



Joint Commissioning Board

Thursday, 11th
October, 2018
at 9.30 am

PLEASE NOTE TIME OF MEETING

Conference Room - CCG HQ

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 officers 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 2018/19

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

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
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	Discussion Decision Information	
Dr Mark Kelsey		

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

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

4 **HOME CARE WINTER PRESSURES CAPACITY PLAN** (Pages 7 - 12)

Report of the Senior Commissioner, System Redesign detailing the Home Care Winter Pressures Capacity Plan.

NOTE: This report is submitted for consideration as a general exception under paragraph 15 of the Access to Information procedure Rules in Part 4 of the Council's Constitution, notice having been given to the Chair of Overview and Scrutiny Management Committee and the public.

The matter requires a decision as additional pressures over the summer period have contributed to a higher than usual demand for home care as we move into the winter period. The decision cannot be deferred for inclusion in the next Forward Plan for decision following 28 clear days notice.

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

5 **QUALITY REPORT** (Pages 13 - 16)

Report of the Associate Directorate of Quality and Integration providing an update in Social Care Services in Southampton.

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

Wednesday, 3 October 2018

Meeting Minutes

Joint Commissioning Board - Public

The meeting was held on 13th September 2018, 09:30 – 10:30
Conference Room 3, Civic Centre

Present:	NAME	INITIAL	TITLE	ORG
	Dr Mark Kelsey	MK	CCG Chair	S CCCG
	John Richards	JRich	Chief Executive Officer	S CCCG
	June Bridle	JB	Lay Member (Governance)	S CCCG
	Councillor Dave Shields	Cllr Shields	Health and Sustainable Living	SCC
In attendance:	Stephanie Ramsey	SR	Director of Quality & Integration	S CCCG / SCC
	Beccy Willis	BW	Head of Business	S CCCG
	Jason Horsley	JH	Director of Public Health	SCC/ PCC
	Kay Rothwell	KR	Deputy Chief Financial Officer	S CCCG
	Claire Heather	CH	Senior Democratic Support Officer	SCC
	Pippa Cook	PC	SEND Strategic Manager	Solent
	Tammy Marks	TM	Service Manager for SEND	SCC
	Donna Chapman	DC	Associate Director	S CCCG/ SCC
	Amy McCollough	AM	Public Health Consultant	SCC/ PCC
	Councillor Jordan		Cabinet Member – Children and Families	SCC
	Phil Bullingham	PB	Service Lead – Integrated and Specialist Services	SCC
Apologies:	Councillor Chris Hammond	CH	Leader of the Council (Chair)	SCC
	Richard Crouch	RC	Interim Chief Executive Officer	SCC
	James Rimmer	JRim	Chief Financial Officer	S CCCG
	Mel Creighton	MC	Chief Financial Officer	SCC
	Councillor Lorna Fielker	LF	Councillor	SCC

		Action:
1.	Welcome and Apologies	
	Members were welcomed to the meeting.	

	<p>Apologies were noted and accepted</p> <p>It was noted that the meeting was not quorate, however Cllr Jordan would be attending the meeting and would be the deputy for Cllr Fielker and has full delegated powers to make decisions.</p>	
2.	Declarations of Interest	
	<p>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</p> <p>No declarations were made above those already on the Conflict of Interest register.</p>	
3.	Previous Minutes/Matters Arising & Action Tracker	
	<p>The minutes from the previous meeting dated 9th August 2018 were agreed as an accurate reflection of the meeting.</p> <p>Matters Arising The summary from the LGA Green Paper consultation meeting held on 12/9/18 will be circulated once available. SR drafting a response from CCG Clinical Executive Group (CEG).</p> <p>Action Tracker The outstanding actions were reviewed and the action tracker updated.</p>	SR
4.	SEND Strategic Review	
	<p>DC presented the Special Educational Needs and Disability (SEND) Strategic Review papers to the Board and talked through the highlights of the paper.</p> <p>DC drew the Boards attention to the key aims, key findings, and joint commissioning implications.</p> <p>JB queried if the special schools within the city provided places for children outside of Southampton. TM responded that there are some Hampshire children placed within Southampton schools, however some Southampton children are placed within Hampshire special schools. Parents do have the choice of where they wish their children to attend; this can be either a mainstream or special school. All special schools within the city are at full capacity.</p> <p>There are particular mainstream schools that have a larger number of SEND children attending them. Work is taking place proactively to ensure the numbers of SEND children are spread across mainstream</p>	

	<p>schools within the city.</p> <p>Plan is for proposal on reconfiguration to go to Cabinet in January 2019.</p> <p>JRichards raised that the CCG has recently recommissioned services for Autism and queried if this review will have implications on that commissioning. DC responded that there will be implications and wider impact on Therapy Services; this will need to be looked at alongside the timescale of the January 2019 report.</p> <p>TM/PC left the meeting.</p>	
5.	Women at risk of repeat removals (Pause)	
	<p>Cllr Jordan / AM presented the Woman at Risk of Repeat Removals (Pause) papers to the Board and talked through the highlights.</p> <p>MK queried if there are alternative options to provide a better cost benefit for example, reviewing teenage pregnancy. Cllr Jordan responded that Pause should be ring fenced separately to other public health issues.</p> <p>A discussion was had regarding Long Acting Reversible Contraception (LARC). Alongside the Pause programme there would be work to strengthen the LARC pathway. The Pause programme is specific to a certain cohort of women.</p> <p>The JCB discussed the cost to implement the Pause project which would be £415,000 over 18 months.</p> <p>It was raised that this would be an invest to save initiative. National evidence on this programme is available, JH highlighted that some of the savings stated could be optimistic.</p> <p>JRich raised that it is difficult to identify the effectiveness of this particular intervention into local context and more information would be required. JRich also raised that there needs to be some information / an overview on why there has been an increase in Looked After Children (LAC).</p> <p>PB / Cllr Jordan raised that Southampton is an outlier in the number of LAC and adoptions and this number needs to be reduced and felt this needed to be a key priority.</p> <p>The JCB considered the following recommendations outlined within the paper:</p> <ol style="list-style-type: none"> 1. JCB commit to the delivery of a service in Southampton to support mothers at risk of repeat removals of children into care – JCB supported the delivery of this service 2. JCB agree to Option A, scenario 1: Redirection of SCC - and potentially partner - funding to enable delivery of the service. – JCB did not feel they had enough information to support making 	

	<p>this decision. Further information is required with regards to the actual model data and evaluation, particularly to Southampton specific issues. Information would also be needed on the Health / Social savings</p> <p>3. 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. – JCB agreed this.</p> <p>It was agreed that the final business (encompassing all concerns raised) case would come back to the October Joint Commissioning Board for a final decision.</p>	
6.	Performance Report	
	The Board received and noted the performance report.	
<p>Date of next meeting: 11th October 2018, 09:30 – 10:30, CCG Conference room, NHS Southampton HQ, Oakley Road, SO16 4GX</p>		

Joint Commissioning 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	Jan-19	Complete - circulated
11/06/2018	Integrated Commissioning Plan	Staffing structures and savings impact to be a future agenda item	SR	Oct-18	Work underway
11/06/2018	Integrated Commissioning Plan	Evaluation of 17/18 Integrated Commissioning Plan to be brought to a future meeting	SR	Nov-18	To be received at the November meeting
11/06/2018	Quality Update on Social Care Providers	SR to provide a detailed briefing at a future meeting on workforce	SR	Nov-18	To be received at the November meeting
13/09/2018	Women at risk of repeat removals	Business Case to be brought to the October Meeting	AM	Oct-18	Complete - on the agenda for October

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DECISION-MAKER:	CABINET MEMBER FOR ADULT CARE			
SUBJECT:	Home Care Winter Pressures Capacity Plan			
DATE OF DECISION:	11 October 2018			
REPORT OF:	Senior Commissioner – System Redesign			
<u>CONTACT DETAILS</u>				
AUTHOR:	Name:	Moraig Forrest-Charde	Tel:	023 80296937
	E-mail:	Moraig.Forrest-Charde@nhs.net		
Director	Name:	Stephanie Ramsey	Tel:	023 80296941
	E-mail:	Stephanie.Ramsey@southampton.gov.uk		

STATEMENT OF CONFIDENTIALITY	
N/A	
BRIEF SUMMARY	
<p>The paper provides a description of the additional requirements for the Home Care market in Southampton ahead of a predicted peak in demand late autumn and early winter 2018/19. Two options are proposed with an outline of the benefits and challenges of each. The proposals are short term and pave the way for the development and implementation of the recently recommissioned Home Care framework from 1st of April 2019.</p>	
<p>The Home Care market locally has the ability to respond to some of the demands at times of high pressure, however there are number of factors which result in difficulties in meeting this demand. These are –</p> <ul style="list-style-type: none"> • Workforce availability in the context of an ‘employees market’ locally • Rising levels of complexity necessitating more complex and intensive packages of care • Demographic changes – general rise in demand which will be to some extent met through the strength based approach implementation, however it remains a factor • Increasing need to have care at specified times of the day 	
<p>In Southampton we currently have a number of clients waiting for packages of care which totals approximately 700 hours of Home Care per week. This is expected to reduce by 300 hours per week as home care availability improves over the autumn months. The demand is expected to rise again late in December and on into January and February 2019 reflecting an annual seasonal peak.</p> <p>Whilst a rise in demand over winter is predictable there has also been a significant rise in demand over August and September of this year, with the result that we are moving into the winter peak with more pressures than usually anticipated. This requires an enhanced response over and above the usual winter plan and urgent action to allow lead in time for commissioning processes to be undertaken and for care to be put in place. In order to respond to these pressures a number of actions are recommended which are detailed in this paper.</p>	
RECOMMENDATIONS:	
	(i) Having complied with paragraph 15 of the Council’s Access to

		Information Procedure Rules, the Cabinet Member for Adult Social Care authorises additional expenditure, in this financial year, to provide sustainability and responsiveness across our Home Care commissioning.
	(ii)	The Cabinet Member for Adult Social Care delegates authority to the Director of Quality & Integration to carry the necessary commissioning arrangements for Home Care as set out in this report and to enter into contracts in accordance with contract procedure rules. This will result in one provider having their contract value increased for a period of November 2018 to March 2019.
	(iii)	This report is presented as a general exception item in accordance with Rule 15 of the Access to Information Procedure Rules of Part 4 of the Council's Constitution. Amendments to the Local Authorities (Executive Arrangements) (Meetings and Access to information) (England) Regulations 2012 require 28 days' notice to be given prior to determining all Key Decisions.

REASONS FOR REPORT RECOMMENDATIONS

1.	<p>This report is submitted for consideration as a General Exception under paragraph 15 of the Access to Information Procedure Rules in Part 4 of the City Council's Constitution, notice having been given to the Chair of the relevant Scrutiny Panel and the Public. The matter requires an urgent decision as additional pressures over the summer period have contributed to a higher than usual demand for home care as we move into the winter period.</p> <p>The proposed increase in spending provides a small amount of guaranteed hours of home care which will contribute, along with increased capacity in the Integrated Urgent Response Service (URS), to provide greater responsiveness and sustainability of delivery over the winter period.</p> <p>The additional spend proposed will result in an award to one provider which will take the Council's spend, to that provider, over £500,000 which meets the threshold for an increase of Key Decision. The additional spend is outlined in section 6.1 of this paper.</p> <p>Note: The usual additional spend to address winter pressures is agreed through the appropriate delegation to the Director of Quality and Integration and Cabinet Member's sign off.</p>
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ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2.	The alternative option is to continue with the current level of commissioning, including an increase which can be awarded within the usual delegation and continue to procure Home Care through a normal call off process. Analysis of current position and learning from previous periods of peak demand suggest that this will be insufficient to meet the need of the client group. The impact will be that a large number of clients at any one time will be waiting for a package of care which is unsatisfactory from them and has a direct impact on capacity across the health and social care system.
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DETAIL (Including consultation carried out)

3.	Background
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3.1	<p>The home care sector is subject to ongoing challenge both locally and nationally. Proactive work within the current framework arrangements and with our preferred providers is constantly targeted at maintaining capacity and addressing seasonal peaks.</p>
3.2	<p>The current situation is that demand continues to outstrip supply for home care packages, with around 700 hours of care currently awaiting a provider, of which 540 hours having been on the waiting list for more than 10 days. The clients who are waiting for a settled package of care have their needs met in a number of ways: they can be supported by our reablement providers or integrated urgent response service; they may be in an interim placement; have a smaller package of care and be supported by family; or they may be resident in hospital and described as having a delayed transfer of their care (DTOC).</p> <p>There are a number of factors influencing the current situation;</p> <ul style="list-style-type: none"> • Home Care providers are reporting that recruitment was particularly slow over the summer months, even taking into consideration that the summer is always a difficult time to recruit it has been particularly challenging this year. <ul style="list-style-type: none"> ○ Overall recruitment for Home Care roles in the city is influenced by other developing areas, e.g. retail and hospitality, with the potential for an early impact related to uncertainty around Brexit. ○ The school holiday period results in capacity being lower than usual combined with September being a month where referrals are higher than usual. • There is a rising level of complexity in the types of care packages required • There is a rise in numbers of difficult to source care packages, including those with time critical elements, carers gender specific requirements, two carer packages and health needs, i.e enteral/specialist feeding support or care for people who are required to wear a collar 24 hours a day. • It is possible that the hot summer has resulted in higher demand resulting in a more challenging run up to the usual winter pressures. It will be possible to confirm if this is the case once all data returns are complete, i.e. SCC and SCCCG, in 4 – 6 weeks' time. <p>3.3</p> <p>Whilst some of this capacity gap is likely to be addressed as recruitment improves during September, there is likely to remain a pressure going into the winter months when the demand will rise again. Taking all of this into consideration this paper describes how a proportion of this gap will be met, in the context of ongoing developments with our Urgent Response Service and within the normal arrangements of the Home Care Framework. The proposal will support provider with recruitment through a guaranteed number of paid hours.</p>
4.	<p>Engagement</p> <p>The current Home Care providers have been involved in discussion regarding the changing demand in the city throughout the last year as part of the design for the new framework. This has been undertaken through bespoke stakeholder work and existing forums. The requirements outlined here have been shared openly through our work and as such the market is fully</p>

	aware of the position.
5.	<p>Proposal</p> <p>It is proposed to increase the capacity of the existing 'retainer' service by 100 extra hours per week. This increase would take the current award to this provider from £482,955 to £516,807. This would build on current arrangements which are working well and which are designed to cope with peaks in activity. Increasing capacity within the usual 'business as usual arrangements' has the advantage of the shortest possible lead in time.</p> <p>There is a good track recording of the provider working well with commissioning leads and with the care placement service and there is a high level of confidence that the proposed increase will mitigate some of the anticipated increase in demand.</p>

RESOURCE IMPLICATIONS

Revenue

6.						
			2018/19	2019/20	2020/21	2021/22
		Budget	Forecast	Budget	Budget	Budget
	Homecare	Expenditure	18,186,900	17,580,200	19,955,500	19,955,500
		Savings	-1,294,200	0	-4,460,400	-4,460,400
		Total Expenditure	16,892,700	17,580,200	15,495,100	15,495,100
		Income	-2,696,500	-3,247,200	-2,333,200	-2,333,200
		CCG Income	-1,804,200	-1,804,200	-1,772,500	-1,772,500
		Total Income	-4,500,700	-5,051,400	-4,105,700	-4,105,700
		Net Total	12,392,000	12,528,800	11,389,400	11,389,400
	LBHUs	Expenditure	2,600,000	2,510,900	2,951,700	2,951,700
		CCG Income	-1,326,000	-1,284,700	-1,505,400	-1,505,400
		Net Total	1,274,000	1,226,200	1,446,300	1,446,300

6.1	<p>The proposed increase in hour's amounts to £1,612 per week, with a total cost of £33,852 in this financial year, assuming a start date of the beginning of November 2018.</p> <p>This increase will be funded through the Better Care Fund and the proposals reflect one of the main requirements of the grant which is to undertake commissioning actions to sustain the care market.</p>
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Property/Other

7	None
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LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

8	The Council has the power to commission services subject to complying with the Council's Contract and Financial Procedure Rules as set out in the Council's Constitution and in accordance with SI Localism Act 2011
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Other Legal Implications:

9	Comply with UK procurement legislation and CPR's
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CONFLICT OF INTEREST IMPLICATIONS

10	
RISK MANAGEMENT IMPLICATIONS	
11	<p>Financial: There is an ongoing pressure on budgets linked to the increasing demand and complexity of care needs. This proposal mitigates some of that risk by using Better Care Funding to cover this current peak. The recent tender for the homecare framework has built in additional requirements to cope with seasonal a peak in the future which draws on learning from the current arrangements. Cost pressure is also mitigated by using current services and providers thereby avoiding the risk of having to source care outside our usual commissioning arrangements which could come at a higher cost.</p> <p>Service delivery: the current high volume of delayed discharges of care (DTC) impact on system delivery across social care and health and has impact for individuals and their families. There is a risk that even with this additional capacity DTCs will continue to increase and targets for reduction will not be met. This is mitigated by robust monitoring arrangements which enable early action to be taken and which facilitates a multi-agency response to managing increases and seasonal peaks. In addition, the context of working with our in house urgent response service and with a wider range of providers across the current framework provides additional mitigation for this risk.</p> <p>Reputational risk: there is no specific risk identified although increasing delayed discharges occurring through the winter period can attract national press and interest and focus on how agencies are working together to address this. The current arrangements in place across all stakeholders do represent a high level of joint work and focused activity which would support a robust response.</p> <p>Provider risk – provider finds they are unable to recruit the additional staff capacity agreed. The use of a retainer over the last 1 – 2 years has provided strong evidence to support this approach, with payment scheduled to match the capacity which the provider is able to resource.</p>
POLICY FRAMEWORK IMPLICATIONS	
12	The recommendations in this paper support the delivery of outcomes in the Council Strategy. They also contribute to the health and Wellbeing Strategy. The proposals particularly support the outcome people in Southampton live safe, healthy lives.

KEY DECISION?	Yes
WARDS/COMMUNITIES AFFECTED:	none
<u>SUPPORTING DOCUMENTATION</u>	
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.		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	
2.		

DECISION-MAKER:		Joint Commissioning Board	
SUBJECT:		Quality Update	
DATE OF DECISION:		11 th October 2018	
REPORT OF:		Director of Quality and Integration	
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Carol Alstrom	Tel: 023 80296956
	E-mail:	carol.alstrom@nhs.net	
Director	Name:	Stephanie Ramsey	Tel: 023 80296914
	E-mail:	stephanie.ramsey1@nhs.net	

STATEMENT OF CONFIDENTIALITY
Not applicable

BRIEF SUMMARY
This paper provides an update on quality in social care services in Southampton, including the latest Care Quality Commission ratings following inspections.

RECOMMENDATIONS:
1. (i) Note the quality report

REASONS FOR REPORT RECOMMENDATIONS
2. The quality report is an update for Joint Commissioning Board on quality concerns and good practice in the City and is intended as an information only item to provide assurance to the Board

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED
3. Not applicable this is an update report only

DETAIL (Including consultation carried out)	
4.	Quality Report This short update provides an overview of the current good practice and challenges for quality of services that are commissioned by the Integrated Commissioning Unit (ICU) between Southampton City Council and NHS Southampton City Clinical Commissioning Group
5.	Good Practice Currently across Southampton social care providers in the care home and home care market are considered overall to be providing good care. In addition two providers have now achieved an outstanding rating, Fritham Lodge and the Urgent Response Service which is part of the Integrated Rehabilitation and Reablement Service provided by Southampton City Council and Solent NHS Trust

The current profile of CQC ratings across Southampton is

	Outstanding	Good	Requires Improvement	Inadequate
Nursing Homes	0	7	2	0
Residential Homes	1	43	6	0
Home care providers	1	29	6	0

A small number of providers continue to be monitored by the ICU Quality Team to ensure that care standards are meeting the Care Quality Commission and locally expected requirements. These providers are subject to regular monitoring visits and intelligence review with early intervention when concerns are identified. No specific themes or trends are emerging from quality concerns at this time, workforce challenges continue in the market as a whole in terms of recruitment and retention of staff.

- 5 The Quality Team has continued to support Adult Social Care operational teams within the Council to ensure the internal care homes and home care services provided are also meeting these requirements. Good progress has been made and it is now felt that the two care homes, shared lives scheme and rapid response service are meeting the requirements. This has recently been confirmed by the achievement of the CQC ratings outlined below

	Date Latest report published	Overall Rating	Safe	Effective	Caring	Responsive	Well Led
Holcroft	22/06/2018	Good	Good	Good	Good	Good	Outstanding
Glenn Lee	08/09/2018	Good	Good	Good	Good	Good	Good
Urgent Response Service	08/09/2018	Outstanding	Good	Outstanding	Good	Good	Outstanding
Shared Lives	02/12/2016	Good	Good	Good	Good	Good	Good

A regular quality assurance meeting is in place to seek assurance that the standard of these services remains good and where possible progresses to outstanding. Respite Services for Adults with Learning Disabilities at Kentish Road have yet to be inspected by CQC.

- 6 The Quality Assurance meetings held monthly have also focused on the quality of services being provided by adult social care and children's social care core teams. No specific areas of concern have been identified, areas considered have included Deprivation of Liberty safeguards audit and action plan, performance of the core teams, introduction of the strengths based approach in adult social care, adoption and fostering and Jigsaw.

- 7 The services provided by health and social care providers as part of the Better Care fund are considered to be meeting the quality requirements. One area of work has been the provision

	<p>of the Enhanced Health in Care Homes City Wide team, which is part of a wider pilot to reduce the number of emergency admissions to hospital from people in care homes and support earlier discharge from hospital. The City Wide team has been in place since October 2017 and has achieved the following</p> <ul style="list-style-type: none"> • Supporting access to training in good practice in relation to managing medicines, promoting good nutrition, hydration and oral health, falls, managing dementia, end of life care and activity that improves maintains / improves movement, mental wellbeing and relieves boredom. • Development of consistent policies and procedures in relation to medicines management, nutritional screening, falls management, managing dementia, continence management, health and wellbeing, wound management and end of life care. Engage the homes in developing policies and practices that support timely hospital discharge including weekends and Discharge to Assess approaches. • Development of medicines management, nutrition, falls, dementia and end of life Champions for each home alongside supportive peer to peer networks. • Work with South Central Ambulance Service enabling their involvement in training, policies and procedural development, use of the Advance Care Plan, managed risk aversion and building positive working relationships with the homes. • Work with the homes to establish preventative management and escalation processes that support positive risk management. • Support the development of person centred multi-disciplinary care planning by proactively working with care homes to help them to act as a conduit for good practice across the care home system.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
8	There are no specific resource implications of this paper.
<u>Property/Other</u>	
9	None noted
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
10	The Council has a statutory power and responsibility to safeguard individuals receiving services within the Southampton City boundary
<u>Other Legal Implications:</u>	
11	None noted
CONFLICT OF INTEREST IMPLICATIONS	
12	No conflicts of interest are noted
RISK MANAGEMENT IMPLICATIONS	
13	The Council has a responsibility as a commissioner of services to ensure the quality of those services meets and acceptable standard. In addition the Council has a statutory responsibility under the Care Act to ensure mechanisms are in place to safeguard adults, who may be vulnerable, and are receiving care within the City boundary.
14	<p>Areas of Concern</p> <p>The main areas of concern for quality of services in Southampton at this time relate to the ability of all providers to recruit and retain appropriately trained staff. This applies across all sectors with particular concern in home care services, nursing homes recruiting registered</p>

	nurses, and some health practitioners including general practitioners (GPs), some specialist areas of practice including mental health and learning disability nurses. Work continues across the City, and the Hampshire and Isle of Wight STP, with key partners to explore options on how this situation can be improved.
POLICY FRAMEWORK IMPLICATIONS	
15	The information contained within this report are in accordance with the Councils Policy Framework plans

KEY DECISION?	N/A
WARDS/COMMUNITIES AFFECTED:	
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	None

Documents In Members' Rooms

1.	Not applicable
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Equality Impact Assessment

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

Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	No
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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.	Not applicable