Public Document Pack

Joint Commissioning Board

Thursday, 13th September, 2018 at 9.30 am

PLEASE NOTE TIME OF MEETING

Conference Room 3 - Civic Centre

This meeting is open to the public

Members

Dr Kelsey (Chair)
June Bridle
John Richards
Councillor Hammond (Vice-Chair)
Councillor Fielker
Councillor Shields

Please send apologies to:

Emily Chapman, Board Administrator,

Tel: 02380 296029

Email: emilychapman1@nhs.net

PUBLIC INFORMATION

Role of the Joint Commissioning Board

The Board has been established by the City Council and Clinical Commissioning Group to commission health and social care in the City of Southampton. It will encourage collaborative planning, ensure achievement of strategic objectives and provide assurance to the governing bodies of the partners of the integrated commissioning fund on the progress and outcomes of the work of the integrated commissioning function

Public Representations

Save where an Item has been resolved to be confidential in accordance with the Council's Constitution or the Freedom of Information Act 2000, at the discretion of the Chair, members of the public may address the meeting about any report on the agenda for the meeting in which they have a relevant interest.

Benefits from Integrated Commissioning

- Using integrated commissioning to drive provider integration and service innovation.
- Improving the efficiency of commissioned services
- Increasing the effectiveness of commissioning – across the whole of the commissioning cycle.

Smoking policy – the Council and Clinical Commissioning Group operates a no-smoking policy in all of its buildings.

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

Fire Procedure – in the event of a fire or other emergency an alarm will sound and you will be advised by lofficers what action to take.

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

Dates of Meetings: Municipal Year 20181/19

2018	2019
12th April	10th January
14th June	14th February
12th July	14th March
9th August	
13th September	
11th October	
8th November	
13th December	

CONDUCT OF MEETING

Terms of Reference

The terms of reference of the Board are contained in the Council's Constitution and the Clinical Commissioning Group Governance Arrangements.

Business to be discussed

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

Rules of Procedure

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

Quorum

The minimum number of appointed Members required to be in attendance to hold the meeting is 4 with a minimum of 2 from the City Council and the Clinical Commissioning Group.

Disclosure of Interests

A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role is, could be, or is seen to be impaired or otherwise influenced by his or her involvement in another role or relationship

AGENDA

Agendas and papers are now available online at www.southampton.gov.uk/council/meeting-papers

1 WELCOME AND APOLOGIES

Lead	**Item For:** **Discussion** **Decision** **Information**	**Attachment**
Dr Mark Kelsey	Information	Attached

2 DECLARATIONS OF INTEREST

A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role is, could be, or is seen to be impaired or otherwise influenced by his or her involvement in another role or relationship

Lead	**Item For:**	**Attachment**

	Discussion Decision Information	
Dr Mark Kelsey	Discussion	Attached

3 MINUTES OF THE PREVIOUS MEETING/ ACTION TRACKER (Pages 1 - 6)

Lead	**Item For: Discussion Decision Information**	**Attachment**
Dr Mark Kelsey	Decision	Attached

4 WOMEN AT RISK OF REPEAT REMOVALS (PAUSE) (Pages 7 - 34)

Lead	**Item For: Discussion Decision Information**	**Attachment**
Amy McCullough	Decision	Attached

5 SEND STRATEGIC REVIEW (Pages 35 - 42)

Lead	**Item For: Discussion Decision Information**	**Attachment**
Donna Chapman	Discussion	Attached

6 PERFORMANCE REPORT (Pages 43 - 48)

Lead	**Item For: Discussion Decision Information**	**Attachment**
Stephanie Ramsey	Information	Attached

Wednesday, 5 September 2018

Meeting Minutes

Joint Commissioning Board - Public

The meeting was held on 9th August 2018, 09:30 – 10:30
Conference Room, Oakley Road

	NAME	INITIAL	TITLE	ORG
Present:	Councillor Chris Hammond	CH	Leader of the Council (Chair)	SCC
	Councillor Lorna Fielker	LF	Councillor	SCC
	John Richards	JRich	Chief Executive Officer	SCCCG
	Matt Stevens	MS	Lay Member – Patient & Public Involvement	SCCCG
In attendance:	Richard Crouch	RC	Interim Chief Executive Officer	SCC
	Stephanie Ramsey	SR	Director of Quality & Integration	SCCCG / SCC
	Beccy Willis	BW	Head of Business	SCCCG
	Claire Heather	CH	Senior Democratic Support Officer	SCC
	Donna Chapman	DC	Associate Director	SCCCG/ SCC
	Sharon Stewart	SS	Adult Social Care Service Lead	SCC
Apologies:	James Rimmer	JRim	Chief Financial Officer	SCCCG
	Dr Mark Kelsey	MK	CCG Chair	SCCCG
	Mel Creighton	MC	Chief Financial Officer	SCC
	Councillor Dave Shields	Cllr Shields	Health and Sustainable Living	SCC
	June Bridle	JB	Lay Member (Governance)	SCCCG

		Action:
1.	**Welcome and Apologies**	
	Members were welcomed to the meeting. Apologies were noted and accepted	
2.	**Declarations of Interest**	
	A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role is, could be, or is seen to be impaired or	

	otherwise influenced by his or her involvement in another role or relationship No declarations were made above those already on the Conflict of Interest register.	
3.	**Previous Minutes/Matters Arising & Action Tracker**	
	The minutes from the previous meeting dated 11 June 2018 were agreed as an accurate reflection of the meeting. **Matters Arising** • LGA Green Paper for adult social care and wellbeing – This paper is going to the CCG's Clinical Executive Group next week who will provide a response. It was agreed a response should also come from SCC. Councillor Shield's advised that himself and Councillor Fielker were holding a consultation event so would provide a response after that. **Action Tracker** The outstanding actions were reviewed and the action tracker updated.	**CEG / Cllr Shields / Cllr Fielker**
4.	**Discharge to Assess Pathway 3**	
	Donna Chapman and Sharon Stewart presented the report to give feedback on the key learning points and recommendations from the pilot of a Discharge to Assess scheme for patients on Pathway 3. This is part of the overall work of hospital discharges and patient needs when leaving hospital. The pilot identified that on average there were 1-2 patients a week suitable for discharge to assess on this pathway. The pilot also identified that whilst many would be eligible for an assessment of CHC, less than 2% would go on to be proven eligibility for CHC and the majority would be social care funded clients. There was very little demand for clients being in their own homes. DTOC and Length of Stay impact did reduce on this pathway however there was less evidence about the impact on costs. In summary the pilot demonstrated that Discharge to Assess can be implemented for Pathway 3 clients and improves patient/clinical experience. It is recommended that Discharge to Assess should continue to be provided for complex patients/clients and this should be part of Pathway 3 managed by the IDB. It was noted that evaluation would continue and consideration given to long term funding. Need to seek UHS ongoing financial contribution. To return to JCB with proposals for long term sustainability January 2019 There was a lengthy discussion with the following points raised: • It is easier to arrange spot purchasing than it is getting block contracts and also gives choice, without the patient needing to	**DC/SS**

	move twice • Is there any benefit of widening eligibility for more clients? • The interface with Pathway 1 and 2 needs to be clear and more robust • The CHC Framework will change in the future making the process more robust , our CHC team have been involved nationally in the development of this work • Excess bed day tariffs impact.to be considered . National initiative to reduce “stranded” patients	
5.	**Better Care Quarter 1 Report**	
	DC provided a review of performance for Quarter 1 against Southampton’s Better Care programme and pooled fund. The National Better Care Fund Operating guidance was published on 19 July 2018 for 2018/19 along with revised targets for delayed transfers of care (DTOC). The DTOC metric set for Southampton in 2018/19 has been based on the Quarter 3 2017/18 position and requires Southampton to reduce average daily delays to 26.6 (comprising 11.3 NHS delays, 11 Adult Social Care delays and 4.4 Joint delays) by September 2018 and then to maintain this position to year end. The Quarter 3 position was 38.8 average daily delays (16.2 NHS delays, 18.3 Adult Social Care delays and 4.4 joint delays). The new 18/19 target represents a slightly less ambitious trajectory than that of 2017/18 and a much more equal split of NHS and Adult Social Care delays. The targets in Southampton's Better Care performance report have been updated to reflect this revised trajectory. The highlights of Q1 are as follows: • The CCG and Council have contributed to a piece of work with the Hampshire and IOW STP to better define “cluster working” across the STP footprint, which has included a stock take of progress within the city to identify key areas for development. A Better Care Programme Manager has been appointed (commenced May 2018) to progress work with each cluster as well as city wide to develop a much clearer operational model for cluster working • Social work capacity has been increased in the new community-based social wellbeing teams and in the new integrated learning disability team to champion a Strengths Based Approach to improve outcomes for individuals, make best use of community and other resources and reduce, where possible, dependence on services • The new Southampton Living Well Service formally went live in April 2018, which will transform the current older person’s day services into a new wellbeing and activity offer delivered through Community Wellbeing Centres based within communities and wider community activity • The integrated prevention and early help service for children 0-19 and their families under a single management structure formally went live in April 2018 under S75 Partnership arrangements. The	

	Service brings together teams from both the Council and Solent NHS Trust (incorporating the Healthy Child Programme, Children's Centres and local Troubled Families programme) and operates in localities aligned to the city's 6 clusters • Additional hours have been purchased from the domiciliary care framework using iBCF funding to further support people to remain at home, bringing the total additional hours purchased this year to 11,340 • Work continues with the market to increase nursing home capacity. This includes the development of a new 44 bed nursing home in Rownhams for which planning permission has been granted. The Council is looking to contract with the owners for capital investment in the home in return for bed spaces at a reduced rate. The ICU is also working with homes across the city to encourage them to take clients with greater complexity by supporting with training and skills development. DC and SS left the meeting.	

Date of next meeting: 13th September 2018, 09:30 – 10:30, Conference Room 3, Civic Centre

Joint Commisioning Board - Action Tracker (Public)					
Date of meeting	**Subject**	**Action**	**Lead**	**Deadline**	**Progress**
11/06/2018	Better Care Quarterly Report – Q4	Briefing on Social Care Green Paper to the Board once available.	SR	Oct-18	Future meeting
11/06/2018	Integrated Commissioning Plan	Staffing structures and savings impact to be a future agenda item	SR	Oct-18	Future meeting
11/06/2018	Integrated Commissioning Plan	Evaluation of 17/18 Integrated Commissioning Plan to be brought to a future meeting	SR	Oct-18	Future meeting
11/06/2018	Quality Update on Social Care Providers	SR to provide a detailed briefing at a future meeting on workforce	SR	Oct-18	Scheduled for October meeting
05/09/2018	LGA	CEG to provide a response to the LGA and Cllr Shields/Cllr Fielker	CEG / Cllr Shields / Cllr Fielker	Oct-18	

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DECISION-MAKER:		Joint Commissioning Board (JCB)		
SUBJECT:		**Mothers at risk of repeat removals**		
DATE OF DECISION:		**13th September 2018**		
REPORT OF:		**Joint interest: Hilary Brooks, Jason Horsley and Stephanie Ramsey**		
CONTACT DETAILS				
AUTHOR:	**Name:**	Amy McCullough	Tel:	023 8083 7027
	E-mail:	Amy.McCullough@southampton.gov.uk		
Director	**Name:**	Jason Horsley	Tel:	023 8083 3000
	E-mail:	Jason.Horsley@southampton.gov.uk		

STATEMENT OF CONFIDENTIALITY
Not required.

BRIEF SUMMARY

A pre-business case scoping exercise has been completed to explore the possible options for funding and delivering a service that supports mothers that have had, and are at risk of having, multiple children removed and taken into care. The key aims of the service are to:

1. Support mothers at risk of repeat removals to take more control of their lives, and resolve their multiple needs and difficulties that led to their child/children being removed.
2. Reduce the number of future children taken into care by asking women to take a "pause" in pregnancy (using Long-Acting Reversible Contraception) during the 18-month period of intensive support so that they can focus on resolving their multiple needs and issues, and hence are more likely to be able to keep future children that they may have after completion of the programme.
3. Reduce the costs of further repeat children being taken into care, and avoid costs in relation to NHS and adult social care.

Joint Commissioning Board are asked to make decisions on the following:

4. Are JCB committed to the delivery of a service in Southampton to support mothers at risk of repeat removals; to address their multiple needs, and reduce future children being taken into care?

5. If so, where would JCB like the funding for the service to come from? The options are as follows:

   A. Redirection of SCC - and potentially partner - funding to enable delivery of the service.

   B. Redirection of some FNP and SCC Children and Families resources (posts) under the current Section 75 framework.

C. Another option as suggested and agreed by JCB.

3. Do JCB agree that we proceed with the development of a full business case, which is considered and approved by the Children's Multi-Agency Partnership Board, with prior input from Cabinet Members?

RECOMMENDATIONS:		
	(i)	JCB commit to the delivery of a service in Southampton to support mothers at risk of repeat removals.
	(ii)	JCB agree to Option A, scenario 1: Redirection of SCC - and potentially partner - funding to enable delivery of the service.
	(iii)	JCB agree that we proceed with the development of a full business case, which is considered and approved by the Children's Multi-Agency Partnership Board, with prior input from Cabinet Members.

REASONS FOR REPORT RECOMMENDATIONS	
1.	Supporting mothers to take more control of their lives, resolve their difficulties, and address the issues that led to their child/children being removed will lead to better overall health and wellbeing and related outcomes, less inequality and less spend on treating poor outcomes.
2.	As the issues faced by many women are sufficiently entrenched, preventing further pregnancy during the time in which they are being supported, would increase the chance of a successful outcome for women whilst reducing the chance of them experiencing further attachment trauma.
6.	This is a "cost avoidance" proposition. It will reduce avoidable long term pressure on Children's Looked After Children budget, and the associated additional spend of adult social care and NHS services on treating the fallout of unresolved cycles of family failure rooted in unresolved mental health issues, alcohol and substance addiction, domestic abuse and high levels of benefit dependency.
4.	The strengths of Option A, scenario 1 are that we can utilise the budget more freely to employ people with the right skill mix and experience (i.e. rather than shifting existing posts), we do not detract from an existing service if the SCC contribution is sourced from reserves, and there are benefits in buying into an evidence based national model; using a tried and tested programme that has good outcomes, have access to Pause training and clinical supervision, intensive support (from the national and regional Pause team) with set up, delivery, monitoring and evaluation of the service.
5.	Proceeding with the development of a full business case, which is considered and approved by the Children's Multi-Agency Partnership Board, with prior input from Cabinet Members, would enable the business case to be approved within a fairly short timescale.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
B.	Redirection of some FNP and SCC Children and Families resources to deliver the service under the current Section 75 framework. i.e. 2 x FNP Nurses. 1 x Family Engagement Worker.

	1 x Senior Social Worker. Requires backfill. Option to be discussed by JCB during the meeting. The key limitations are less flexibility in the skill mix that makes up the team (as utilising existing posts and people), impact on the areas that resources are shifted from, and possible limitations as to when can redeploy FNP nurses (terms of the FNP licence being explored). A key strength is that it presents a sustainable way of resourcing the service longer-term.
C.	Another option as suggested and agreed by JCB.
DETAIL (Including consultation carried out)	
	The following methods were used to inform the pre-business case scoping exercise: • Analysis of Southampton Paris system data on children and mothers. • Evidence review (on LARC and interventions to support mothers at risk of repeat removals). • Visit by the national Pause Chief Executive and South East Pause Practice Lead, and follow up discussions. • Qualitative work i.e. discussions with Local Authorities that commission Pause, discussion with Pause providers, discussion with key people from SCC and Solent (including members). Discussion at key forums including CYP Multi-Agency Prevention Board. • Cost comparison of delivering Pause Vs bespoke service (using scenarios), and cost avoidance scenarios.
RESOURCE IMPLICATIONS	
Capital/Revenue	
1.	If Option A scenario 1 is approved, the average cost of a Pause service for an 18 month period is £450k (£303,322.50 in staff costs, £88,950 in programme costs, and £57,727.50 in local costs). Capital costs would be minimised by utilising existing building space if the preferred delivery model is pursued i.e. SCC in-house service or SCC/NHS Solent service delivered under the Section 75 agreement.
2.	If approval is given to proceed to a Business Case, a deep dive cost exercise and more detailed cost avoidance analysis will be completed**.**
Property/Other	
	The preferred delivery model is a SCC or SCC/NHS Solent service delivered under the Section 75 agreement, which would not require additional property or new office space.
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
1.	Can be undertaken within existing powers.
CONFLICT OF INTEREST IMPLICATIOINS	
1.	Discussions have taken place with NHS Solent to determine options for

	redirecting FNP resource to this service. However, this option was developed following exploration of other preliminary options, and their input has been collaborative and not directive in any way.
RISK MANAGEMENT IMPLICATIONS	
1.	A risk register will be developed as part of the full Business Plan.
POLICY FRAMEWORK IMPLICATIONS	
1.	None that aware of.

KEY DECISION?	**Yes (due to suggested on-going cost)**
WARDS/COMMUNITIES AFFECTED:	**Women at risk of repeat removals across all wards**
SUPPORTING DOCUMENTATION	
Appendices	
1.	Women at risk of repeat removals: Pre-business case scoping and decisions to be made (PowerPoint slides)

Documents In Members' Rooms

1.	Report as above shared with all Members on JCB and Cllr Jordan.

Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	**Yes** (to be carried out if commence to Business Case)
Privacy Impact Assessment	
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	**Yes** (to be carried out if commence to Business Case)

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.	Evaluation of Pause: Research Report. University of Central Lancaster and Opcit Research on behalf of the Department for Education. Available at https://innovationcsc.co.uk/wp-content/uploads/2017/11/1.2.87-Evaluation_of_Pause.pdf	
2.	National Pause documentation and other relevant published and grey literature can be provided.	

Mothers At Risk of Repeat Removals

Pre-business case scoping and decisions to be made

Amy McCullough, Consultant In Public Health

With support from: Phil Bullingham - Service Lead, Children and Families (SCC); Claire Robinson, Operations Director (NHS
olent); Tim Davies, Senior Commissioner – ICU (SCC); Vicky Copley, Senior Analyst - Intelligence and Strategic Analysis (SCC)

Decisions for JCB:

1. Are JCB committed to the delivery of a service in Southampton to support women who have children taken into care; to address their multiple needs, and reduce future children being taken into care?

2. If so, where would JCB like the funding for the service to come from? The options are as follows:

A. Redirection of SCC - and potentially partner - funding to enable delivery of the service.

B. Redirection of some FNP and SCC Children and Families resources (posts) under the current Section 75 framework.

C. Another option as suggested and agreed by JCB.

3. Do JCB agree that we proceed with the development of a full business case, which is considered and approved by the Children's Multi-Agency Partnership Board, with prior input from Cabinet Members?

The rationale

1. Supporting mothers (and potentially fathers) to take more control of their lives, resolve their difficulties, and address the issues that led to their child/children being removed will lead to better overall health and wellbeing and related outcomes, less inequality and less spend on treating poor outcomes.

2. As the issues faced by many women are sufficiently entrenched, preventing further pregnancy during the time in which they are being supported, would increase the chance of a successful outcome for women whilst reducing the chance of them experiencing further attachment trauma.

3. This is a “cost avoidance” proposition. It will reduce avoidable long term pressure on Children’s LAC budget, and the associated additional spend of adult social care and NHS services on treating the fallout of unresolved cycles of family failure rooted in unresolved mental health issues, alcohol and substance addiction, domestic abuse and high levels of benefit dependency.

What the data tells us: CYP

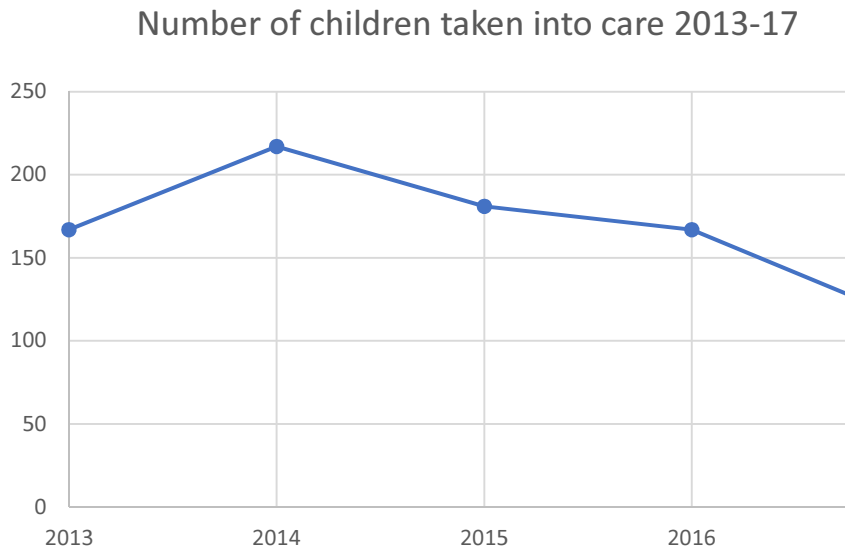
- 2013-2017 **847 children and young people taken into care**.

- Number decreasing each year since 2014 in same five year period; from 217 in 2014 to 115 in 2017.

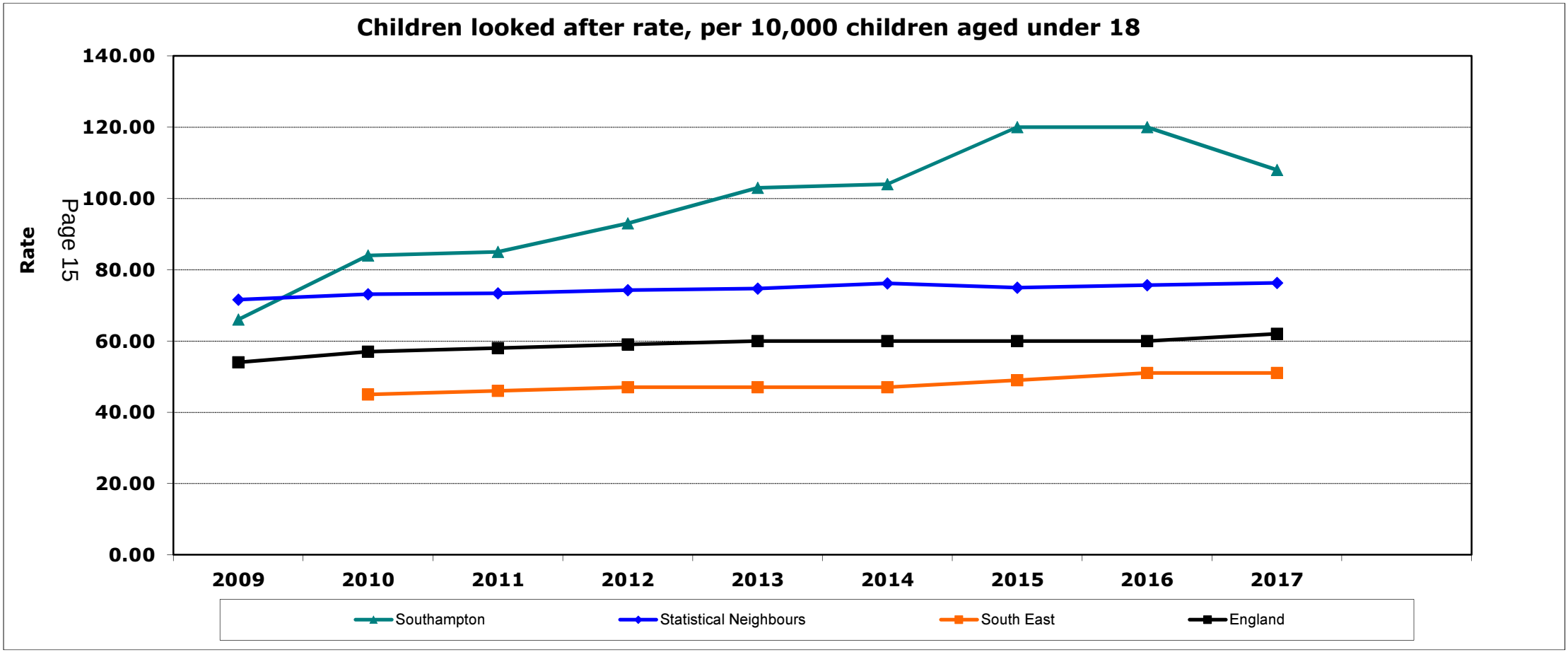
- **50% were taken into care before the age of 5 years** and 50% from 5-17 years.

- Of those CYP coded on the system (41% no code supplied and so excluded from calculation), **57% had some form of SEN status …**

- 39% have a special education need recorded;
- 10% have an Education, Health and Care Plan;
- 8% are coded as School Action or School Action Plus.



How we compare to other similar LA's



Source: Local Authority Interactive Tool

What the data tells us: Mothers

- 504 women gave birth to the 847 children taken into care during 2013-17.
- Of those 504 women **231 women had 2 or more children removed.** This is the group of women that we are (initially) particularly interested in.
- Of those 231 women who had a child/multiple children removed (at the same time) between 2013 and 2017, 66 of them went on to have a subsequent child/ren taken into care who were born more than 40 weeks after the previous child/ren removed. This suggests a **cohort of 66 women that would be an initial target group of women to work with** (as at end of 2017).

Tricky part… don't know who out of the 231 women will become the 66 that go onto have later born children taken into care!

Prioritising who receives the intervention

It would be most cost effective to target the following groups:

- **Younger women** – as can prevent more future LAC.
- **Those with a "new" second removal** (including those with older siblings removed at the same time), rather than women who are having their 3rd or 4th removal.

  - If target those with "new" second removals the cohort who go on to have later born children taken into care reduces from 66 to 37 mothers.

  - 8/37 (21.6%) of these mothers had a subsequent birth within 1 year of the second removal.

Would also want to prioritise based upon other factors; mother's needs, willingness of the mother to engage in the service, etc. A multi-agency partnership forum to make decisions about who to target for intervention required.

Presenting Issues – Learning from Bristol

60% have issues with **Drugs, Alcohol or both** – 37% in a national study*

68% have experienced **Domestic Violence** – 50% in a national study*

7% have diagnosed Learning Difficulties

13% are Care Leavers

36% have experienced a range of chronic **MH issues** – 38% in a national study*

16% have a criminal history

Research has identified several risk factors for having children removed. The most prevalent factors are unintended pregnancies at young ages; substance misuse; domestic violence; mental ill health; and learning disabilities. Risk increases with the increase in the number of risk factors – have a cumulative impact.

* Department for Education (2017). *Characteristics of children in need: 2016 to 2017.* Looks at 571,000 children subject to 646,120 care referrals.

Jade’s story

Jade began her engagement with Pause in early summer 2015, while in her early thirties. She had experienced 4 children removed from her care. Two were adopted, while 2 were in the care of a paternal grandmother.

Jade had suffered sexual abuse as a child from a family member who lived locally. She had also experienced domestic violence in childhood and adulthood. Although she presented as confident, Jade explained that she had low self-esteem and was very insecure. She reported that she was struggling to manage the emotional impact of the loss of her children, was ‘constantly crying’, felt depressed, had no motivation, and was also affected by flashbacks related to previous experiences of abuse. Jade was facing issues with heroin and alcohol, and was using methadone but not accessing any other support. She described using substances as a coping mechanism.

Pause helped Jade to secure new, permanent housing, through a dedicated pathway arranged by Pause Board members. Jade stated this was the most important factor in helping her to achieve change, find stability, and escape drugs. Jade’s Practitioner helped her access treatment services for her substance misuse. Jade also started counselling, enrolled in college on catering and maths courses, and was doing ad-hoc voluntary work. Jade’s Practitioner helped her to successfully engage in group activities with other Pause women, took Jade on outings to the hairdresser and beautician, and provided practical support with buying household items, debt, and budgeting. Jade also significantly reduced her methadone use.

Jane's feedback on Pause

I didn't realise the impact domestic violence had on children until I did the Freedom Programme with Women's Aid. I was heartbroken when my children were taken into care: it makes you feel like a s**t mother. When Amy called me from Pause, I was at the point of giving up, of killing myself. I was in a dark place, I felt like I was alone. Since I started working with Pause, I realise I've still got a chance.

I've got a new flat, a new job, and I'm doing training. I want to improve my life. Pause helped me get a cooker and a fridge freezer and I've got somewhere to bring my kids when we have contact. "Mummy's little flat" – they love it.

Pause don't threaten you – but if you're taking the biscuit, they'll tell you! I feel stronger now than I did before. Where I used to find meetings with social workers frustrating and upsetting, I can cope now. I feel confident in myself. And my mum's really proud.

Evidence review

- 5/22 studies explored the effectiveness and cost effectiveness of LARC.

- 10/22 studies explored interventions for parents of children removed or at risk of removal:
  - 3 studies conducted in the UK, remaining from the US and Australia
  - Over 1200 participants
  - One was a systematic review of 12 studies, 2 included mothers, 8 included children and their families (including birth and foster families)
  - Gap in support for parents after a child is removed from their care, and need to address the risk factors that mean multiple children are removed.

- Includes an evaluation of the Pause programme.

Findings of the evidence review

- Quality of the evidence good to moderate.

- LARC effective and cost effective.

- Main outcomes for women:
  - Reduced rate of unplanned pregnancies
  - Improved psychological outcomes in parents e.g. confidence, self-worth, wellbeing
  - Improved outcomes in relation to risk factors e.g. domestic abuse, drug/alcohol use
  - High satisfaction with intervention

- Critical success factors:
  - Providing the intervention early (i.e. soon after a child removed from care).
  - Tailoring the support to woman's individual needs within a structure of a programme.
  - See "critical success factors" slide.

- Lack of research into long-term effects of interventions.

Pause (national model)

- Pause do not deliver the service. Operate in a similar way to a licensed programme.
- LA would need to deliver or commission the service whether buy into Pause or not.
- Key advantages to “buying into” the Pause model: using an evidence-based model, have access to Pause training and clinical supervision, intensive support (from the national and regional Pause team) with set up, delivery, monitoring and evaluation of the service.
- Key disadvantages: Limited flexibility to change the model to meet local needs, an expensive service if can’t utilise existing posts, according to other LA’s can feel like a “take over”.

Learning from Southampton stakeholders, Pause national team, and other areas that provide Pause*

All apply whether "buy into" Pause model or not…

- Build from what already have; use the strengths in the Southampton system.
- Intensive support over an 18 month period requires a devoted workforce, can't be an "add on".
- Needs to be a city-wide team, and have robust pathways and links with other services; for participating women and to ensure clinical supervision for professionals in team.
- A drawback of any service is that new posts are likely to be filled by existing social workers and substance misuse/domestic violence/MH services – so shifting resource and skills from one part of the system to another.
- No obvious community, voluntary or social enterprise (VCSE) sector provider in Southampton to deliver the service.
- Is some alignment between FNP and the Pause model i.e. Pay more to retain staff, case loads capped, strength-based approach, clinical supervision.

* Spoke to statistical neighbours Bristol, Derby, and Plymouth, and West Sussex

Critical success factors

- **Team of 5 people**. Critical for a good quality and robust service; ensures a good skill mix possible, ca
loads can be capped, peer support and learning, cover when team members take annual (or sick) lea

- **Skill mix of the team** should include the following;

  - A Team leader that provides supervision, and access to clinical supervision.

  - **3 practitioners** with at least some experience from the following fields: social work, substan
misuse, domestic violence and abuse, mental health. Would want at least one member of the
team to be an experienced social worker with child protection experience (could be the Team
Leader).

  - **Business and admin support**.

- **Paying practitioners** at a level equivalent to experienced social workers.

- **Cap on case-load** i.e. 8-10 cases per practitioner.

- **Tailoring** to the needs of each woman.

- **Branding** of the team (not seen as social workers).

- **Links with decision-making forums and services** in place.

Strengthening Long-Acting Reversible Contraception (LARC) advice and pathways

- Strengthen pathways between the NHS Solent Sexual Health Service (including Outreach Service) and other services i.e. LAC teams, substance misuse services, hostel staff.

- Upskill staff across the system to talk about LARC, promote time away from being pregnant, and refer to their GP or the Sexual Health Service i.e. social workers, substance misuse staff, domestic violence, pharmacy staff post prescribing of Emergency Hormonal Contraception.

- Train FNP health visitors and midwives to fit LARC.

- Review LARC in BPAS and ensure it as robust as would want it to be.

Cost avoidance according to national evaluation of Pause (McCracken et al.)

- For 125 women, estimated net savings of £1.2m to £2.1m per year after 18 months through avoided pregnancies and subsequent reduction in Looked After Children costs. Should see this as cost avoidance rather than savings.

- So, if 20 women participate in a local programme over an 18 month period (as recommended by Pause), the estimated cost avoidance after 18 months through avoided pregnancies and subsequent reduction in LAC costs is between £192,000 to £336,000 per year.

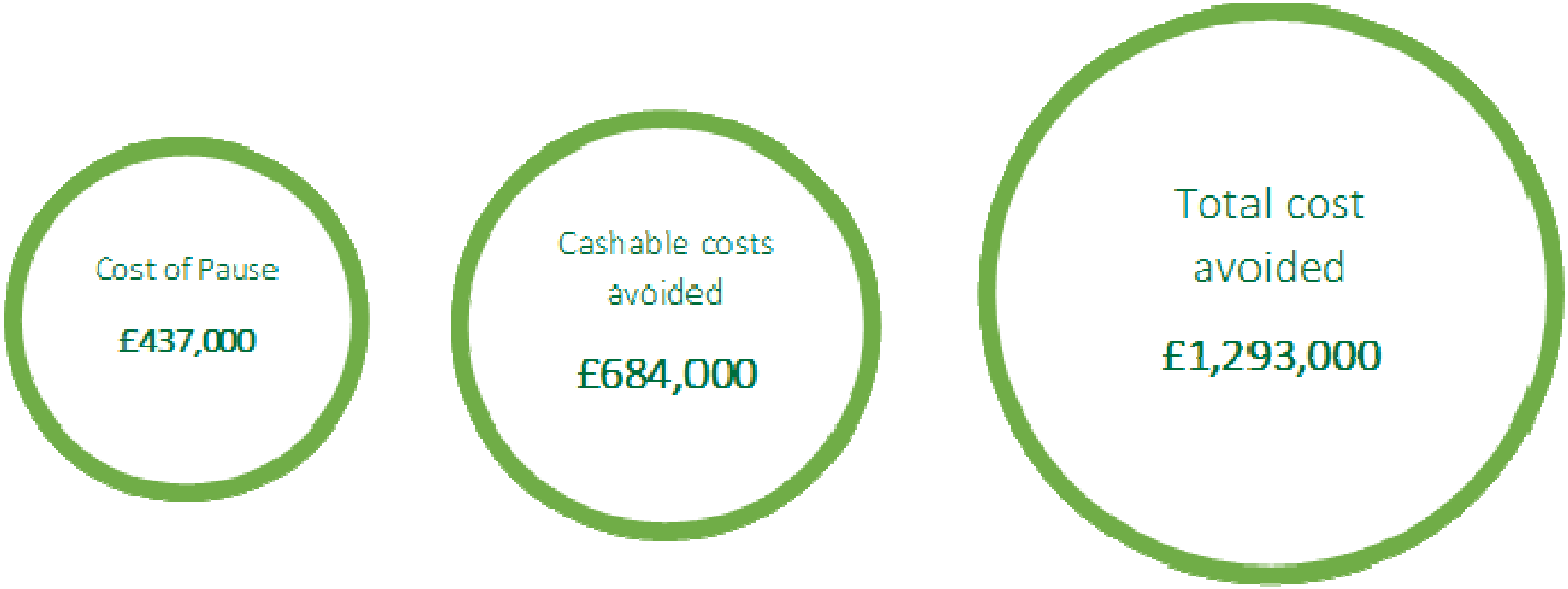
- Equates to 3-6 pregnancies avoided per year that would have subsequently been children that were taken into care.

- Further potential cost avoidance from reductions in levels of domestic violence*, harmful alcohol use**, and Class A drugs** after 18 months for a local programme are between £100,500-£117,000, though these estimates should be treated with caution.

*Estimated using Pause records of self reported incidents and estimated of annual repeat incidents. Cannot be proven that reductions the result of the Pause programme.

** Estimated using Pause records of self reported outcomes and cost avoidance estimates. Cannot be proven that reductions the result of the Pause programme.

nancial impact of the pause in pregnancy in relation to a ause Practice in the North



Cost avoidance (local analysis)

Dependent on birth rate of mothers at risk of repeat removals, and which women engage in service (and hence number pregnancies avoided).

Scenario 1: Prioritise women who have had 1 or 2 removals and are thought to be at high risk of having another child and subsequent removal; younger women (aged 18-30 years).

Scenario 2: Prioritise women who have had 2 removals and are thought to be at high risk of having another child and subsequent removal; women of any age.

Resourcing options

Option A: Redirection of SCC - and potentially partner - funding to enable delivery of the service for a fixed period.

Scenario 1: Service as suggested by Pause (buying into the national Pause programme).

- **£450k** for an **18 month period** as costed by the Pause national team (approx. £303k staffing costs, £89k programme costs, £57k local costs).
- The actual cost is dependent on the delivery model. The preferred delivery model is a SCC service or SCC/NHS Solent service delivered under the Section 75 agreement, in which case many of the "local" costs (HR, IT equipment etc.) would be absorbed within SCC's (and potentially NHS Solent's) current overhead charges. The maximum we could potentially reduce costs to by deducting some overhead costs and using a combination of the midpoint and lowest suggested grades for posts is around £405k (using Pause's costing template). However this is dependent on grades as agreed with Pause. If the service is delivered by an external provider would need to add at least some of the overhead costs back in.
- Of the 450k, £40,875 goes directly to Pause over an 18 month period (for membership and training).

* If opt for Option A scenario 1, recommend buying into Pause for an 18 month period but leaving the option open to continue the service without buying into Pause after the 18 month period.

Scenario 2: Service as suggested by Pause but delivered as a bespoke service. Approx £346k

- Taken out Pause membership fee and reduced women's resource by 50%.
- Assumes the service is delivered by SCC or under the Section 75 agreement with NHS Solent and so "local" costs have been reduced. If delivered by an external provider would need to add at least some of these costs back in.

Option A continued…

Strengths of Option A, scenario 1: Able to utilise the money more freely to employ people with the right skill mix and experience (i.e. rather than shifting existing posts), not detracting from an existing service, strengths of buying into Pause as highlighted in slide 13 (i.e. buying into an evidence based model).

Risks of Option A, scenario 1: Funding available for a fixed time period and so risk that further funding not available or sustained longer-term, risks of buying into Pause as highlighted in slide 13.

Resourcing options

B. Redirection of some FNP and SCC Children and Families resources to deliver the service under the current Section 75 framework.

i.e. 2 x 0.8 FNP Nurses (Grade 7).

1 x Family Engagement Worker.

1 x Senior Social Worker. Requires backfill.

The above headcount and skill mix informed by the Pause model.

Service delivered under joint Solent and SCC management.

Strengths: Sustainable way of resourcing the new service, building from what's already in place, Solent has strong links with key services and clinical supervision already embedded, alignment with relevant SCC teams.

Risks: Possible limitations as to when can redeploy FNP nurses (terms of the FNP licence being explored).

Recommendations:

1. That JCB commit to the delivery of a service in Southampton to support women who have children taken into care; to address their multiple needs and reduce future children being taken into care.

2. That JCB support the following resourcing option:

   Option A, scenario 1. Redirection of SCC - and potentially partner - funding to enable delivery of the service for a fixed period of time.

   Recommend buying into Pause for an 18 month period but leaving the option open to continue the service without buying into Pause after the 18 month period.

3. That JCB agree that we proceed with the development of a full business case, which is considered and approved by the Children's Multi-Agency Partnership Board, with prior input from Cabinet Members.

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DECISION-MAKER:		**Joint Commissioning Board**		
SUBJECT:		**SEND Strategic Review June 2017 – March 2018: Implications and Opportunities for Joint Commissioning**		
DATE OF DECISION:		**13 September 2018**		
REPORT OF:		**Stephanie Ramsey, Director of Quality and Integration**		
CONTACT DETAILS				
AUTHOR:	**Name:**	**Donna Chapman**	**Tel:**	**023 80296004**
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STATEMENT OF CONFIDENTIALITY
NOT APPLICABLE

BRIEF SUMMARY
This report provides an overview of the Strategic Review of provision for children and young people in Southampton with Special Educational Needs and Disability (SEND) conducted between June 2017 and March 2018. It summarises the key findings from the review and goes on to discuss the implications and opportunities from a joint commissioning and integrated provision perspective.

RECOMMENDATIONS:		
	(i)	To note the key findings and recommendations of the SEND Strategic Review.
	(ii)	To note the implications and opportunities for joint commissioning and integrated provision.

REASONS FOR REPORT RECOMMENDATIONS	
1.	In September 2014 the Children & Families Act 2014 came into force setting out specific duties for Local Authorities, Clinical Commissioning groups (CCGs), NHS Trusts and schools in relation to working together to improve the identification of children and young people with SEND, providing sufficient services to meet their needs and improving their health, social care and educational outcomes. These SEN reforms constitute the largest change to national policy for disabled children and young people in the last 30 years since the Warnock report and 1981 Education Act and require health and local authority partners to work together with schools and other partners to commission services for this group, ensuring strong integration between education, health and social care provision.
2.	Specific duties for the local area to work together in partnership to deliver include: • To publish an accessible "local offer" providing information about the services available and how to access them to support children, young people and young adults with SEND; • To provide access to impartial information, advice and support services that helps families to meet their own needs, as well as accessing those services that require an assessment of need;

	• To implement Education, Health and Care Plans (EHCPs) as a replacement for SEN Statements and Learning Disability Assessments (LDAs); • To offer a personal budget to support the outcomes in an EHC plan; • To promote co production with children, young people and carers to actively participate in the assessment and contribute to joint commissioning discussions; • To ensure that there are the services available to contribute to the outcomes specified in an EHC plan.
3.	Nearly four years on from the enactment of the Children and Families Act, significant progress has been made in implementing the reforms. The Local Offer is published and regularly updated; information, advice and support services for children and families with SEND have been recommissioned as part of the integrated Information, Advice and Guidance Service; Education, Health and Care Plans (EHCPs) have been fully rolled out; and Southampton received positive feedback from the Local Area Review conducted by Ofsted and CQC in February 2017.
4.	However there are concerns around adequately meeting the increase in numbers and complexity of need of children and young people with SEND and hence the Council, in partnership with Portsmouth City Council, commissioned a SEND Strategic Review which was undertaken by external independent reviewers over the period June 2017 – March 2018. This was funded through a national Department for Education (DfE) grant specifically for reviewing high needs provision.
5.	Delivery of the duties outlined in the Children and Families Act require a strong partnership approach, underpinned through joint commissioning and integrated provision arrangements. The needs of children and young people with SEND do not sit solely under one agency or school or service; they require a partnership approach. It is vital therefore that our response to the SEND Strategic Review is a city wide joint response across all agencies, schools and services. The Joint Commissioning Board therefore has a key role in overseeing implementation of the recommendations.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
	NOT APPLICABLE
DETAIL (Including consultation carried out)	
1.	**Aims of SEND Strategic Review**
1.1	The key aim of the 2017/18 SEND Strategic Review was to ensure that future demands are identified so that they can be met in a financially sustainable way. Six key priorities were identified for review with a focus on meeting future demand and financial sustainability: • Reviewing the use of high cost out of city placements • Meeting the needs of the growing number of children with severe learning difficulties and complex needs, which is currently putting pressure on special school places • Reviewing the availability of post-16 provision for students with SEND, including those with a sensory impairment • Meeting the needs of the growing number of children and young people with autism/social communication needs and associated sensory processing difficulties and challenging behaviour • Reviewing the use of resourced provisions • Reviewing the identification of SEND and thresholds for requesting EHCP needs assessments

	In addition, as a key principle and aim, inclusion and inclusive practice was also identified as a priority due to its importance as part of a graduated response to meeting the needs of children with SEND.
2.	**Key Findings**
2.1	The full report can be found on the Southampton Information Directory SEND Local Offer webpages accessible at the following link: http://sid.southampton.gov.uk/kb5/southampton/directory/advice.page?id=MsdyX2gOkPE In total there were 52 recommendations in the review which the city's SEND Partnership Forum is currently working through and building into its city wide SEND Work Programme. The SEND Partnership forum has representation from across the Council (Children and Adult Services, Economic Development & Skills), the CCG, Solent NHS Trust children's services, Southern Health Foundation Trust adult services, the Parent Carer Forum, the voluntary sector, special and mainstream schools and colleges and so is well placed to consider the cross agency implications. Any proposals taken forward will go through appropriate consultation and the formal decision making process.
2.2	To summarise however, the review identified 8 key findings which are outlined in paragraphs 2.2 - 2.9 as follows: • The **numbers and complexity of children and young people with SEND is increasing** with the potential for a significant increase in costs. Based on the current trajectory and levels of demand, the city will need to build another two special schools to meet future demand; this is clearly not financially sustainable, nor does it support inclusion. The areas of need that warrant particular attention are children and young people with more complex needs; **autism** especially where there is **challenging behaviour** and **social, emotional and mental health difficulties (SEMH)**. Action is required now to manage demand to ensure that future needs can be met that is financially sustainable.
2.3	• The **demand for specialist provision is increasing in some cases over and above need.** It is predicted that the numbers of children being considered for specialist provision / special school places could increase by up to 50% by 2022. There is a need to better manage demand so that provision is provided in accordance with need.
2.4	• There are children and young people making good progress in mainstream schools who have needs that are the same as or in some cases greater than children and young people currently in Special Schools and Resourced provisions. **It is essential that mainstream schools are well prepared to meet the opportunity and challenge** of supporting the needs of the increasing number of pupils with SEND.
2.5	• To cope with the increase in need and demand for specialist provision **the remit and criteria for the Special Schools** should be reviewed. Whilst it is anticipated that there will be a need for more specialist provision the demand for places must be closely managed, working collaboratively with parents, to ensure that needs are met appropriately within the range of provisions available. To meet the increase in need it is recommended that: o The remit and admissions criteria for the Special Schools is reviewed leading to potential reconfiguration of provision o Consideration is given to developing extra capacity possibly through the creation of a Year R and Year 1 assessment provision o Mainstream schools are supported/incentivised to become more inclusive and to take a wider range of pupils with SEND in line with the most inclusive

	schools within the city. Mainstream schools are encouraged to develop in-house provisions to support the growing number of pupils with SEMH and high functioning autism o Outreach provision is extended to provide greater support to mainstream schools o Consideration is given to further developing the already successful resourced provisions for pupils with learning difficulties
2.6	• It is predicted that the number of children and young people with **autism will increase**. Parents and professionals cite high functioning autism as a gap in provision. A number of children and young people with low functioning autism and challenging behaviour are being educated in out of city schools. It is recommended that: o A graduated range of provision should be available from autism friendly schools; autism champions within each school; extended outreach to include support for pupils with sensory difficulties; resourced provisions with varying and flexible levels of withdrawal / integration; special school. There needs to be a stronger focus on meeting needs and less on diagnosis.
2.7	• With the increase in age range of statutory protection up to 25 years it is anticipated that the numbers of EHCPs for young people **Post 16 and Post 19** will increase resulting in the need to develop a better offer to meet this need. It is recommended that: o The Local Authority continues to work proactively with Post 16 Colleges to develop their offer and help them to prepare for the increase in demand o The Local Authority develops a robust transition process working proactively with parents and young people from Year 9 onwards to prepare them for transition and manage expectations regarding future provision o The overlap and partnership working between children's and adult services is strengthened to ensure that young people's needs are being identified early and appropriate provision planned and agreed with parents in advance. o It is recommended that a range of provisions is developed / expanded to include supported living alongside education, supported internships, apprenticeships etc. o The offer of specialist Post 19 provision is increased for those pupils with the most complex needs
2.8	• In order to promote **inclusive practice** in Southampton there are barriers that need to be addressed e.g.: o Scrutiny of schools performance by Ofsted, and in particular the way in which school performance is reported which can potentially act as a disincentive for schools who would otherwise wish to accommodate and support pupils with SEND. Some of the resourced provisions within Southampton are now managed by the relevant Special School with results allocated accordingly and therefore not affecting the performance of the mainstream host school.
2.9	• The numbers of children and young people being educated in **high cost out of city schools** are high for a city of Southampton's size. Some children and young people end up in out of city provision due to a lack of local provision. With a slightly broader and more flexible offer e.g. therapy provision, smaller class sizes, it is possible that their needs could be met in the city. The review models that, by reducing the numbers of out of city placements from 62 to 12 children (accepting that there will always be a core group of children whose needs are so great they can only be met in

	highly specialised provisions), the savings to the education budget would be in the region of £2.8M.
3.	**Specific Implications for Joint Commissioning and Integrated Provision**
3.1	As already stated in the reasons for the report recommendations, delivery of the duties outlined in the Children and Families Act require a strong partnership approach, underpinned through joint commissioning and integrated provision arrangements. The needs of children and young people with SEND do not sit solely under one agency or school or service; they require partnership approach. It is vital therefore that our response to the SEND Strategic Review is a city wide joint response across all agencies, schools and services. The following key implications and opportunities have been identified for joint commissioning and integrated provision, the detail of which is currently being worked up by the ICU through the SEND Partnership Forum:
3.2	• **Managing the increasing numbers and complexity of children and young people with SEND within the city, in a way that is financially sustainable (with a particular focus on support for children with Autism and SEMH, who are particularly over-represented in the numbers of out of city placements)** o A number of commissioned services are currently being reviewed/developed alongside in-house provision within the context of increasing numbers of children with complex needs and potential changes to admission criteria/remit of special schools and resourced provisions with a view to strengthening support to children with Autism and SEMH within the city. In particular this includes: ▪ Multiagency review of ***children's therapy offer***. This includes consideration of the opportunities for jointly commissioning an integrated therapy offer, bringing together the currently disparate therapy resources from across health, education and social care into a single therapy service for the city. The offer will promote child development as everyone's responsibility, supporting as equal partners families, schools and others involved on a daily basis with children with SEND to understand their needs, set goals and support their development with interventions dovetailed into daily activities. Recommendations for the future model are currently being developed. ▪ Refresh of the ***Local Transformation Plan for children and young people's mental health and wellbeing***. This is a national requirement and responsibility of the CCG. However it is also an opportunity locally to bring together partners from across all organisations and sectors – health, education, social care, public, private and community and voluntary sector – alongside children/young people and their families to work collectively, making best use of everyone's resources, to improve mental health and wellbeing outcomes for children and young people. Improving the mental health and emotional wellbeing of children and young people with SEND has been identified as a priority outcome for 2018/19. The Local Transformation Plan refresh will be completed by 31 October 2018. ▪ Review of the multiagency ***Behaviour Resource Service*** – this service, which is jointly commissioned by the CCG and City Council, is provided by Solent NHS Trust and the Council's children's services and delivers specialist multidisciplinary assessment, training, advice and direct interventions for children and young people with complex education, health and care needs. The review is due to report its

	recommendations in September, a key direction of travel being to refocus this resource on those children with the most complex needs in the city, prioritising access on the basis of need regardless of whether the child is looked after or not. ▪ Implementation of a ***new offer of short breaks*** (as agreed at Cabinet in March 2018) to better support families and children with SEND, based on a more transparent, fairer, needs based eligibility criteria with an enhanced offer of activities within the mainstream provision as well as more specialist short breaks. ▪ Multiagency review of the support for ***SEND in Early Years*** services to ensure expertise across health, social care and education is well coordinated and provides effective and efficient family centred assessment, intervention and overall management of needs. ▪ Exploring options for ***commissioning independent school placements collaboratively*** with other authorities in order to achieve best value from the market, in recognition that there will always be a small core of children/young people whose needs are such that they will require highly specialist provision. Currently the ICU is in discussion with several authorities who are looking to put in place collaborative arrangements for commissioning such provision.
3.3	• **Supporting mainstream schools to develop a more inclusive approach to children with SEND** o Consideration is being given to the development and formal commissioning of the outreach support offer which supports individual pupils and builds capacity in schools. This is already well regarded across the city, but would benefit from being formally commissioned with clear outcomes, quality assurance and governance accountable through a robust contract/SLA. This would need to be clearly aligned to the integrated therapy offer described above.
3.4	• **Reconfiguration of special school provision within the city** o The recommendations of the SEND Strategic Review in relation to future remit of special schools in Southampton are currently being reviewed by Education Services in partnership with schools and colleges. Any plans emerging from these discussions will need to be developed jointly with commissioners and providers across health and social care in terms of their implications for wider health and care support.
3.5	• **Supporting young people with SEND post 16** o Work is already well advanced to improve support for young people and their families preparing for adulthood and streamlining the transition process from children's to adult services. A city wide transition protocol is under development and is due to be finalised by October 2018. o The current offer of provision for young people 16-25 is being reviewed against the 4 Preparing for Adulthood domains of increasing independence, building social networks, further education and employment and keeping healthy. The Local Offer is also being updated to ensure that this information is comprehensive and easily accessible to young people and families.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
4.	Capital and revenue implications will be considered for specific proposals arising from

	the SEND Strategic Review which will be submitted as appropriate through the relevant decision making process.
Property/Other	
5.	Property implications will be considered for specific proposals arising from the SEND Strategic Review which will be submitted as appropriate through the relevant decision making process.
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
6.	The recommendations in the SEND Strategic Review are designed to meet functions under part 3 of the Children and Families Act 2014, the Care Act 2014 and the Children Act 1989 (S17).
Other Legal Implications:	
7.	The recommendations in the SEND Strategic Review and work arising from them are wholly consistent with and take into account the SEND Code of Practice.
8.	Specific proposals, once developed, will be fully assessed in accordance with the Council's statutory duties under the Equality Act 2010, including the Public Sector Equality Duty. A detailed Equality Impact Assessment with mitigation and remediation measures will be undertaken for each proposal.
CONFLICT OF INTEREST IMPLICATIOINS	
9.	None
POLICY FRAMEWORK IMPLICATIONS	
10.	The SEND Strategic Review supports the delivery of outcomes in the Council Strategy (particularly the priority outcomes that "Children get a good start in life" and ''People in Southampton live safe, healthy and independent lives'') and CCG Operating Plan 2017-19.
11	With specific reference to "Children get a good start in life", the Strategic Review responds to the 4 key outcomes of the Children and Young People's Strategy 2017 - 2020: • Children in Southampton live happy, healthy lives, with good levels of physical and mental wellbeing • Children in Southampton are safe at home, safe in the community and safe online • Children in Southampton have good levels of educational attainment, fulfil their potential and go on to successful opportunities in adulthood. • Children, families and communities are resilient, engage, prepared for the future and able to help themselves and each other to succeed.
12	The recommendations within the Review specifically align to the Southampton Special Educational Needs and Disabilities Strategy 2017 – 2020 which outlines the following key outcomes for children and young people with SEND and their families: • to have control over support and services they receive

	• to have greater achievement, attainment and equal opportunities in life • to receive the support they need to promote their health and wellbeing • to be safe and secure • to develop greater autonomy, independence and resilience to prepare for adulthood

KEY DECISION?	**N/A – Briefing paper only**
WARDS/COMMUNITIES AFFECTED:	**ALL**

SUPPORTING DOCUMENTATION

Appendices	
1.	NONE
2.	

Documents In Members' Rooms

1.	NONE
2.	

Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	**ESIAs to be carried out for individual proposals**
Privacy Impact Assessment	
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	**PIAs to be carried out for individual proposals**

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	
2.		

1. Integrated Commissioning Unit (ICU) Summary Performance Report — August 2018/19

Achieving Transformation Change

↑	88.1% Target ≥ 93%	% Care leavers in suitable accommodation
↑	63 Target ≤ 69	Number of Permanent admissions to residential & nursing homes (65+)
↑	5.2% Target ≤ 4.4%	Number of Delayed Transfers of Care (DTOC) days
↑	7,039 Target ≤ 6,745	Number of Non-Elective Admissions
↓	120 Target ≤ 96	Number of Injuries due to falls in people (aged 65+)

Quality

↓	85% Target ≥ 80%	% Continuing Healthcare Assessments completed ≤28 days
↑	80% Target ≥ 85%	% Continuing Healthcare Assessments taking place in community
↑	89% Target ≥ 90%	% of placements that are sourced through the Care Placement Team
↑	4.1% Target ≥ 4.1%	% people with common mental health conditions accessing IAPT (local reporting)
→	49.6% Target ≥ 50%	% of people who complete IAPT moving to recovery (local reporting)

KEY

Compared to Previous Year

↑ Better than previous year

↓ Worse than previous year

→ Same as previous year

Compared to Target

Within 10% of Target

Target Achieved

<10% below target

2. ICU Workstream Progress

a. Achieving Transformation Change

Better Care: stock take of clusters being progressed; integration of 0-19 now established and developing; exploring the feasibility of integrating health and social care teams at scale operating in localities (SCC, Solent and Southern Health). Home IV commenced. URS to increase capacity to manage packages of care for patients with "low level health needs" as well as expanding the supply of reablement care packages.

High Intensity users – pilots underway with Two Saints and with Community Navigators . SCAS Demand Management Practitioner role evidencing after initial year a reduction in use of urgent care services for those being supported (high intensity users).

Mental health and wellbeing: Coproduction of peer support model underway . CCG confirmed additional IAPT investment to focus on people with Long term conditions, commencing with diabetes. Work commenced on refreshing CAMHS local Transformation Plan – being developed via newly formed CYP Emotional & Mental Health Partnership Forum

SEN strategic review: completed across Portsmouth and Southampton - focus on reducing pressure on high needs budget, developing inclusive practice and identifying provision required within the city to prevent children going out of area.

Procurement – autism support service contract awarded and the Counselling tender awarded to No Limits. Regional Children's residential procurement is complete with contracts formed and ready to send to Providers.

Home care Tender is now in the evaluation phase, there are a significant number of bids submitted. Implementation plan draft completed with specific elements being progress with the relevant services e.g. Placement Service and Adult Social Care. No significant timescale delays noted at this time.

Living Well Service mobilisation commenced - increase in the number and range of activities offered out of the current day care settings.

b. Quality

Overall position for quality is positive. Main areas of risk to the work plan are antimicrobial prescribing, antidepressant prescribing and establishing monitoring systems for quality of Childrens social care commissioned services. This is due to delays in recruiting to the social worker post that is required to fulfil this role. Following further discussions with the Director for Childrens Social Care funding for this post has not been agreed and other options will be pursued during the autumn.

Good work continues across a range of other aspects of team activity including moving continuing healthcare assessments out of the acute hospital setting with 80-85% of assessments now being completed in the community. All health providers have in place systems to monitor and review deaths in line with national requirements and the quality team have noted health providers continue to demonstrate an open and learning culture, and are attending a range of provider meetings where this is apparent.

Workforce - ongoing concerns in relation to the recruitment and retention of staff.

Target 60% for LD health checks in 2017-18 was achieved

3. Key Performance Indicators

a. Achieving Transformation Change

	RAG Summary	
	Last Yr	Target
Green	4	3
Amber	4	2
Red	0	3
n/a	2	1

Period	Indicator	Target	Actual	Variance Compared to Last Yr	Variance Compared to Target
M3	DTOC - Delayed Transfer of Care (DTOC) rate	4.4	5.2	-0.9	0.8
M3	NEL Admissions - Number of non-elective admissions	6,745	7,039	-345	294
M3	Falls - Number of falls related admissions aged 65+	256	297	16	41
M4	Care Leavers - % in contact and suitable accommodation	93	88.1	0.1	-4.9
M3	LARC - % of women who take up LARC within Sexual Health Service	35.0	43.0	0.0	8.0
M3	CAMHS - % of routine referrals receive contact within 16 weeks	95	45	n/a	-50.0
M3	CAMHS - % of urgent referrals receive contact within 1 week	95	100	n/a	5.0
M3	Alcohol - % of all clients completing and not re-presenting	-	26.0	-0.9	n/a
M3	Permanent admissions to residential homes aged 65+	69	63	-5	-6

Summary

Delayed Transfers of Care: M3 YTD is 0.9 percentage points (18%) above the target but is 0.8 percentage points (15%) better compared to the previous year
We continue to implement a range of options designed to reduce the level of DToC which, as highlighted, has substantially reduced. The key issues that remain are:
• That there is an increasing level of complexity and an aging population therefore patients that are delayed are likely to be the most complex group
• There are particular difficulties in sourcing very complex packages of care e.g. 4 x daily double ups and time specific care which is becoming increasingly challenging. The sourcing of less complex care packages remains on the whole relatively positive.
• The actual numbers of discharges a week remain high and on a number of weeks have been above target which would indicate that the overall demand has increased.

Falls - M3 YTD is 16% above the target and 6% above the the previous year. Work is ongoing to improve this including work with UHS & Solent to further integrate Fracture Liaison Service with Community Independence Team. Public Health Improvement fellow to commence work in September to increase efficiency in pathway, model for future of falls exercise is being developed. Clinical Coding Audit scope defined and agreed to identify reasons for variation in clinical codes compared to other local hospitals. Raizer Chairs have been deployed to care homes- evaluation data being collected and exploring with the public health team how we promote Living Well in Later Life messages/campaign

CAMHS Access: Demand is currently high and complexity increasing for the service. Vacancies are being recruited to within the service, the early intervention team is now at staffing establishment and will relieve pressure on the core CAMHS team and the service will be further developing the SPA at the end of 18/19 with additional investment. These actions will contribute towards improving access.

b. Quality

	RAG Summary	
	Last Yr	Target
Green	7	5
Amber	2	4
Red	1	0
n/a		

Period	Indicator	Target	Actual	Variance Compared to Last Yr	Variance Compared to Target
M4	Care Placement Service - >90% placements sourced via team	90	84.1	4.4	-5.9
M4	Average days from referral received to placement start date (Home Care)	10	10.5	-2.9	0.5
M4	Average days from referral received to placement start date (Res/ Nursing)	10	7.5	1.2	-2.5
M4	% of Continuing Healthcare Assessments completed in 28 days	80	85	-6	5
M4	% of Continuing Healthcare Assessments taking place within the community	85	80	66	-5
M4	Healthcare Associated Infections: MRSA	0	0	0	0
M4	Healthcare Associated Infections: Cdiff	15	11	-3	-4
Q1	IAPT - % people with common mental health conditions accessing IAPT	4	4.1	0	0.1
Q1	IAPT - % of people who complete IAPT moving to recovery	50	49.6	-0.1	-0.4

Summary

% of placements that are sourced through the CPS Team - The percentage of placements sourced through the service continues to rise however some practitioners continue to source support themselves. Where this applied to a whole team we are working with them to build confidence in the service and increase the percentage of support they source through us. Through intervention requests we also monitor individual practitioners who regularly source support independently. This list is shared with adult social care management when appropriate.

4. High Level Risks/Issues to achieving project/programme delivery

Project / Programme	Description of Risk/Issue	Rank	Owner	Proposed Mitigation / Resolution
Delayed transfers of care	Increasing complexity of clients will increase DTOC resulting in failure of plans, BCF targets and QIPP savings and this could compromise quality of care and outcomes for clients	V High	DC	Whole System Discharge action plan being overseen by Integration Board and A&E Delivery Board. Focus for 2018/19 is on Pathway 3 discharges (the most complex), making sure that the pathway is as effective and responsive as it can be (learning from the Pathway 3 D2A pilot), continued work with the care sector (including work between UHS and care homes to improve quality of discharge and relationships), and 7 day discharge. Numbers of DTOC have particularly risen in Q1 of 18/19 - data anaylsis is showing this to be a sharp increase in demand and complexity (the actual number of complex discharges taking place continue to be above target). Demand for home care packages is particularly high. Additional capacity has been purchased from the Dom Care Framework retainer over the Summer and work is underway to consider what more can be done to increase supply working with both the Framework providers and the city's own inhouse Urgent Response Service.
Make Care Safer - Workforce	There are significant concerns across the City in relation to the recruitment and retention of qualified healthcare staff such as registered nurses, specialist practitioners including mental health staff and non-registered support staff. Recent issues have included the temporary closure of some adult MH beds at Antelope House, single handed services in Solent, general practitioners, general practice nursing and home care providers	V High	CA	All Health providers required to produce monthly safer staffing data which is monitored viaContract Quality Review Meetings (CQRM) and Quality Managers (nursing focused). Continue to follow up with providers to ensure reporting is wider than nurses Monthly workforce data from CSU Updates included in CQRM and Contract Review Meeting (CRM) specifically for adult MH in relation to Antelope House. SHFT have an action plan in place. Skill mix at Antelope House under review as part of follow up from incidents at the end of 2017 Exception reporting is in place in all CQRMs where staffing concerns may be impacting on the quality of care Monitoring wider staffing concerns/intelligence e.g. Solent staff issues in Portsmouth Nursing Homes and Home Care supported via leadership training and peer support network which promotes access to training and wider support Better Care workforce event held in Southampton and participation in wider STP workforce events
Make Care Safer	Sustainability of high quality services in the City via Southern Health Foundation Trust (SHFT)	High	CA	East CMHT have now moved into Bitterne Park. SHFT has started recruitment to reduce caseload sizes on the east of the city. Exec meetings re Antelope House continue with CCG representatives in attendance to support driving through changes and seeking assurance CQC are currently completing latest inspection of SHFT NHS I Quality Oversight Committee to meet twice more, July and when CQC report is published and then SHFT will move to standard monitoring rather than enhanced as has been in place since Mazars / CQC inspection (2016) Assuranceof governance within SHFT was agreed by the Quality & Oversight Committee and supported by CCG's. This was shared with the CCG Clinical Governance Committee in July 2018.

KEY: SR - Stephanie Ramsey, DC - Donna Chapman, CB - Carole Binns, CA - Carol Alstrom, CP - Chris Pelletier

Project / Programme	Description of Risk/Issue	Rank	Owner	Proposed Mitigation / Resolution
Risk of achieving savings in both CCG and SCC	The savings targets are being pursued at a time of increasing demand. The number of savings projects proceeding at the same time is challenging in relation to capacity within both operational and ICU resources. Specific risks are: • Savings are achieved but increasing pressures off-sets some gains • Capacity in the operational teams to undertake reviews and other work associated with changes to support plans • Capacity in provider market to respond to new ways of working/increased capacity • Increase in Provider costs due to implementation of national living wage, sleep-in regulations, pension changes and meeting the needs of increasing complex clients	High	CP	Continue to work with information teams to ensure benefit tracking is in place to clearly identify savings achieved as distinct from rising need Project management approach and weekly monitoring of ICU work programme to identify any slippage early and take remedial action Prioritise staff resource to high impact areas
Reliance on temporary staff in the Placement Service	Operation of the Placement Service is currently reliant on a high proportion of temporary staff due to the number of pilots which have been run by the service (expansion of service offer to children and families, invoice query resolution, direct payment administration) for which the business case has been proven but for which recurrent funding has not yet been agreed. As a result, the service is experiencing exceptionally high levels of staff turnover and service quality/ levels have been significantly compromised.	High	SR	SR/CP to engage with relevant Service Directors to secure recurrent funding and /or confirm termination of associated work streams.

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