000	2016/17		108.0	62.0	Significantly higher	3	11		*	↑	↑	1	2
	School readiness: Good level of development at the end of reception	%	2016/17		70.2	70.7	Lower	10	87		*	↓	↑	12	71
	School readiness: Year 1 pupils achieving the expected level in the phonics screening check	%	2016/17		81.6	81.1	Higher	12	82		*	↔	↓	12	94
	Children in low income families (under 16s)	%	2015		19.7	16.8	Significantly higher	11	57	*		↑	↓	10	58
	Hospital admissions from unintentional & deliberate injuries (0-14 yrs)	per 10,000	2015/16		110.3	101.5	Higher	8 of 11	59 of 148		*	↔	↑	8	28
	Under 18 years conception rate	per 1,000	2016		31.7	18.8	Significantly higher	1	7 of 150	*		↓	↓	6	20
Priority area	**Measure**	**Unit**	**Latest Period**	**Southampton sparkline**	**Southampton value**	**England Value**	**Comparison with England**	**ONS Comparator Ranking (12 LAs) (1 = worst)**	**England LA Ranking (1 = worst)***			**Comparator ranking direction of travel**	**England ranking direction of travel**	**ONS Comparator Ranking (12 LAs) (1 = worst)**	**England LA Ranking (1 = worst)***
Adults	Smoking prevalence in adults	%	2016		17.8	15.5	Significantly higher	6	42						
	Suicide rate	per 100,000	2014-16		14.2	9.9	Significantly higher	1	6 of 149						
	Depression recorded prevalence	%	2016/17		9.2	9.1	Similar	4	68 of 151	*		↓	↓	5	71 of 152
	Injuries due to falls in people aged 65+ (Persons)	per 100,000	2016/17		3134.9	2113.8	Significantly higher	2 of 11	5 of 148		*	↓	↓	3	11
	Injuries due to falls in people aged 65+ years (Male)	per 100,000	2016/17		2647.4	1714.9	Significantly higher	2 of 11	5 of 148		*	↓	↓	3	7
	Injuries due to falls in people aged 65+ years (Female)	per 100,000	2016/17		3453.8	2395.6	Significantly higher	1 of 11	4 of 148		*	↓	↓	3	13
	HIV late diagnosis	%	2014-16		55.2	40.1	Higher	1	16 of 145						
	Under 75 years mortality rate for liver disease considered preventable	per 100,000	2014-16		17.4	16.1	Higher	11	66						
	TB incidence (3 year average)	per 100,000	2014-16		11.5	10.9	Higher	9	54						
Priority area	**Measure**	**Unit**	**Latest Period**	**Southampton sparkline**	**Southampton value**	**England Value**	**Comparison with England**	**ONS Comparator Ranking (12 LAs) (1 = worst)**	**England LA Ranking (1 = worst)***			**Comparator ranking direction of travel**	**England ranking direction of travel**	**ONS Comparator Ranking (12 LAs) (1 = worst)**	**England LA Ranking (1 = worst)***
Healthy settings	Fraction of mortality attributable to particulate air pollution	%	2016		6.0	5.3	Higher	5	42	*		↑	↑	3	40
	Percentage of people aged 16-64 years in employment	%	2016/17		71.4	74.4	Significantly lower	11	45						
	Excess winter deaths index (Persons)	Ratio	Aug 2013-Jul 2016		15.8	17.9	Lower	12	112						
	Excess winter deaths index (Male)	Ratio	Aug 2013-Jul 2016		11.8	15.4	Lower	12	116						
	Excess winter deaths index (Female)	Ratio	Aug 2013-Jul 2016		19.1	20.2	Lower	6	88						

** Ranking is out of 152 Upper Tier Local Authorities unless otherwise stated*

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