

# COUNCIL MEETING

Wednesday, 18th March, 2020  
at 2.00 pm

Council Chamber - Civic Centre

## **This meeting is open to the public**

### **Members of the Council**

The Mayor – Chair

The Sheriff – Vice-chair

Leader of the Council

Members of the Council (See overleaf)

### **Contacts**

Service Director – Legal and Business Operations  
Richard Ivory  
Tel 023 8083 2794  
Email: [richard.ivory@southampton.gov.uk](mailto:richard.ivory@southampton.gov.uk)

Senior Democratic Support Officer  
Claire Heather  
Tel: 023 8083 2412  
Email: [claire.heather@southampton.gov.uk](mailto:claire.heather@southampton.gov.uk)

<b>WARD</b>	<b>COUNCILLOR</b>	<b>WARD</b>	<b>COUNCILLOR</b>
<b>Bargate</b>	Bogle Noon Dr Paffey	<b>Millbrook</b>	G Galton S Galton Taggart
<b>Bassett</b>	Hannides B Harris L Harris	<b>Peartree</b>	Bell Houghton Keogh
<b>Bevois</b>	Barnes-Andrews Kataria Rayment	<b>Portswood</b>	Cooper Mitchell Savage
<b>Bitterne</b>	Murphy Prior Streets	<b>Redbridge</b>	McEwing Spicer Whitbread
<b>Bitterne Park</b>	Fuller Harwood White	<b>Shirley</b>	Chaloner Coombs Kaur
<b>Coxford</b>	Professor Margetts Renyard T Thomas	<b>Sholing</b>	J Baillie Guthrie Vaughan
<b>Freemantle</b>	Leggett Shields Windle	<b>Swaythling</b>	Bunday Fielker Mintoff
<b>Harefield</b>	P Baillie Fitzhenry Laurent	<b>Woolston</b>	Mrs Blatchford Hammond Payne

## **PUBLIC INFORMATION**

### **Role of the Council**

The Council comprises all 48 Councillors. The Council normally meets six times a year including the annual meeting, at which the Mayor and the Council Leader are elected and committees and sub-committees are appointed, and the budget meeting, at which the Council Tax is set for the following year.

The Council approves the policy framework, which is a series of plans and strategies recommended by the Executive, which set out the key policies and programmes for the main services provided by the Council. It receives a summary report of decisions made by the Executive, and reports on specific issues raised by the Overview and Scrutiny Management Committee. The Council also considers questions and motions submitted by Council Members on matters for which the Council has a responsibility or which affect the City.

## **PUBLIC INVOLVEMENT**

**Questions:-** People who live or work in the City may ask questions of the Mayor, Chairs of Committees and Members of the Executive. (See the Council's Constitution ref Part 4 Council Procedure Rules 10.8)

**Petitions:-** At a meeting of the Council any Member or member of the public may present a petition which is submitted in accordance with the Council's scheme for handling petitions. Petitions containing more than 1,500 signatures (qualifying) will be debated at a Council meeting. (See the Council's Constitution ref Part 4 Council Procedure Rules 10.1)

**Representations:-** At the discretion of the Mayor, members of the public may address the Council on any report included on the agenda in which they have a relevant interest. Any member of the public wishing to address the meeting should advise the Democratic Support Officer (DSO) whose contact details are on the front sheet of the agenda.

**Deputations:-** A deputation of up to three people can apply to address the Council. A deputation may include the presentation of a petition. (See the Council's Constitution ref Part 4 Council Procedure Rules 10.7)

## **MEETING INFORMATION**

**Use of Social Media:-** The Council supports the video or audio recording of meetings open to the public, for either live or subsequent broadcast. However, if, in the Chair's opinion, a person filming or recording a meeting or taking photographs is interrupting proceedings or causing a disturbance, under the Council's Standing Orders the person can be ordered to stop their activity, or to leave the meeting. By entering the meeting room you are consenting to being recorded and to the use of those images and recordings for broadcasting and or/training purposes. The meeting may be recorded by the press or members of the public.

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

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

**Mobile Telephones** – Please switch your mobile telephones to silent whilst in the meeting.

Southampton: Corporate Plan 2020-2025 sets out the four key outcomes:

- Communities, culture & homes - Celebrating the diversity of cultures within Southampton; enhancing our cultural and historical offer and using these to help transform our communities.
- Green City - Providing a sustainable, clean, healthy and safe environment for everyone. Nurturing green spaces and embracing our waterfront.
- Place shaping - Delivering a city for future generations. Using data, insight and vision to meet the current and future needs of the city.
- Wellbeing - Start well, live well, age well, die well; working with other partners and other services to make sure that customers get the right help at the right time

**Access** – Access is available for disabled people. Please contact the Council Administrator who will help to make any necessary arrangements

**Smoking policy** – The Council operates a no-smoking policy in all civic buildings

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

<b>Proposed dates of meetings (Municipal year 2018/19)</b>	
<b>2019</b>	<b>2020</b>
17 July	26 February (Budget)
18 September	18 March
20 November	20 May (AGM)

### **CONDUCT OF MEETING**

#### **FUNCTIONS OF THE COUNCIL**

The functions of the Council are set out in Article 4 of Part 2 of the Constitution

#### **RULES OF PROCEDURE**

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

#### **BUSINESS TO BE DISCUSSED**

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

#### **QUORUM**

The minimum number of appointed Members required to be in attendance to hold the meeting is 16.

### **DISCLOSURE OF INTERESTS**

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

#### **DISCLOSABLE PECUNIARY INTERESTS**

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

- (i) Any employment, office, trade, profession or vocation carried on for profit or gain.
- (ii) Sponsorship: Any payment or provision of any other financial benefit (other than from Southampton City Council) made or provided within the relevant period in respect of any expense incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
- (iii) Any contract which is made between you / your spouse etc (or a body in which the you / your spouse etc has a beneficial interest) and Southampton City Council under which goods or services are to be provided or works are to be executed, and which has not been fully discharged.
- (iv) Any beneficial interest in land which is within the area of Southampton.
- (v) Any license (held alone or jointly with others) to occupy land in the area of Southampton for a month or longer.
- (vi) Any tenancy where (to your knowledge) the landlord is Southampton City Council and the tenant is a body in which you / your spouse etc has a beneficial interests.
- (vii) Any beneficial interest in securities of a body where that body (to your knowledge) has a place of business or land in the area of Southampton, and either:
  - a) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body, or
  - b) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you / your spouse etc has a beneficial interest that exceeds one hundredth of the total issued share capital of that class.

### **Other Interests**

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

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

Any public authority or body exercising functions of a public nature

Any body directed to charitable purposes

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

### **Principles of Decision Making**

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

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

In exercising discretion, the decision maker must:

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

Richard Ivory  
Service Director, Legal and Business Operations  
Civic Centre, Southampton, SO14 7LY

Tuesday, 10 March 2020

**TO: ALL MEMBERS OF THE SOUTHAMPTON CITY COUNCIL**

You are hereby summoned to attend a meeting of the COUNCIL to be held on WEDNESDAY, 18TH MARCH, 2020 in the COUNCIL CHAMBER CIVIC CENTRE at 2:00pm when the following business is proposed to be transacted:-

**1 APOLOGIES**

To receive any apologies.

**2 MINUTES (Pages 1 - 18)**

To authorise the signing of the minutes of the Council Meeting held on 20<sup>th</sup> November 2019 and 26<sup>th</sup> February 2020, attached.

**3 ANNOUNCEMENTS FROM THE MAYOR AND LEADER**

Matters especially brought forward by the Mayor and the Leader.

**4 DEPUTATIONS, PETITIONS AND PUBLIC QUESTIONS**

To receive any requests for Deputations, Presentation of Petitions or Public Questions.

**5 EXECUTIVE BUSINESS (Pages 19 - 28)**

Report of the Leader of the Council.

**6 MOTIONS**

(a) Councillor Vaughan to move:

It has been estimated that as much as 40% of public service spending is on interventions that could have been avoided by prioritising a preventive approach to early years development.

The Wave Trust is an independent organisation whose 70/30 campaign seeks to bring about a 70 per cent reduction in child maltreatment by the year 2030. It proposes a preventive and integrated approach in Southampton. This organisation has been endorsed by Councillors from across the chamber and local MPs. As well as this, their work has already been well received in another local city.

This Council agrees to be trauma informed; to use the learning and research on Adverse Childhood Experiences (ACEs) to inform change in practice and thus better able to reduce the negative effects of ACEs on lives of all with whom we come in

contact.

Council commits to exploring the Wave Trust's 70/30 approach to see what value this might add to the Council's existing activities to prioritise children's early years and give every child the best possible start in life.

Council will commission Early Years leaders and relevant partners from across Southampton to carry out a feasibility study of this approach and to see whether it would be right for our city in delivering a more preventative and integrated approach for everyone.

(b) Councillor S Galton to move:

This Council notes the overwhelming public desire for at least some unrestricted access to the former Civil Service Sports Ground.

Council recognises the recent deputation from the Friends of the Field group asking for the same.

Council takes on board the majority of public comments to the pre-consultation and formal planning application process, asking for unrestrictive access.

Council acknowledges the supportive comments made during the planning meeting itself by a number of cross party Councillors and that the Chair made it clear they were only there to decide on the application before them, not create policy.

Council recognises the previous legal advice that has been provided to members. The main concern being any additional activities like dog walking or infrastructure such as bins and benches; do not interfere with the primary use of pitches for team games and recreational play.

As such Council resolves to,

Request the administration ensure the Council's development plans for the site are altered to include a legally accessible pocket park, or other area of public accessible land, within the wider contained school development site, but separate from the main school site.

## **7 QUESTIONS FROM MEMBERS TO THE CHAIRS OF COMMITTEES OR THE MAYOR**

To consider any question of which notice has been given under Council Procedure Rule 11.2.

## **8 APPOINTMENTS TO COMMITTEES, SUB-COMMITTEES AND OTHER BODIES**

To deal with any appointments to Committees, Sub-Committees or other bodies as required.

9 **PAY POLICY 2020 - 2021** (Pages 29 - 40)

10 **SOUTHAMPTON CITY HEALTH AND CARE STRATEGY 2020 - 2025** □ (Pages 41 - 112)

To consider the report of the Cabinet Member for Healthier and Safer City seeking approval of the Southampton City Health and Care Strategy 2020-2025.

11 **LOCAL PLACEMENT PLAN - CHILDREN'S RESIDENTIAL CARE** □ (Pages 113 - 164)

To consider the report of the Cabinet Member for Aspiration, Children and Lifelong Learning seeking approval for the Local Placement Plan proposal for Children's Residential Care.

NOTE: There will be prayers by Brian Parfitt in the Mayor's Reception Room at 1.45 pm for Members of the Council and Officers who wish to attend.



Richard Ivory  
Service Director – Legal and Business Operations



---

## SOUTHAMPTON CITY COUNCIL

### MINUTES OF THE COUNCIL MEETING HELD ON 20 NOVEMBER 2019

---

#### Present:

The Mayor, Councillor P Baillie  
The Sheriff, Councillor Mrs Blatchford  
Councillors Barnes-Andrews, J Baillie, Bell, Bogle, Bunday, Chaloner, Coombs, Cooper, Fielker, Fitzhenry, Fuller, G Galton, S Galton, Guthrie, Hammond, Hannides, B Harris, L Harris, Harwood, Kataria, Kaur, Keogh, Laurent, Leggett, Professor Margetts, McEwing, Mintoff, Mitchell, Murphy, Noon, Dr Paffey, Payne, Prior, Rayment, Renyard, Savage, Shields, Spicer, Streets, T Thomas, Whitbread and Windle

#### 52. APOLOGIES

It was noted that apologies had been received from Councillors Houghton, Taggart, Vaughan and White.

#### 53. MINUTES

**RESOLVED:** that the minutes of the meeting held on 18<sup>th</sup> September, 2019 be approved as a correct record.

#### 54. ANNOUNCEMENTS FROM THE MAYOR AND LEADER

- (i) The Mayor welcomed Bishop Deborah Sellin to the meeting. The Bishop recently became the first woman to be the Bishop of Southampton.
- (ii) The Mayor expressed his thanks and gratitude to all those involved with the arrangements for this year's commemorations on Remembrance Sunday.
- (iii) The Mayor also welcomed to the Chamber representatives from Radian and volunteers from the Round About Café who have recently received the Queens Award for Voluntary Services.
- (iv) The Mayor expressed congratulations to POC Poppy Martin who was awarded the Lord Lieutenant of Hampshire Sea Cadets. There were several cadets chosen from across the county and different services and Poppy was selected from all Sea Cadets in Hampshire. In addition Lindsay Bassett, Commanding Officer of the Southampton Sea Cadets for Cadet forces Adult Volunteers. The introduction of this commission is the first in 150 years and recognises the services of Volunteers to the Cadet forces.
- (v) Sharon Carroll who works for the Council's Employment Support Team has recently been promoted to Sergeant in her work in the Armed Forces.
- (vi) Henry Whitcher, City Council Warden received a Police award last week. The Mayor extended his congratulations to all those who were mentioned at the meeting today.
- (vii) The Leader announced that Councillor Thomas (Independent) was joining the Labour Group with immediate effect.

55. DEPUTATIONS, PETITIONS AND PUBLIC QUESTIONS

The Council received and noted a deputation from Mr Narbed on planting and caring for trees in Southampton.

The Council received and debated the following Petition which under the Council's Procedure Rules where qualifying petitions must be debated at Council was achieved:

- (i) Airport Expansion Opposition containing 1900 signatures.

Note: Councillor Payne declared a pecuniary interest and left the meeting for this item.

56. MOTIONS

- (a) Councillor Shields moved Councillor Spicer seconded

Southampton City Council acknowledges the research carried out locally by the University of Southampton as part of an evidence review for the National Institute of Clinical Excellence and cited in the International Journal of Nursing Studies, relating to the very real and increasing risk of inadequate nurse staffing or skill-mix levels presented to high quality and safe patient care.

The City Council recognises the need for the NHS in England to address concerns of members of the Royal College of Nursing in making safe staffing levels a statutory requirement for all the UK's NHS care providers not least locally, where in June 2019 there were 4,881 vacancies in the Wessex Region which covers the Southampton population. This included 422 vacancies for qualified medical and dental and 2,257 registered nursing and midwifery staff. Specifically there were 40 vacancies for qualified medical and dental staff in NHS organisations based in Southampton (29.7% of the regional total) and 196 registered nursing and midwifery staff vacancies (27.9% of the regional total).

The City Council resolves, therefore, to write to the chair of the Local Government Association's Community Wellbeing Board to secure their support for safer nurse staffing levels given the impact of such shortages on the residents of the city.

UPON BEING PUT TO THE VOTE THE MOTION WAS DECLARED CARRIED

**RESOLVED:** that the motion be approved.

- (b) Councillor Hammond moved and Councillor Keogh seconded.

This Council notes the continuing increase in the rate of recorded crime, whilst Hampshire police numbers have fallen over the past 8 years.

Council is particularly concerned that since 2010 the number of frontline neighbourhood police officers serving the city has declined by almost half.

Council welcomes the promised investment at both a national and local level, but is concerned that the government's recent announcement of additional police officers won't be in post until April 2021.

Council likewise welcomed the commitment given by Hampshire's Police & Crime Commissioner to increase the number of frontline police officers in this financial year, but justifiably expects that Southampton as the largest urban area in the county receives its fair share of this additional resource.

Council calls on the Police and Crime Commissioner to urgently respond to the written request from the Leader of the Council on 7<sup>th</sup> August for much needed additional policing on our city's streets.

Amendment moved by Councillor Fitzhenry and seconded by Councillor Hannides.

Council welcome the commitment from the government and Police and Crime Commissioner for Hampshire (PCC), for more Police Officers for Southampton. Council calls on the PCC to write to the council immediately detailing when we will receive the additional resources to ensure we can continue to keep our residents and businesses safe.

UPON BEING PUT TO THE VOTE THE AMENDMENT IN THE NAME OF COUNCILLOR FITZHENRY WAS DECLARED LOST.

UPON BEING PUT TO THE VOTE THE MOTION MOVED BY COUNCILLOR HAMMOND WAS DECLARED CARRIED.

**RESOLVED** that the motion be approved.

57. APPOINTMENTS TO COMMITTEES, SUB-COMMITTEES AND OTHER BODIES

It was noted that there were no appointments to Committees, Sub Committees or Other Bodies.

58. REVIEW OF POLLING DISTRICTS AND POLLING PLACES

The report of the Returning Officer was submitted outlining the outcome of the 2019 polling district and polling place review.

**RESOLVED** that the recommendations in respect of the Polling Districts and Polling Places as set out in Appendix 1 of the report be approved.

59. PROPERTY INVESTMENT FUND

The report of the Cabinet Member for Resources outlining a policy for investment in commercial property.

**RESOLVED** to:

- (i) Re-affirm the commitment to a property investment fund as a part of the strategy for addressing future budget shortfall.
- (ii) Agree the approach as outlined in this report and the investment criteria attached to this report.

- (iii) Agree to delegate to the Service Director – Strategic Finance and Commercialisation, in consultation with the Cabinet Member for Resources, the ability to amend the property investment strategy prior to making the first additional purchase into the Fund.
- (iv) Note the addition and spend of £200M. It is proposed to include this sum in the 2019/20 capital programme. Whilst it will be included in full, in practice it is likely there will be a need to spread such an investment beyond the current year. This will be funded by Council resources.

60. BLOCK CONTRACT FOR CHILDREN'S RESIDENTIAL SERVICES FOR LOOKED AFTER CHILDREN

The report of the Cabinet Member for Aspiration, Children and Lifelong Learning seeking approval for a tender for a block contract with one or several providers on the Children's Residential Care Framework.

**RESOLVED** to authorise the spend by the Council necessary to enter into one or two Block Contracts for 3-6 beds with providers on the existing Children's Residential Care Framework, following a mini competition, up to a total value of £5,963,880.

61. EXECUTIVE BUSINESS REPORT

The report of the Leader of the Council was submitted setting out the details of the business undertaken by the Executive.

The Leader and the Cabinet made statements and responded to questions.

The following questions were submitted in accordance with Council Procedure Rule 11.1

1. Mayflower 400

Question from Councillor Hannides to Councillor Kaur

Would the Cabinet Member agree that a successful Mayflower 400 is essential for the success of the City of Culture bid?

Answer

Yes

2. Townhill Park Regeneration

Question from Councillor Fitzhenry to Councillor Kaur

Can the Cabinet Member confirm when work onsite for plot 2 at Townhill Park will begin?

Answer

The aim is to get a contractor working on the plot 2 project during 2020. Resident feedback and necessary approvals such as planning consent will determine the exact dates.

3. Adult Social Care Grant

Question from Councillor Hannides to Councillor Barnes-Andrews

Can the Cabinet Member confirm how much additional grant the Council will receive next year from the Government for Adult Social Care?

Answer

The Government published the Local Government Finance Settlement 2020/21 Technical Consultation on 3 October 2019. This set out proposals for the allocation of a new Social Care Grant of £1.41 billion in 2020/21 for adult and children's services. Of this, £410 million is a direct continuation of 2019/20 Social Care Support Grant and £1 billion is new funding. The indicative allocation for Southampton City Council is £6.7 million, comprising £1.9 million rollover of 2019/20 Social Care Support Grant and £4.8 million new funding. Actual allocations will not be confirmed until the Provisional Local Government Finance Settlement is published, which will not be until after the General Election.

4. 2030 Carbon Neutral Target

Question from Councillor S Galton to Councillor Hammond

Can the Leader of the Council confirm what the 2030 Carbon Neutral target from the Green City Charter is and how it will be measured?

Answer

The aspiration contained within the Green City Charter is that the City will be carbon neutral by 2030. The council is developing a plan to achieve this which will involve the mapping of the carbon footprints for the council and city.

The Mayor agreed to the following Question to be tabled as an urgent matter:

5. St. Monica Primary School

Question from Councillor J Baillie to Councillor Paffey

Are you happy with the delivery of education at St. Monica Primary School?

Answer

The school has clear guidance of governance. I will provide a written response.

62. QUESTIONS FROM MEMBERS TO THE CHAIRS OF COMMITTEES OR THE MAYOR

It was noted that no requests for Questions from Members to the Chairs of Committees or the Mayor had been received.

---

SOUTHAMPTON CITY COUNCIL

MINUTES OF THE COUNCIL MEETING HELD ON  
26 FEBRUARY 2020

---

Present:

The Mayor, Councillor P Baillie  
The Sheriff, Councillor Mrs Blatchford  
Councillors Barnes-Andrews, J Baillie, Bell, Bogle, Bunday, Coombs, Cooper, Fielker, Fitzhenry, G Galton, S Galton, Guthrie, Hammond, Hannides, B Harris, L Harris, Harwood, Houghton, Kataria, Kaur, Keogh, Laurent, Leggett, Professor Margetts, McEwing, Mintoff (except part 66, 67-70), Mitchell, Murphy (except part 66, 67-70), Noon, Dr Paffey, Payne, Prior, Rayment, Renyard, Savage, Shields, Streets, Taggart, T Thomas, Vaughan (except part 66, 67-70), White and Windle

63. APOLOGIES

It was noted that apologies had been received from Councillors Chaloner, Fuller, Spicer and Whitbread.

64. ANNOUNCEMENTS FROM THE MAYOR AND LEADER

- (i) The Mayor announced the death of former City Councillor and Mayor, John Martin who passed away in December, 2019. He served as a Harefield Ward Councillor in the late 1980s and Mayor of the City in 1993. As a mark of respect Council stood for a minute's silence.
- (ii) The Mayor announced that he and Councillor Savage had completed a Charity Dive for Communicare in Southampton.
- (iii) The Mayor congratulated the Chinese community on a successful New Year celebration which brought pride to the City.

65. DEPUTATIONS, PETITIONS AND PUBLIC QUESTIONS

The Council received and noted the following Deputations:

- (i) Mr Jeremy Moulton and Ms Kerry Sullivan regarding the General Fund Capital Programme (St. Marks School); and
- (ii) Mr Nick Chaffey regarding alternative budget proposals.

66. THE MEDIUM TERM FINANCIAL STRATEGY, BUDGET AND CAPITAL PROGRAMME 2020/21 TO 2022/23

Report of the Cabinet Member for Resources detailing the revenue budget for 2020/21 and the Medium Term Financial Strategy for the period 2020/21 to 2022/23. Providing detail to inform Council in Setting Council Tax and rents for 2020/21.

The report of the Cabinet Member for Resources was submitted seeking approval to the Medium Term Financial Strategy 2020/21 to 2022/23, the Capital Programme for 2020/21 to 2022/23 and outlining the main issues that needed to be addressed in considering the Cabinet's budget and Council Tax proposals. The recommendations therein as amended by Executive Budget Resolution 2020/21 to comprise the Executive's budget proposals were moved by Councillor Barnes-Andrews and seconded by Councillor Hammond (a copy of the amended Executive Budget resolution as circulated at the meeting attached as Appendix 1 to these minutes).

The Council agreed to suspend Council Procedure Rules 14.2, 14.5, 14.6, 14.7, 14.8, 14.9 and 16.2:-

- (i) to enable the above items to be considered together;
- (ii) to enable any amendments to be proposed, seconded and considered at the same time;
- (iii) to enable any amendment to be re-introduced later into the meeting; and
- (iv) to revise the time allowed for speakers as follows:-
  - Movers of motions - 20 minutes
  - Seconders - 10 minutes
  - Other Speakers - 4 minutes
  - Right of Reply (Executive only) – 10 minutes

With the consent of the Mayor, Honorary Alderman Vinson addressed the meeting.

Amendment moved by Councillor Hannides and seconded by Councillor Fitzhenry, attached as Appendix 2 to these minutes.

**UPON BEING PUT TO THE VOTE THE AMENDMENT WAS DECLARED LOST**

**NOTE – FOR THE AMENDMENT:** Councillors J Baillie, P Baillie, Bell, G Galton, S Galton, Fitzhenry, Guthrie, Hannides, B. Harris, L. Harris, Harwood, Houghton, Laurent, Prior, Streets and White.

**NOTE – AGAINST THE AMENDMENT:** Councillors Barnes-Andrews, Mrs Blatchford, Bogle, Bunday, Coombs, Cooper, Fielker, Hammond, Kataria, Kaur, Keogh, Leggett, Margetts, McEwing, Mitchell, Noon, Paffey, Payne, Renyard, Rayment, Savage, Shields, Taggart, Thomas and Windle.

**UPON BEING PUT TO THE VOTE THE SUBSTANTIVE MOTION AS AMENDED WAS DECLARED CARRIED**

**RESOLVED** that the Medium Term Financial Strategy, Budget and Capital Programme 2020/21 to 2022/23, as amended by the Executive Budget Resolution 2020/21 (Appendix 1 to these minutes) be adopted.

**NOTE:** All Members of the Council declared a pecuniary interest in the above matter, as payers and setters of Council Tax, and remained in the meeting during the consideration of the matter.



Councillor Windle declared a personal interest and remained at the meeting to vote.

**NOTE – FOR THE SUBSTANTIVE MOTION:** Councillors Barnes-Andrews, Mrs Blatchford, Bogle, Bunday, Coombs, Cooper, Fielker, Hammond, Kataria, Kaur, Keogh, Leggett, Margetts, McEwing, Mitchell, Noon, Paffey, Payne, Renyard, Rayment, Savage, Shields, Taggart, Thomas and Windle.

**NOTE – ABSTAINED THE SUBSTANTIVE MOTION:** Councillors J Baillie, P Baillie, Bell, G Galton, S Galton, Fitzhenry, Guthrie, Hannides, B. Harris, L. Harris, Harwood, Houghton, Laurent, Prior, Streets and White.

67. **CORPORATE BUSINESS PLAN**

The report of the Leader of the Council detailing the Corporate Business Plan setting out the key priorities of the Council over the next 5 years and specific actions which will deliver on these.

**RESOLVED** to approve the Corporate Business Plan 2020 – 2025, as set out in Appendix 1 of the report.

68. **UK PARLIAMENTARY ELECTION**

The report of the (Acting) Returning Officer detailing the results of the UK Parliamentary Election held on Thursday 12<sup>th</sup> December, 2019.

**RESOLVED** to note the results of the UK Parliamentary Election held on 12<sup>th</sup> December, 2019.

69. **EXCLUSION OF THE PRESS AND PUBLIC - EXEMPT PAPERS INCLUDED IN THE FOLLOWING ITEM (IF NEEDED)**

**RESOLVED** that in accordance with the Council's Constitution, specifically the Access to Information Procedure Rules contained within the Constitution, the press and public be excluded from the meeting in respect of any consideration of the confidential appendix referred to in minute number 70 below.

The appendix was considered to be exempt from general publication based on Category 3 of paragraph 10.4 of the Council's Access to Information Procedure Rules. It was not in the public interest to disclose this because it related to the financial or business affairs of the Authority.

70. **CORPORATE INSURANCE TENDER**

Report of the Cabinet Member for Resources seeking approval of a new corporate insurance programme from 1<sup>st</sup> April, 2020.

**RESOLVED** to approve the proposed new corporate insurance programme from 1st April as set out in Appendix 1 of the report.

**APPENDIX 1**  
**EXECUTIVE BUDGET RESOLUTION 2020/21**

**It is recommended that Council:**

**Medium Term Financial Strategy and Budget**

The following recommendations in respect of the General Fund, Revenue Account and Capital Programme and Housing Revenue Account are as per the Medium Term Financial Strategy, Budget and Capital Programme 2020/21 to 2022/23 report, with the exception of where recommendations have been amended to reflect the confirmed precept by the Police and Crime Commissioner for Hampshire, the confirmed precept for Hampshire Fire and Rescue Authority and the agreed final local government finance settlement:

**General Fund: Revenue Account**

- i) *Notes the general budget consultation process that was followed as detailed in paragraphs 37 to 42.*
- ii) *Notes that the budget consultation feedback has been taken into consideration by the Cabinet and has informed their final budget proposals. Further details are contained within the Members Room document 3.*
- iii) *Notes the Equality and Safety Impact Assessment process that was followed as set out in paragraphs 44 to 47. The updated ESIA's and Cumulative Impact Assessment are available documents in the Members Room, documents 1 and 2.*
- iv) *Note the position on the forecast outturn position for 2019/20 as set out in paragraphs 30 to 33 of Appendix 1.*
- v) *Approves the revised Medium Term Financial Strategy (MTFS) for the period 2020/21 to 2022/23 attached as Annex 1.1 to Appendix 1.*
- vi) *Approves the 2020/21 General Fund Revenue Budget as detailed in Annex 1.1(a) of the MTFS at Annex 1.1 of Appendix 1.*
- vii) *Notes that the Executive's budget proposals are expected to lead to an overall investment in staffing within the council. Where staffing levels are impacted consultation will be undertaken in line with legislation and the Council's agreed processes before proposals are implemented.*
- viii) *Notes that the Executive's budget proposals are based on the assumptions detailed within the MTFS and that this includes an increase in the Adult Social Care precept of just under 2.00% and no increase in the general council tax, allowable under general powers to increase council tax without a referendum.*
- ix) *Approves additional general fund pressures totalling £7.22M in 2020/21, rising to £9.82M in 2022/23, as detailed in paragraphs 47 to 51 of Appendix 1.*
- x) *Approves savings proposals totalling £7.61M that are included in the 2020/21 General Fund Revenue Budget, rising to £11.42M in 2022/23, as detailed in paragraphs 52 to 55 of Appendix 1.*
- xi) *Approves investment proposals totalling £4.25M that are included in the 2020/21 General Fund Revenue Budget, rising to £6.10M in 2022/23, as detailed in paragraphs 56 to 58 of Appendix 1.*
- xii) *To delegate authority to the Executive Director – Finance & Commercialisation (S151 Officer), following consultation with the Cabinet Member for Resources, to do anything necessary to give effect to the proposals contained in this report.*

- xiii) Sets the Band D Council Tax for Southampton City Council at £1,566.18 for 2020/21, the Net Budget Requirement at £190.82M and the Council Tax Requirement for 2020/21 at £102.53M as per Annex 1.2 to Appendix 1.
- xiv) Notes the estimates of precepts on the council tax collection fund for 2020/21 as set out in Annex 1.3 to Appendix 1, as well as the council tax band charges for Southampton City Council and the charges for the Police and Crime Commissioner for Hampshire and the charges for Hampshire Fire and Rescue Authority, which have now been agreed by the respective authorities.  
**General Fund: Capital Programme**
- xv) Approves the revised General Fund Capital Programme, which totals £728.77M (as detailed in paragraphs 5 & 39 of Appendix 2) and the associated use of resources.
- xvi) Approves additions of £320.46M which has been added to the General Fund programme requiring approval to spend, by Cabinet/Council subject to the relevant financial limits. These additions are detailed in paragraphs 9 of Appendix 2 and annex 2.1.
- xvii) Approves the addition of £29.48M to the overall capital programme and the request for approval to spend £29.48M as detailed in paragraph 10 of Appendix 2 and Annex 2.1.
- xviii) Approves the removal of schemes from the capital programme totalling £15.68M as set out in paragraph 11 of Appendix 2 and detailed in Annex 2.1.
- xix) Notes that the capital programme remains fully funded up to 2024/25 based on the latest forecast of available resources although the forecast can be subject to change; most notably with regard to the value and timing of anticipated capital receipts and the use of prudent assumptions of future Government Grants to be received.
- xx) Approves the Council's capital strategy detailed in Annex 2.3.
- xxi) Approves the Council's MRP strategy detailed in Annex 2.3(a).
- xxii) Approves the Council's investment strategy detailed in Annex 2.3(b).  
**Housing Revenue Account**
- xxiii) Approves that, from 1st April 2020, a standard increase be applied to all dwelling rents of 2.7%, as set out in paragraph 10 of Appendix 3, equivalent to an average increase of £2.26 per week in the current average weekly dwelling rent figure of £83.46.
- xxiv) To note an increase in a number of weekly service charges, whilst others remain unchanged, as detailed in paragraph 11 of Appendix 3 from 1st April 2020 (including supported accommodation). This approach was previously agreed by Council at its meeting in February 2019.
- xxv) Approves the Housing Revenue Account Revenue Estimates as set out in Appendix 3.
- xxvi) Approves the 40 year Business Plans for revenue and capital expenditure set out in Annexes 3.1 and 3.2 of Appendix 3 respectively, that based on current assumptions are sustainable and maintain a minimum HRA balance of £2.0M in every financial year.
- xxvii) To note that from 2020/21 onwards, following consultation, rents will now be charged on a weekly basis throughout the year, thus reducing the weekly payment and removing the four "rent-free" weeks.
- xxviii) Approves the revised Housing Revenue Account (HRA) Capital Programme, which totals £251.97M (as detailed in paragraph 22 & 31 of Appendix 3) and the

associated use of resources.

- xxix) Approves the addition of £73.71M to the HRA Capital Programme and the request for approval to spend £73.71M as detailed in paragraph 30 of Appendix 3.

**NEW RECOMMENDATIONS: Council Tax Setting Matters**

- xxx) Approves the following amounts now calculated by the Council for the year 2020/21 in accordance with Section 32 and Sections 34 to 36 of the Local Government Finance Act 1992 as amended (the Act).
- xxxi) Determines in accordance with Section 52ZB of the Act that the Council's relevant basic amount of Council Tax for 2020/21 is not excessive in accordance with principles approved by the Secretary of State under Section 52ZC of the Act.

a)	Aggregate the amounts which the Council estimates for the items set out in Section 32(2) of the Act.		£515,797,992
b)	Aggregate the amounts which the Council estimates for the items set out in Section 32(3) of the Act.		£413,263,320
c)	Calculation in accordance with Section 32(4) of the Act, of the Council's council tax requirement for the year, being the amount by which the aggregate at a) above exceeds the aggregate at b) above. (Item R in the formulae in Section 33(1) of the Act.		£102,534,672
d)	The amount at c) above (Item R), divided by the Council Tax Base of 65,468 (Item T in the formula in Section 33(1) of the Act), as the basic amount of Council Tax for the year.		£1,566.18
e)	Precepting Authority – Southampton City Council	Valuation Band	Amount
		A	£1,044.12
		B	£1,218.14
		C	£1,392.16
		D	£1,566.18
		E	£1,914.22
		F	£2,262.26
		G	£2,610.30
		H	£3,132.36
	Being the amounts given by multiplying the amount of d) above by the number which, in the proportion set out in Section 5(1) of the Act, is applicable to dwellings listed in a particular valuation band divided by the number which in the proportion is applicable to dwellings listed in valuation band D, calculated by the Council, in accordance with Section 36(1) of the Act, as the amount to be taken into account for the year in respect of the dwellings listed in different valuation bands.		

f)	That it be noted for the year 2020/21 that the Police and Crime Commissioner for Hampshire has agreed the following amounts of precepts issued to the Council in accordance with Section 40 of the Local Government Finance Act 1992, for each of the categories of dwellings shown in the following table:	Valuation Band	Amount
		A	£140.97
		B	£164.47
		C	£187.96
		D	£211.46
		E	£258.45
		F	£305.44
		G	£352.43
		H	£422.92
g)	That it be noted for the year 2020/21 that the Hampshire Fire and Rescue Authority has agreed the following amounts of precepts issued to the Council in accordance with Section 40 of the Local Government Finance Act 1992, for each of the categories of dwellings shown in the following table:	Valuation Band	Amount
		A	£46.04
		B	£53.71
		C	£61.39
		D	£69.06
		E	£84.41
		F	£99.75
		G	£115.10
		H	£138.12
h)	That, having calculated the aggregate in each case of the amounts at e), f) and g) above, the Council in accordance with Sections 30 and 36 of the Local Government Finance Act 1992, hereby set the following amounts of the Council Tax for the year 2020/21 for each of the categories of dwellings shown following the agreement of the precepts for the Police and Crime Commissioner for Hampshire and the Hampshire Fire and Rescue Authority:	Valuation Band	Amount
		A	£1,231.13
		B	£1,436.32
		C	£1,641.51
		D	£1,846.70
		E	£2,257.08
		F	£2,667.45
		G	£3,077.83
		H	£3,693.40

**APPENDIX 2**  
**CONSERVATIVE BUDGET RESOLUTION 2020/21**

**It is recommended that Council:**

**Medium Term Financial Strategy and Budget  
General Fund: Revenue Account**

- i) Notes the general budget consultation process that was followed as detailed in paragraphs 37 to 42.
- ii) Notes that the budget consultation feedback has been taken into consideration by the Cabinet and has informed their final budget proposals. Further details are contained within the Members Room document 3.
- iii) Notes the Equality and Safety Impact Assessment process that was followed as set out in paragraphs 44 to 47. The updated ESIA's and Cumulative Impact Assessment are available documents in the Members Room, documents 1 and 2.
- iv) Note the position on the forecast outturn position for 2019/20 as set out in paragraphs 30 to 33 of Appendix 1.
- v) Approves the revised Medium Term Financial Strategy (MTFS) for the period 2020/21 to 2022/23 attached as Annex 1.1 to Appendix 1.
- vi) Approves the 2020/21 General Fund Revenue Budget as detailed in Annex 1.1(a) of the MTFS at Annex 1.1 of Appendix 1.
- vii) Notes that these budget proposals are expected to lead to an overall investment in staffing within the council. Where staffing levels are impacted consultation will be undertaken in line with legislation and the Council's agreed processes before proposals are implemented.
- viii) Notes that these budget proposals are based on the assumptions detailed within the MTFS and that this includes an increase in the Adult Social Care precept of just under 2.00% and no increase in the general council tax, allowable under general powers to increase council tax without a referendum.
- ix) Approves additional general fund pressures totalling £7.22M in 2020/21, rising to £9.82M in 2022/23, as detailed in paragraphs 47 to 51 of Appendix 1.
- x) Approves savings proposals totalling £7.91M that are included in the 2020/21 General Fund Revenue Budget, rising to £12.22M in 2022/23.
- xi) Approves investment proposals totalling £6.78M that are included in the 2020/21 General Fund Revenue Budget, rising to £9.68M in 2022/23.
- xii) *To delegate authority to the Executive Director – Finance & Commercialisation (S151 Officer), following consultation with the Cabinet Member for Resources, to do anything necessary to give effect to the proposals contained in this report.*
- xiii) Sets the Band D Council Tax for Southampton City Council at £1,566.18 for 2020/21, the Net Budget Requirement at £190.82M and the Council Tax Requirement for 2020/21 at £102.53M as per Annex 1.2 to Appendix 1.
- xiv) Notes the estimates of precepts on the council tax collection fund for 2020/21 as set out in Annex 1.3 to Appendix 1, as well as the council tax band charges for Southampton City Council and the charges for the Police and Crime Commissioner for Hampshire and the charges for Hampshire Fire and Rescue Authority, which have now been agreed by the respective authorities.

**General Fund: Capital Programme**

- xv) Approves the revised General Fund Capital Programme, which totals £730.47M and the associated use of resources.
  - xvi) Approves additions of £322.16M which has been added to the General Fund programme requiring approval to spend, by Cabinet/Council subject to the relevant financial limits.
  - xvii) Approves the addition of £29.48M to the overall capital programme and the request for approval to spend £29.48M as detailed in paragraph 10 of Appendix 2 and Annex 2.1
  - xviii) Approves the removal of schemes from the capital programme totalling £15.68M as set out in paragraph 11 of Appendix 2 and detailed in Annex 2.1.
  - xix) Notes that the capital programme remains fully funded up to 2024/25 based on the latest forecast of available resources although the forecast can be subject to change; most notably with regard to the value and timing of anticipated capital receipts and the use of prudent assumptions of future Government Grants to be received.
  - xx) Approves the Council's capital strategy detailed in Annex 2.3.
  - xxi) Approves the Council's MRP strategy detailed in Annex 2.3(a).
  - xxii) Approves the Council's investment strategy detailed in Annex 2.3(b).
- Housing Revenue Account**
- xxiii) Approves that, from 1st April 2020, a standard increase be applied to all dwelling rents of 2.7%, as set out in paragraph 10 of Appendix 3, equivalent to an average increase of £2.26 per week in the current average weekly dwelling rent figure of £83.46.
  - xxiv) To note an increase in a number of weekly service charges, whilst others remain unchanged, as detailed in paragraph 11 of Appendix 3 from 1st April 2020 (including supported accommodation). This approach was previously agreed by Council at its meeting in February 2019.
  - xxv) Approves the Housing Revenue Account Revenue Estimates as set out in Appendix 3.
  - xxvi) Approves the 40 year Business Plans for revenue and capital expenditure and that based on current assumptions are sustainable and maintain a minimum HRA balance of £2.0M in every financial year.
  - xxvii) To note that from 2020/21 onwards, following consultation, rents will now be charged on a weekly basis throughout the year, thus reducing the weekly payment and removing the four "rent-free" weeks.
  - xxviii) Approves the revised Housing Revenue Account (HRA) Capital Programme, which totals £255.97M and the associated use of resources.
  - xxix) Approves the addition of £77.71M to the HRA Capital Programme and the request for approval to spend £77.71M
- NEW RECOMMENDATIONS: Council Tax Setting Matters**
- xxx) Approves the following amounts now calculated by the Council for the year 2020/21 in accordance with Section 32 and Sections 34 to 36 of the Local Government Finance Act 1992 as amended (the Act).
  - xxxi) Determines in accordance with Section 52ZB of the Act that the Council's relevant basic amount of Council Tax for 2020/21 is not excessive in accordance with principles approved by the Secretary of State under Section 52ZC of the Act.

a)	Aggregate the amounts which the Council estimates for the items set out in Section 32(2) of the Act.		£514,777,992
b)	Aggregate the amounts which the Council estimates for the items set out in Section 32(3) of the Act.		£412,243,320
c)	Calculation in accordance with Section 32(4) of the Act, of the Council's council tax requirement for the year, being the amount by which the aggregate at a) above exceeds the aggregate at b) above. (Item R in the formulae in Section 33(1) of the Act.		£102,534,672
d)	The amount at c) above (Item R), divided by the Council Tax Base of 65,468 (Item T in the formula in Section 33(1) of the Act), as the basic amount of Council Tax for the year.		£1,566.18
e)	Precepting Authority – Southampton City Council	Valuation Band	Amount
		A	£1,044.12
		B	£1,218.14
		C	£1,392.16
		D	£1,566.18
		E	£1,914.22
		F	£2,262.26
		G	£2,610.30
		H	£3,132.36
	Being the amounts given by multiplying the amount of d) above by the number which, in the proportion set out in Section 5(1) of the Act, is applicable to dwellings listed in a particular valuation band divided by the number which in the proportion is applicable to dwellings listed in valuation band D, calculated by the Council, in accordance with Section 36(1) of the Act, as the amount to be taken into account for the year in respect of the dwellings listed in different valuation bands.		
f)	That it be noted for the year 2020/21 that the Police and Crime Commissioner for Hampshire has agreed the following amounts of precepts issued to the Council in accordance with Section 40 of the Local Government Finance Act 1992, for each of the categories of dwellings shown in the following table:	Valuation Band	Amount
		A	£140.97
		B	£164.47
		C	£187.96
		D	£211.46
		E	£258.45
		F	£305.44
		G	£352.43
		H	£422.92



g)	That it be noted for the year 2020/21 that the Hampshire Fire and Rescue Authority has agreed the following amounts of precepts issued to the Council in accordance with Section 40 of the Local Government Finance Act 1992, for each of the categories of dwellings shown in the following table:	Valuation Band	Amount
		A	£46.04
		B	£53.71
		C	£61.39
		D	£69.06
		E	£84.41
		F	£99.75
		G	£115.10
		H	£138.12
h)	That, having calculated the aggregate in each case of the amounts at e), f) and g) above, the Council in accordance with Sections 30 and 36 of the Local Government Finance Act 1992, hereby set the following amounts of the Council Tax for the year 2020/21 for each of the categories of dwellings shown following the agreement of the precepts for the Police and Crime Commissioner for Hampshire and the Hampshire Fire and Rescue Authority:	Valuation Band	Amount
		A	£1,231.13
		B	£1,436.32
		C	£1,641.51
		D	£1,846.70
		E	£2,257.08
		F	£2,667.45
		G	£3,077.83
		H	£3,693.40



# Agenda Item 5

<b>DECISION-MAKER:</b>		COUNCIL	
<b>SUBJECT:</b>		EXECUTIVE BUSINESS REPORT	
<b>DATE OF DECISION:</b>		18 MARCH 2020	
<b>REPORT OF:</b>		LEADER OF THE COUNCIL	
<b><u>CONTACT DETAILS</u></b>			
<b>AUTHOR:</b>	<b>Name:</b>	Felicity Ridgway Policy Manager	Tel: 023 8083 3310
	<b>E-mail:</b>	felicity.ridgway@southampton.gov.uk	
<b>Director</b>	<b>Name:</b>	Mike Harris Deputy Chief Executive	Tel: 023 8083 2882
	<b>E-mail:</b>	mike.harris@southampton.gov.uk	
<b>STATEMENT OF CONFIDENTIALITY</b>			
None			
<b>BRIEF SUMMARY</b>			
This report outlines the Executive Business conducted since the last Executive Business Report to Full Council on 18 September 2019.			
<b>RECOMMENDATIONS:</b>			
	(i)	That the report be noted.	
<b>REASONS FOR REPORT RECOMMENDATIONS</b>			
1.	This report is presented in accordance with Part 4 of the Council's Constitution.		
<b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>			
2.	Not applicable.		
<b>DETAIL (Including consultation carried out)</b>			
3.	<p>It has been a very busy few months since my last Executive Business report in November 2019. This is my first report of 2020 and I have chosen to align my report to the five strategic programme themes agreed with Council in July 2019:</p> <ul style="list-style-type: none"> <li>• Communities, culture and homes</li> <li>• Green City</li> <li>• Place Shaping</li> <li>• Wellbeing</li> <li>• Successful, sustainable business</li> </ul>		
	<b>Communities, culture and homes</b>		
4.	<p>Following my last report, we have hosted some great events in the city over the winter months. In November we saw parts of the city centre decorated with street art as part of a collaborative project with Southampton City Council's Highways and Cultural Services Team and the John Hansard Gallery. The art was created by pupils from Southampton schools that took part in a competition run by John Hansard Gallery and the city council during 2019. Six winning designs were selected from a shortlist of hundreds of</p>		

	submitted entries from talented young artists in Southampton and the designs now decorate Above Bar Street in front of John Hansard Gallery, City Eye and NST City on Guildhall Square.
5.	The festive season started with around 2,000 visitors watching Southampton's Christmas Light Switch On. The council worked in partnership with GO! Southampton on the delivery of the event, and we were joined by the Mayor of Southampton, stars from Southampton City Football Club along with East 17 to switch on the Christmas lights in the City Centre.
6.	It was great to see that the Christmas Market on Above Bar Street attracted over 46,000 visitors. The markets consisted of the Flying Santa Show, the Ice Rink outside West Quay South and the German Markets.
7.	For the second year in a row, the council partnered with community based groups, businesses, education bodies to come together to enjoy the celebrations of the Chinese New Year across the city. Alongside the Shaolin Temple, we arranged a day of activities on 25 January to celebrate the Year of the Rat. The event was held in both the Guildhall 02 and Guildhall Square and offered a wide range of activities including an interactive workshop, Chinese food stalls and a Chinese Lantern Festival Parade.
8.	Alongside these festivities, Southampton primary schools took part in a Chinese Lantern Competition organised by the UK Shaolin Temple in collaboration with Southampton City Council, the NST and the Confucius Institute to celebrate Chinese New Year.
9.	It was also fantastic to see the city's community spirit demonstrated over the festive period. I was pleased to hear that the Festive Toy Appeal that launched in November of 2019 brought in a record number of 10,600 toys. All the donated toys went to children under 18 who are supported by our Children's Services Team.
10.	Southampton City Council employees selected Yellow Door and SCRATCH as the two charities to receive over £550 each which was raised by employees taking part in Christmas Jumper Day. I was delighted to see the amount of people that took part in this and congratulations to the Integrated Commissioning Unit who made £74 from a bake sale on the day in addition to the money donated by those wearing their Christmas Jumpers, which exceeded the money raised last year.
11.	In this festive spirit, some of CitizEn Energy's most vulnerable customers were given a £10 voucher to use on Gas and Electricity over the winter months. This was part of a scheme to ensure people did not struggle to heat up their homes over Christmas as in Southampton alone there is around 12,000 households who struggle to keep their house warm.
12.	I was delighted to attend the London Art Fair 2020 which featured Southampton's City Art Gallery as the museum partner and received considerable media coverage. This is a prestigious international show and the Art Gallery's presence follows in the footsteps of other important cultural institutions including Pallant House in Chichester and The Hepworth Wakefield.
13.	I am delighted to see that new three exhibitions/ display have opened in our museums and gallery. Southampton's City Art Gallery opened Hospital Rooms, which has received fantastic media coverage. The exhibition features

	<p>the work of arts and mental health charity, Hospital Rooms, who commission artworks for NHS mental health inpatient units across the UK. Their latest project has taken place at Bluebird House, on the edge of the New Forest, a secure child and adolescent mental health hospital for 12-18 year olds. New sections have been added to the 'Southampton Stories' exhibition at SeaCity Museum, which includes a display on trams in Southampton and Medieval trade through the Bargate. A display on 'Commemorations in Southampton' has also been added, which looks at how Southampton has commemorated the sailing of the Mayflower in 1620, together with objects, images and archival material relating to other commemorations of local and national significance. This exhibition forms one small part of the Mayflower 400 programme which is due to be announced shortly and has secured over £400,000 of external funding.</p>
14.	<p>I am happy to announce that Southampton City Council has organised a Renters Roadshow. The Renters Roadshow went live in February with the aim to help people learn and navigate the renters marking by holding a series of free events. The events provide specialist advice and support to help those in need.</p>
	<p><b>Green City</b></p>
15.	<p>I was pleased to approve the adoption of the Green City delivery plan at Cabinet in February. The 10-year plan sets out how we will achieve our bold and ambitious Green City plans.</p>
16.	<p>I am pleased to confirm that Southampton City Council and Hampshire County Council have secured £760,000 from the Department of Transport's Access Fund to continue the My Journey sustainable travel programme of cycling and walking projects, such as Let's Ride, school and business engagement, and promotional activities for a further 12 months.</p>
17.	<p>In November, I was delighted to see over 60 local families come together to plant 200 native trees at Green Park, Millbrook, as part of our 25<sup>th</sup> year of Trees for Life. Our annual event creates a wooded area for parents, grandparents and guardians to leave a lasting legacy for the new family and has provided thousands of native trees across the city.</p>
18.	<p>I was pleased to hear that earlier this year the council re-opened the boardwalk footpath and cycle route between Horse Shoe Bridge and Mount Pleasant Industrial Estate with a newly installed guard railing to protect the path in the most severely eroded areas, and that work that aims to link Southampton City Council's cycle network to Nursling Industrial Estate started in February.</p>
19.	<p>It was great to see that following a decision from Southampton City Council, the Millbrook Household Waste and Recycling Centre will be excluded from a charging scheme that will be introduced by Hampshire County Council and will apply to all of their recycling centres. The decision ensures all Southampton residents can continue to use the Millbrook facilities free of charge, maximising recycling rates in the city of Southampton.</p>
20.	<p>I am happy to say that Southampton City Council has renewed its contract with Meachers Global Logistics which means the continuation of the city's Sustainable Distribution Centre. The initiative allows goods transported by a range of different logistics operators to be consolidated at the edge of the city and then transported the last part of the journey to key destinations. This has</p>

	reduced the number of vehicle movements into and out of the city centre for existing Sustainable Distribution Centre users by up to 75% as well as the associated CO2 savings.
21.	It was good to hear that Southampton Football Club, an organisation that has signed up to our Green City Charter, has welcomed One Water as its official bottled water partner. One Water will help the club support the fight against water poverty and aiming to have a neutral environmental impact by 2030.
22.	In February, it was great to see that Cabinet approved a policy to embed community wealth-building, social value and sustainability within its procurement and contract management processes. The Social Value and Green City Procurement Policy, approved at a Cabinet Meeting on Tuesday 11 February, is part of the Southampton Wealth-Building initiative, which will enhance the local economy, as well as bringing social and environmental benefits.
	<b>Place Shaping</b>
23.	I am delighted to announce that the Council's 'Southampton City Vision' consultation is now live with a response deadline of 19 April 2020. This consultation will influence the new Local Plan for Southampton with the aim of covering the next 30 years and beyond. The consultation is open to members of the public in order to share views on homes, places, infrastructure and facilities that the city will need.
24.	I was also very pleased to see the completion of the major project to improve journey times on Stoneham Way. The scheme was delivered by Balfour Beatty and has been funded by central government by via the Tranche 1 of the Transforming Cities Fund and the National Productivity Fund, with additional contributions from local developers. Not only did this scheme improve the signal technology around the city centre, it also provided links for walking and cycling. The scheme's cycle improvements include a new shared-use cycle path along Stoneham Way between Stoneham Lane and Bassett Green Road and on Wide Lane between Swaythling Arch and Mansbridge Road.
25.	It is fantastic to hear that the Mayflower Quarter has taken its first steps on its journey to become a vibrant, new mixed-use area of the city with the announcement of the appointment of specialist masterplanners, AR Urbanism. This project involves working with the Local Authority, key business groups and other key stakeholders to develop a plan that will be drawn up over the next twelve months.
26.	The inaugural meeting of the Future of Work (FoW) Advisory Group took place in January at Solent University. Leading experts in the realm of technology, learning, research, business development and management have been assembled to give strategic support and challenge to the FoW programme that Southampton City Council is embarking on. The FoW programme is designed to ensure citizens, learners and employers across the city benefit from and can contribute to increased digitalisation and propel Southampton to the forefront of a new Industrial Age.
27.	The Solent Apprenticeship Hub team, based at Southampton City Council, had a successful series of events during National Apprenticeship Week in February that saw them engage with over 400 young people, 60 employees and 50 employers. This included a high-level business networking event for

	the region's largest employers including Zurich, B&Q, Eaton, Airbus and Carnival as well as employee briefing sessions at City Depot and the Civic Centre.
28.	I was very pleased to learn that Southampton City Council has been announced as a local authority that will receive part of a £4m government fund to help crackdown on rogue landlords. The money will be used on a project to raise awareness amongst landlords and tenants about energy efficiency standards and responsibilities when renting.
	<b>Wellbeing (Children)</b>
29.	It was fantastic to hear that in December Southampton City Council joined forces with the Dolly Parton Imagination Library to launch free books to children living in the city of Southampton. This will result in around 100 children in Southampton will be supported by the council's Virtual School, and will get a free book every month until their fifth birthday. A special thanks to the book-gifting programme for children aged 0-5 which is operated by the Dollywood Foundation, Dolly Parton's charity.
30.	Congratulations to our Junior Neighbourhood Wardens (JNWs) who were rewarded for their community work. They were awarded with tickets to go and see Peter Pan at the Mayflower Theatre just before Christmas. The children who range from 7 to 12 years old have dedicated their spare time to work alongside some of the Councils services to help improve their local areas. Southampton City Council has also been working in collaboration with CLC group to implement a program to improve residential blocks across the city.
31.	I was pleased to see the completion of a 23-week refurbishment of the Design Hub in Regents Park Community College, funded by the council. The Mayor of Southampton, Cllr Peter Ballie opened the new state of the Art Hub in January. The Design Hub consists of new tools, revamped facilities such as 3D printers as well as a dedicated room for food technology, this development cost £1.2M and will have a positive impact on the students of Regents Park Community College.
32.	In addition to this the Reading Agency launched Reading Well for children a new scheme that supports the mental health and wellbeing of children, providing children, their families and carers with information, advice and support for coping with feelings and worries, daily life and getting through a tough time. A booklist covering topics relevant to children today has been compiled by the Reading Agency, health professionals and children. The booklist and copies of all the books (currently in print) are available in Southampton libraries across the City and they are already very popular.'
33.	In February I was very pleased to attend and speak on behalf of Southampton City Council at the Serious Violence Summit held at Southampton City Football Club. The event was chaired by Southampton City Council and planned in partnership with GO! Southampton, and the Violence Reduction Unit. I really enjoyed speaking at the event alongside Chief Constable Olivia Pinkney and others who all played a vital part in the development of the city's Serious Violence delivery plan. The day consisted of sharing high level insight and identifying the community's networks and the activity that is already happening within the city of Southampton.
34.	It was great to hear that the Youth Offending Services received a rating of 'Good' from the recent HMIP inspection. The inspection found that YOS had

	some areas of strength that can form the basis of a swift progress. The report presents a number of recommendations that will enable the YOS and the council to make important improvements in its service for children and young people.
35.	As part of the early launch events of the administration's Year of the Child, Cllr Paffey and I were pleased to attend a session at Sure Start in Clovelly Road. Their visit underlined the importance of Sure Start Centres in Southampton, all of which have been kept open and which will this year be celebrating 20 years of providing great support to families and children in the city.
	<b>Wellbeing (Adults and Health)</b>
36.	It was good to hear that Southampton Educational Psychology Service held their annual Emotional Literacy Conference on 20 November 2019, and the theme was "Relationships: Everybody's Business". This was attended by 86 delegates from schools in Southampton and beyond, and was a very successful day.
37.	I was proud to hear that over the winter months, Southampton City Council and partner organisations helped to provide extra emergency accommodation for rough sleepers located in the city. I am also delighted to confirm that the council will be receiving £932,120 from the £112m national Rough Sleeping Initiative fund, which will enable us to sustain our coordinated outreach and support work for street homelessness developed over the last couple of years funded by the MHCLG.
38.	It was fantastic to hear that In January Southampton City Councils Employment Support Team partnered up with the PATH project, an international project focusing on raising awareness around Perinatal Mental Health. This is a newly developed project with European partners, and in Southampton will focus on supporting new mums back into work and training when they are ready
39.	I was also pleased to hear that jobseekers in Southampton who suffer from serious mental health needs can now have extra support to ensure they find work. Southampton City Council have recently partnered up with Job Centre Plus to deliver support, advice and access to increase the number of jobseekers retaining their jobs or re-entering the labour market. The program was launched at the Civic Centre on Thursday 13th February.
40.	I was happy to hear that in order to celebrate its 'Time to Talk' day Southampton City Council arranged a short walk in the park followed by a free hot chocolate for council staff. As well as the free hot chocolate, Southampton City Council teamed up with local independent coffee shops to offer a 2 for 1 deal on coffee and tea to encourage staff to take a break when needed.
41.	I am also pleased to say that Southampton City Council also partnered up with Portsmouth Council, Solent Mind and Time to Change to deliver free breakfasts from food vans and cafes to mark the importance of 'Time to Talk' day. This happened in both Southampton and Portsmouth with the aim of encouraging men to open up about mental health.
	<b>Successful, sustainable business</b>
42.	I would like to congratulate Neville Tomblin, Programme Manager for Fire Safety, who has won the Association for Specialist Fire Protection award for



	Passive Fire Safety Advocate of the Year. A presentation was made to Southampton City Council for the work that we have done in not just making our residents homes safer places to live, but also sharing our best practice with other Social Landlords.
43.	I was pleased to see that in December, Southampton City Council became one of the first 10 organisations to sign up to become a Wellbeing @ Work employer. Wellbeing @ Work is a collaborative project co funded by Southampton City Council, Southampton Connect and Public Health England with the aim to support employers at risk of losing staff due to mental health. The 10 organisations signed up to this during a celebratory lunch held in the Civic Centre on 10th December.
44.	I am also excited about the launch in December of a major recruitment drive by the council. This is aimed at social work recruitment and will enable people to understand the council's vision for children's services and hear from existing social workers about their own experiences of what it's like to work for the council. This also present the benefits of working for the council, such as the flexible working hours, training and development opportunities as well as employee benefits.
45.	I was pleased to see progress in the council's Smart Ways of Working Project. In December we started piloting the new flexible working hours policy for the council which will enable people to work even more flexibly. This aims to improve the wellbeing of council staff. Those who have been part of the pilot will be able to feedback on their experiences to help shape long term plans. The intention is to roll this out to all staff from 1 April. In the meantime the programme will be rolling out to other teams at the council and relevant working locations.
46.	In January the council completed new break-out areas in the Civic Centre, in another key milestone in the Smart Ways of Working Project. This is key to enable flexible working for council staff and provide a more open, drop-in environment to work in.
47.	I am pleased to announce that Southampton City Council has signed up to become a Cornerstone Employer. A Cornerstone Employer is a business that is invested in the successful and sustainable delivery of careers education for young people and commits to join a leadership group of local businesses to support the schools, colleges and young people in their area to ensure all young people have the opportunities they need to be prepared and inspired for the world of work.
48.	It was good to hear that TheJobCrowd report showed Southampton City Council has been voted by apprentices as the number one company to work for, in the Charity, Education and Public Sectors area.
49.	It was also good to hear that Southampton City Council has joined 'The 5% Club'. This is an industry-led initiative that's focussed on driving momentum into the recruitment of apprentices, graduates and sponsored students.
50.	From the 3rd to the 7th February Southampton City Council celebrated National Apprenticeship Week. The week consisted of a wide range of different activates to celebrate apprentices and inform staff of these options. There was an apprenticeship lunch set up for all current apprentices at the council to meet and network as well as understand their own Social Styles and how to effective work with others. There was also a drop in session for all

	Council staff to see what opportunities are out there for personal development and managing apprentices.	
51.	In addition to celebrating our apprentices, four of the council's apprentices have been featured in case studies on the TES website. They explain their experiences with doing an apprenticeship as well as how they've developed at Southampton City Council. I would like to congratulate Tom Anders, Camran Khan, Lucy Cooper and India Cookson on their articles.	
52.	I am happy to announce that in February we appointed a Bid Director to take forward the UK City of Culture 2025 bid. The role was given to Claire Whitaker OBE, who is a Director of Serious, an international live music and cultural events organisation and has considerable experience and skills in diversity, inclusion and partnership working. On behalf of Southampton City Council I would like to welcome Claire to the team.	
<b>RESOURCE IMPLICATIONS</b>		
<b><u>Capital/Revenue</u></b>		
53.	None	
<b><u>Property/Other</u></b>		
54.	None	
<b>LEGAL IMPLICATIONS</b>		
<b><u>Statutory power to undertake proposals in the report:</u></b>		
55.	As defined in the report appropriate to each section.	
<b><u>Other Legal Implications:</u></b>		
56.	None	
<b>RISK MANAGEMENT IMPLICATIONS</b>		
57.	None	
<b>POLICY FRAMEWORK IMPLICATIONS</b>		
58.	None	
<b>KEY DECISION?</b>		<b>No</b>
<b>WARDS/COMMUNITIES AFFECTED:</b>		All
<b><u>SUPPORTING DOCUMENTATION</u></b>		
<b>Appendices</b>		
1.	None	

**Documents In Members' Rooms**

1.	None	
<b>Equality Impact Assessment</b>		
<b>Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.</b>		<b>No</b>

<b>Data Protection Impact Assessment</b>		
<b>Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.</b>		<b>No</b>
<b>Other Background Documents</b>		
<b>Other Background documents available for inspection at:</b>		
<b>Title of Background Paper(s)</b>	<b>Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)</b>	
1.	None	

This page is intentionally left blank

# Agenda Item 9

<b>DECISION-MAKER:</b>		COUNCIL	
<b>SUBJECT:</b>		PAY POLICY 2020-2021	
<b>DATE OF DECISION:</b>		18 <sup>TH</sup> MARCH 2020	
<b>REPORT OF:</b>		Chief Executive	
<b><u>CONTACT DETAILS</u></b>			
<b>AUTHOR:</b>	<b>Name:</b>	<b>Janet King</b>	Tel: 023 80832378
	<b>E-mail:</b>	<a href="mailto:Janet.king@southampton.gov.uk">Janet.king@southampton.gov.uk</a>	
<b>Chief Executive</b>	<b>Name:</b>	<b>Sandy Hopkins</b>	Tel: 023 8083 2966
	<b>E-mail:</b>	<a href="mailto:Sandy.hopkins@southampton.gov.uk">Sandy.hopkins@southampton.gov.uk</a>	
<b>STATEMENT OF CONFIDENTIALITY</b>			
None			
<b>BRIEF SUMMARY</b>			
<p>The purpose of this report is to approve the Pay Policy for 2020-2021. The proposals reflect the current position and affect all staff of the council with the exception of: Teachers and support staff in Voluntary Aided (VA) /Trust schools; Modern Apprentices (separate pay framework); Non council staff who undertake work for the council; (NHS, including Public Health staff who transferred under COSOP (Transfer of Undertakings (TUPE) equivalent) and have retained NHS pay. The national agreement for 2020-2021 has yet to be agreed and confirmed. Once agreement is reached the effective date for any changes will be 1<sup>st</sup> April 2020 and the pay scales and Allowance framework will be revised to reflect this.</p>			
<b>RECOMMENDATIONS:</b>			
	(i)	To approve the Pay Policy statement for 2020-2021.	
	(ii)	To note the continued implementation of the Living Wage Foundation increase as the minimum hourly rate for NJC evaluated posts from 1 <sup>st</sup> April 2020.	
	(iii)	<p>To note that negotiations for a cost of living award for 2020 - 2021 as part of the pay agreement for NJC evaluated roles and Chief Officer and Chief Executive pay are ongoing and that implementation of this, once agreed, is delegated to the Service Director HR and OD to be applied for 2020-2021.</p> <p>The budget proposals for 2020-2021 included an indicative uplift of 2% across all pay points.</p>	
<b>REASONS FOR REPORT RECOMMENDATIONS</b>			
1.	<b>Purpose</b>	This Pay Policy Statement ("Pay Statement") is provided in accordance with the Localism Act 2011 ("Localism Act") and is updated prior to the commencement of each subsequent financial year.	
2.	<b>Scope</b>	This Pay Statement sets out Southampton City Council's pay policies relating to its workforce (excluding the groups noted above) for the financial year 2020-2021, including the remuneration of its Chief Officers, lowest paid	

	<p>staff and the relationship between its Chief Officers and the staff who are not Chief Officers.</p> <p>The Localism Act 2011 (the Act) reflects a requirement for transparency over both senior council officers' pay and that of the lowest paid staff. To support this, the Act requires councils to publish an annual Pay Policy Statement covering Chief Officers (both Statutory and Non-Statutory Chief Officers and Deputy Chief Officers), a comparison of policies on remunerating Chief Officers and other staff and our policy on the lowest paid. The Act does not apply to local authority schools. In the interests of clarity and transparency it is important for local authorities to use the opportunity to set out their overall reward strategy for the whole workforce.</p> <p>The Act requires councils to include the following in their Pay Policy Statement:</p> <ul style="list-style-type: none"> <li>• the level and elements of remuneration for Chief Officers;</li> <li>• the remuneration of its lowest-paid employees (together with definition of "lowest-paid employees" and reasons for adopting that definition);</li> <li>• policy on the relationship between the remuneration of Chief Officers and other officers;</li> <li>• policy on other specific aspects of Chief Officers' remuneration;</li> <li>• remuneration on recruitment, increases and additions to remuneration;</li> <li>• use of performance-related pay and bonuses, termination payments, and transparency.</li> </ul> <p>The Act defines remuneration widely, to include not just pay but also charges, fees, allowances, benefits in kind, increases in/enhancements of pension entitlements, and termination payments.</p> <p>The Pay Policy Statement can be amended in-year but must be:</p> <ul style="list-style-type: none"> <li>• approved formally by the Council meeting itself;</li> <li>• approved by the end of March each year;</li> <li>• published on the authority's website (and in any other way the authority chooses);</li> <li>• complied with when the authority sets terms and conditions for Chief Officers.</li> </ul>
3.	<p><b>Context</b></p> <p>The Pay Policy also reflects the collective national agreements for NJC evaluated roles and Chief Officer and Chief Executive pay. Implementation of this Pay Policy is in accordance with the Revenue Budgets approved for 2020/2021.</p>
4.	<p><b>Changes in legislation and national policies</b></p> <p>There are several pieces of potential legislation which are still in the process of consultation or deferred by the Government. If confirmed these will need to be considered by the Council in a revised Pay Policy Statement. They include:</p> <ul style="list-style-type: none"> <li>• A proposed cap (£95,000) on termination payments to staff.</li> <li>• Implementation of the Repayment of Public Sector Exit Payment Regulations which will allow public sector exit payments to be recouped where high earning individuals (salaries over £80,000 p.a.) are re-employed within the public sector within 12 months.</li> </ul> <p>Final details or timelines have yet to be published, however, the council will ensure that appropriate policies and procedures are introduced to advise</p>

	<p>staff of the recovery rules and to act to recover exit payments where the Regulations require it.</p> <p>The council's gender pay reporting requirements are published on the council's website as part of the Transparency Code. This was a new requirement from 2018 onwards.</p> <p>The current pay gap shows that women's hourly rate is:</p> <ul style="list-style-type: none"> <li>• 4% lower (mean)</li> <li>• 4% lower (median)</li> </ul> <p>The Council's mean and median gender pay gap is significantly lower than the UK national average, which is estimated at 17.3% based on data from the Office of National Statistics (ONS).</p> <p>Whilst the council does have a much lower gender pay gap than the national average, we recognise that a small gender pay gap does still exist due to the nature of our workforce profile and the job roles that men and women are employed to do.</p> <p>Whilst we have higher female representation in all our pay quartiles, we have a larger proportion of women in our lower pay quartiles, which explains our mean and median gender pay gap of 4% and 4% respectively. Within our lower pay quartiles, most of these roles are part time, therefore these tend to be more likely to be held by women. (It is estimated that 73% of part time workers in the UK are women).</p> <p>The Council has significant female representation in our upper pay quartiles, demonstrating that we have a good gender balance amongst our most senior roles. At the time of publication, our Chief Executive is female and 71% of our current Executive Management Board are women.</p>
5.	<p><b>Definitions</b></p> <p>For the purpose of this Pay Statement the following definitions apply:</p> <ul style="list-style-type: none"> <li>• "Pay" in addition to base salary includes charges, fees, allowances, benefits in kind, increases in/enhancements to pension entitlements and termination payments.</li> <li>• "Chief Officers" refers to the following roles within the Council:</li> </ul> <p><i>Statutory Chief Officer roles are:</i></p> <ol style="list-style-type: none"> <li>a) Chief Executive, as Head of Paid Service</li> <li>b) Service Director – Legal &amp; Business Operations (Monitoring Officer)</li> <li>c) Executive Director – Wellbeing Children &amp; Learning (DCS)</li> <li>d) Executive Director Wellbeing Health and Adults (DASS)</li> <li>e) Executive Director – Finance and Commercialisation (Chief Financial Officer, and Section 151 Officer)</li> <li>f) Director of Public Health</li> </ol> <p><i>Non Statutory Chief Officer roles are</i></p> <ol style="list-style-type: none"> <li>a) Executive Director Business Services (Deputy Chief Executive)</li> <li>b) Executive Director Place</li> <li>c) Executive Director Communities, Culture and Homes</li> <li>d) Service Director – Human Resources and Organisational Development</li> <li>e) Service Director – Business Development</li> </ol>

	<ul style="list-style-type: none"> <li>• The wider leadership team also includes Chief Officers that report directly to/or are accountable to a statutory or non-statutory Chief Officer in respect of all or most of their duties. These are Head of Service roles graded at a Chief Officer grade.</li> <li>• “Lowest paid employees” refers to those staff paid within Grade 1 of the Council’s mainstream pay structure. This definition has been adopted because Grade 1 is the lowest grade on the Council’s mainstream pay structure and the posts have been assessed through the NJC Job Evaluation Scheme as having the least amount of complexity and responsibility.</li> </ul> <p>“Employee who is not a Chief Officer” refers to all employees who are not covered under the “Chief Officer” pay scale group above. This includes the “lowest paid employees” i.e. employees on Grade 1 and all other staff up to and including Grade 13.</p>												
6.	<p><b>Relationship between remuneration of "Chief Officers" and "employees who are not Chief Officers"</b></p> <p>This relates to the ratio of the Council’s definition of “Chief Officers” and the median average earnings across the whole workforce as a pay multiple. The Council’s highest paid employee is the Chief Executive (Head of Paid Service). The median Full Time Equivalent (FTE) salary has been calculated on all taxable earnings for the financial year 2019-2020, which includes basic salary and any contractual allowances/payments. The median salary and ratio for 2020 is calculated using pay data for all permanently employed staff; the tabled figures for April 2020 (below) assume a 2% pay award for April 2020*. The ratio of the Council’s highest paid employee and the median average earnings across the whole workforce is published for comparison with the April 2019 position.</p> <p>The change in ratio 2019 to 2020 reflects the TUPE reintegration of over 350 former Capita staff where pay levels for posts were lower across the teams.</p> <table border="1" data-bbox="331 1276 1423 1585"> <thead> <tr> <th></th> <th>April 2019 (£)</th> <th>April 2020 (£)*</th> </tr> </thead> <tbody> <tr> <td><b>Highest paid employee</b></td> <td>165,253</td> <td>174,452</td> </tr> <tr> <td><b>Median FTE salary</b></td> <td>32,029</td> <td>30,229</td> </tr> <tr> <td><b>Ratio</b></td> <td>5.12 : 1</td> <td>5.77 : 1</td> </tr> </tbody> </table>		April 2019 (£)	April 2020 (£)*	<b>Highest paid employee</b>	165,253	174,452	<b>Median FTE salary</b>	32,029	30,229	<b>Ratio</b>	5.12 : 1	5.77 : 1
	April 2019 (£)	April 2020 (£)*											
<b>Highest paid employee</b>	165,253	174,452											
<b>Median FTE salary</b>	32,029	30,229											
<b>Ratio</b>	5.12 : 1	5.77 : 1											
7.	<p><b>Pay Framework and remuneration levels – general</b></p> <p>The pay structure and pay scales have been designed to enable the council to recruit and retain suitably qualified staff at all levels to meet the outcomes detailed in the Council Strategy and associated outcome plans within an affordable financial framework. With a diverse workforce the council recognises that the Pay Policy needs to retain enough flexibility to cope with a variety of circumstances that can arise and may necessitate the use of market supplements or other such mechanisms for individual categories of posts where appropriate. The decision to apply a market premium will be approved by the Chief Executive and the Organisational Design Board based on advice from the Service Director HR and OD. Any approved premium will be subject to an annual review.</p>												



8.	<p><b>Responsibility for decisions on pay structures</b></p> <p>It is essential for good governance that decisions on pay are made in an open and accountable manner. The council's locally determined pay structures are based on the outcome of recognised job evaluation schemes (Hay and National Joint Council (NJC)). This is in line with the national requirement for all Local Authorities to review their pay and grading frameworks to ensure fair and consistent practice for different groups of workers with the same employer and to comply with employment legislation as well as the economic climate locally.</p> <p>Our current mainstream (NJC) pay structure was implemented from June 2015 under the Pay &amp; Allowances Framework collective agreement. The pay structure for Chief Officers and Service Leads on Chief Officer grades is determined separately and pay rates are assessed through the Hay job evaluation process.</p> <p>The Service Director HR and OD has the delegated authority to amend the pay levels to reflect the nationally agreed pay award for 2020 - 2021.</p>
9.	<p><b>Pay scales and grading framework</b></p> <p>All staff below the level of Chief Executive, Chief Officers and some Heads of Service are within the main council Pay Scale (except for teachers).</p> <p>The main council pay scale consists of 56 pay spine points (SCP) within 13 grades with grade 1 being the lowest and grade 13 the highest. All staff will be on one of the 13 grades based on their job evaluated role. Each grade contains several spinal column points (SCP) to allow for incremental advancement within the grade. The 2019 compression of spinal column points was in line with the national pay agreement to be implemented by the council within budget and without affecting the top of any current grade or number of overall grades within the pay scale.</p> <p>All main scale posts are paid within the current range £17,364 (Foundation Living Wage (FLW) 2019/2020) to £62,428 per year. These are 2019-2020 figures and are subject to any 2020-2021 national pay agreement.</p> <p>The 2020/2021 pay range will reflect the 2020 FLW figure and the nationally agreed pay award once this is confirmed and will be effective from and back dated to 1<sup>st</sup> April 2020.</p>
10.	<p>The council has committed to ensuring that all staff receive a rate of pay at least equal to a Living Wage (in line with the Living Wage Foundation review and recommendations) and has applied an additional payment to staff on any hourly pay rate which falls below the Foundation Living Wage. This has had the on-going effect of increasing annual salaries for the lowest paid council staff.</p>
11.	<p>Details of the Chief Officer pay scales and the council's mainstream pay structure (<b>Appendix 1</b>) are appended to this Statement, are published on the council's website and reflect the position as at 1<sup>st</sup> April 2020 (Pay award pending)</p>
12.	<p>Pay awards are considered annually for all employees but are subject to restrictions imposed nationally by the Government and/or negotiated locally. The outcome of national consultations by the Local Government Association in negotiation with the Trade Unions in relation to the settlement of the annual pay award is normally applied as per the recommendation for 2020-2021. If there is an occasion where to apply nationally agreed pay awards</p>

	would distort the local pay structures, alternative proposals are developed, discussed with the trade unions and brought to Elected Members for formal approval.
13.	<p><b>Remuneration – level and element</b></p> <p>“Chief Officers” as identified at 3 above are all paid within the council’s pay structures as follows (2019-2020 figures):</p> <ul style="list-style-type: none"> <li>a. Chief Executive, as Head of Paid Service will be paid a salary within the grade range £154,262 to £183,201.</li> <li>b. Statutory and Non-Statutory Chief Officers and Service Leads (deputy chief officers) will be paid a salary within the grade range £64,898 to £149,045 according to post rating under the Hay scheme (CO5 to CO1A).</li> </ul> <p>Details of Chief Officer and Heads of Service remuneration are published on the council’s website.</p>
14.	<p><b>Bonuses and Performance related pay</b></p> <p>There is no provision for bonus payments or performance related pay awards. There is, however, an honorarium provision for an agreed sum or an accelerated increment within a pay grade, which may be awarded where an employee performs duties outside the scope of their post over an extended period or where there are agreed, short term additional duties and responsibilities. All such payments/increments are subject to approval by an Executive Director and must be within existing budget provision.</p>
15.	<p><b>Other pay elements</b></p> <p>The pay structure for Chief Officers takes account of the clearly defined additional statutory responsibilities in respect of the Section 151 and Monitoring Officer roles.</p>
16.	<p><b>Charges, fees or allowances</b></p> <p>Allowances or other payments, for example linked to irregular or unsocial hours working, standby, first aid / fire responsibilities etc. are paid, as appropriate, to staff below Chief Officer pay grade in connection with their role or the pattern of hours they work and in accordance with the council’s standard framework (<b>Appendix 2</b>) and national collective agreements.</p> <p>Any nationally agreed pay award will be applied to the Allowance framework and effective from and back dated to 1<sup>st</sup> April 2020.</p> <p>A new responsibility allowance for Wellbeing Champions and Mental health First Aiders is introduced from 1<sup>st</sup> April 2020 to reflect the additional duties trained staff have taken on. This allowance is in line with Fire Marshal and First Aid responsibility allowance.</p>
<b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>	
17.	N/A
<b>DETAIL (Including consultation carried out)</b>	
18.	N/A
<b>RESOURCE IMPLICATIONS</b>	
<b><u>Capital/Revenue</u></b>	

19.	The implementation of the Pay Policy is in accordance with the Revenue Budgets approved for 2020/2021.		
<b><u>Property/Other</u></b>			
20.	None		
<b>LEGAL IMPLICATIONS</b>			
<b><u>Statutory power to undertake proposals in the report:</u></b>			
21.	Localism Act 2011		
<b><u>Other Legal Implications:</u></b>			
22.	None		
<b>RISK MANAGEMENT IMPLICATIONS</b>			
23.	None		
<b>POLICY FRAMEWORK IMPLICATIONS</b>			
24.	N/A		
<b>KEY DECISION?</b>		<b>No</b>	
<b>WARDS/COMMUNITIES AFFECTED:</b>		none	
<b><u>SUPPORTING DOCUMENTATION</u></b>			
<b>Appendices</b>			
1.	Pay Scales (2019/2020 – pay award pending for 2020/2021)		
2.	Allowance Framework (2019/20 pay award pending)		
<b>Documents In Members' Rooms</b>			
1.	None		
<b>Equality Impact Assessment</b>			
<b>Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.</b>			<b>No</b>
<b>Data Protection Impact Assessment</b>			
<b>Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.</b>			<b>No</b>
<b>Other Background Documents</b>			
<b>Other Background documents available for inspection at:</b>			
<b>Title of Background Paper(s)</b>		<b>Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)</b>	
1.	None		

This page is intentionally left blank

# Agenda Item 9

## Appendix 1

The purpose of this document is to enable you to see the new April 2019 grading structure. If you want to see what your new SCP with an April increment is, please use the 2019 Pay scale increment information document.

Annual Living Wage Payment £	The below columns show the SCP's that were in effect for grades before 1st April 2019		
	April 2018 - 37 Hourly Rate	April 2018 - Annual Salary	April 2018 - SCP
£487.30	£8.75	£16,394	6
£386.30	£8.75	£16,495	7
£255.30	£8.75	£16,626	8
£126.30	£8.75	£16,755	9
£18.30	£8.75	£16,863	10
	£8.82	£17,007	11
	£9.04	£17,432	12
	£9.15	£17,650	13
	£9.30	£17,940	14
	£9.45	£18,229	15
	£9.63	£18,578	16
	£9.81	£18,931	17
	£9.92	£19,134	18
	£10.22	£19,708	19
	£10.41	£20,088	20
	New	New	New
	£10.79	£20,811	21
	£11.06	£21,342	22
	New	New	New
	£11.38	£21,961	23
	£11.75	£22,671	24
	New	New	New
	£11.98	£23,111	25
	Not in Use	Not in Use	Not in Use
	£12.37	£23,866	26
	£12.78	£24,657	27
	New	New	New
	£13.20	£25,463	28
	£13.72	£26,470	29
	£14.18	£27,358	30
	£14.63	£28,221	31
	£15.06	£29,055	32
	£15.50	£29,909	33
	£15.94	£30,756	34
	£16.28	£31,401	35
	£16.71	£32,233	36
	£17.18	£33,136	37
	£17.68	£34,106	38
	£18.26	£35,229	39
	£18.74	£36,153	40
	£19.23	£37,107	41
	£19.72	£38,052	42
	£20.22	£39,002	43
	£20.71	£39,961	44
	£21.18	£40,858	45
	£21.69	£41,846	46
	£22.19	£42,806	47
	£22.68	£43,757	48
	£23.17	£44,697	49
	£23.63	£45,583	50
	£24.12	£46,529	51
	£24.61	£47,482	52
	£25.10	£48,430	53
	£25.60	£49,386	54
	£26.51	£51,137	55
	£27.26	£52,595	56
	£27.91	£53,855	57
	£28.59	£55,168	58
	£29.28	£56,491	59
	£30.07	£58,022	60
	£30.89	£59,590	61
	£31.72	£61,204	62

The below columns show the SCP's that are in effect for grades after 1st April 2019			
April 2019 - Annual Salary	April 2019 - 37 Hourly Rate	Grades - April 2019 <small>*the grade of posts are unchanged: there are new scps within grades</small>	April 2019 - Spinal Point
£17,364	£9.00	1	1
		1	
£17,711	£9.18	2	2
		2	
£18,065	£9.36	3	3
		3	
£18,426	£9.55	3	4
		3	
£18,795	£9.74	4	5
		4	
£19,310	£10.01	4	6
		4	
£19,554	£10.14	5	7
£20,102	£10.42	5	8
£20,490	£10.62	5	9
£20,751	£10.76	5	10
£21,227	£11.00	5	11
£21,769	£11.28	6	12
£22,021	£11.41	6	13
£22,462	£11.64	6	14
£23,124	£11.99	6	15
£23,369	£12.11	6	16
£23,836	£12.35	6	17
£24,313	£12.60		18
£24,799	£12.85	7	19
£25,295	£13.11	7	20
£25,801	£13.37	7	21
£26,317	£13.64	7	22
£26,999	£13.99	7	23
£27,905	£14.46	7	24
£28,785	£14.92	7	25
£29,636	£15.36	8	26
£30,507	£15.81	8	27
£31,371	£16.26	8	28
£32,029	£16.60	8	29
£32,878	£17.04	8	30
£33,799	£17.52	9	31
£34,788	£18.03	9	32
£35,934	£18.63	9	33
£36,876	£19.11	9	34
£37,849	£19.62	9	35
£38,813	£20.12	10	36
£39,782	£20.62	10	37
£40,760	£21.13	10	38
£41,675	£21.60	10	39
£42,683	£22.12	10	40
£43,662	£22.63	11	41
£44,632	£23.13	11	42
£45,591	£23.63	11	43
£46,494	£24.10	11	44
£47,460	£24.60	11	45
£48,432	£25.10	11 12	46
£49,398	£25.60	11 12	47
£50,374	£26.11	12	48
£52,159	£27.04	12	49
£53,647	£27.81	12	50
£54,932	£28.47	12 13	51
£56,271	£29.17	13	52
£57,620	£29.87	13	53
£59,182	£30.68	13	54
£60,782	£31.50	13	55
£62,428	£32.36	13	56

**SCC Chief Officer Pay Scales**

SCP	Annual Salary £	GRADES	
70	£64,898	CO5	
71	£66,469	CO5	
72	£68,072	CO5	
73	£69,721	CO5	
74	£71,409	CO4APR08	
75	£73,138	CO4APR08	
76	£74,911	CO4APR08	
77	£76,718	CO4APR08	
78	£78,573	CO4APR08	CO3APR08
79	£80,476		CO3APR08
80	£82,424		CO3APR08
81	£84,416	CO2.5APR08	CO3APR08
82	£86,462	CO2.5APR08	CO3APR08
83	£88,556	CO2.5APR08	
84	£90,697	CO2.5APR08	
85	£92,889	CO2.5APR08	CO2.3APR08
86	£95,143		CO2.3APR08
87	£97,441		CO2.3APR08
88	£99,801		CO2.3APR08
89	£102,211		CO2.3APR08
90	£104,691		
91	£107,222	CO2.1APR08	
92	£107,668	CO2.1APR08	
93	£110,265	CO2.1APR08	
94	£112,936	CO2.1APR08	
95	£115,667	CO2.1APR08	
96	£118,470		
97	£121,312		
98	£124,223	CO1.2	
99	£127,206	CO1.2	
100	£130,819	CO1.2	
101	£134,429	CO1.2	
102	£138,728	CO1.1	
103	£144,006	CO1.1	
104	£149,045	CO1.1	
105	£154,262	CHIEF	
106	£159,659	CHIEF	
107	£165,253	CHIEF	
108	£171,032	CHIEF	
109	£177,013	CHIEF	
110	£183,201	CHIEF	

## Allowances framework -2019/20

### Standard hours

The **standard week** is based on **37 hours** Monday to Friday; Existing contractual hours will be retained and any changes to these will be subject to consultation with the recognised trade unions with a view to reaching agreement; where **existing contractual hours are over 37 the additional hours will be paid at plain time (Mon-Fri)** and overtime enhancements will be paid once contractual hours have been achieved.

### Weekend Working as part of normal working week

*(Except irregular hours working which carry separate enhancement)*

Time and a half for hours worked on Saturday / Sunday as part of normal working week

### Additional/Overtime Hours Payments:

Any approved hours worked beyond standard 37 hour week (or above the contractual hours where these are currently set at more than 37) for posts at or below Grade 7. Time and a half OR time and a half off in lieu.

Note: approved overtime hours in areas of irregular hours working will include the enhanced rate of pay for the post; overtime to be managed and monitored; Overtime payments for posts above Grade 7 will be a plain time only unless the hours are at the weekend where all approved hours are paid at time and half OR time and a half off in lieu

### Public and Extra Statutory Holiday\*

All public holidays (apply to all – including irregular hours areas)

Those required to work: Normal pay for the day + plain time for all hours worked within normal hours + (at a later date) time off with pay: half day (where hours worked are less than half normal working day); full day (where hours worked are more than half normal hours worked on that day)

### Rotating irregular hours working

(Contractual Service hours include evenings / nights/weekends –enhancement is for all hours all days including weekends) Time bands: 1830 to midnight; 12.01am to 0730

Note: Public / Extra Statutory Holiday are paid at rate shown\* and will include enhancement

- 1) Postholder works an agreed and rotating pattern of hours over the week(s); and contractual hours include time BEFORE 0730 AND after 1830; hours vary week to week as part of a planned rota; 15% enhancement added to basic salary covers all days including weekends
- 2) Postholder works an agreed and rotating pattern of hours over the week(s); and contractual hours include time BEFORE 0730 OR after 1830; hours vary week to week as part of a planned rota; 10% enhancement added to basic salary covers all days including weekends

### Fixed Unsocial Hours and/or Night Workers

*(Public / Extra Statutory Holiday paid at rate shown\* and will include enhancement\*)*

Postholder works an agreed fixed and regular pattern of hours over a week and 30% or more of the contractual hours fall **either** before 0730 OR after 1830:

6% enhancement for all hours worked on weekdays (Mon- Fri)

Hours worked Saturday / Sunday paid at time and half (weekend working forms part of normal working week)

### Apprentices

Not covered by this framework: will remain on existing terms and conditions in line with National Red Book Agreement

### Tool allowance

Will be paid as monthly allowance, by trade, in line with Red Book rates, for designated posts.

# Southampton City Council

## Allowances framework -2019/20

### Standby and callout

#### Standby payment

Monday – Friday £14.02

Saturday £16.31

Sunday/Bank Holiday £21.32

(Weekly: £108.73 where week excludes Bank Hol)

#### Stand-by Allowance for Social Workers/ Managers

£29.03 per night pro rata per 24 hours (Green Book) includes first hour of any calls after which additional hours can be claimed subject to management authorisation, monitoring and approval and in line with the additional hours/ overtime framework

#### Call out – for out of hours, emergency issues or areas requiring duty of care / making safe

*In service areas where attendance on site is not required and the "call-out" can be achieved by telephone from a remote location the stand-by payment only will apply*

The qualifying period is a minimum of 1 hour per call out – at the rate of time and a half and payments are then calculated for each additional 30 minute period the call out requires.

In addition to the Standby flat fee "Call out" payments will be paid at the rate/grade of the post.

Travel element includes to site and back home.

#### Stand-by Allowance for Social Workers/ Managers

£29.03 per night pro rata per 24 hours (Green Book) includes first hour of any calls after which additional hours can be claimed subject to management authorisation, monitoring and approval and in line with the additional hours/ overtime framework

Call-out and Stand-by is voluntary for all staff; rotas must be approved in advance by the line manager.

Irregular and additional hours' payments will only be paid with management approval and/or as part of the approved contractual requirements of the post.

No additional hours payments will be made to employees on Chief Officer grades unless agreed in advance in exceptional circumstances.

Call-out and Stand-by is voluntary for all staff; rotas must be approved in advance by the line manager.

Stand-by payments are subject to increase in line with national pay awards / agreements

Call out payments for Bank Holiday hours will be paid at the Bank Holiday rate; i.e. time and half for the call out minimum hour + plain time for actual hours worked + time off with pay at later date for hours worked

#### Car User

Contractual Car User: monthly allowance of £40 plus non-contributory car park pass; mileage will be paid at HMRC rates;

Casual Car User: mileage at HMRC rate; Car parking – open scheme for all other posts

#### First Aid/ Fire Marshall Allowance/ Wellbeing Champion /Mental Health First Aider

A standard Allowance of £140.56 per annum will be paid to qualified and in-date, trained volunteers, where there is an agreed and approved business need. This allowance is not paid to employees whose job requires them to be First Aid or Fire Marshall trained as this is taken into account in the evaluation of the post.

#### Emergency Planning: Duty Volunteer Allowance

A standard Allowance of £140.56 per annum (paid as monthly sum) will be paid to in-date, trained volunteers. Volunteers will be on the duty rota. In addition to the flat allowance fee "Call out/duty" payments will be paid at the normal hourly rate for the emergency planning duty post as / when volunteer role is required.

#### Mileage rates

Category	Engine size	Rate per mile
All car users (HMRC rates)	All	45p (10,000+ miles - 25p)
Motorcycles (HMRC rates)	All	24p
Bicycles (HMRC rates)	N/A	20p



<b>DECISION-MAKER:</b>	<b>CABINET COUNCIL</b>		
<b>SUBJECT:</b>	<b>SOUTHAMPTON CITY HEALTH AND CARE STRATEGY 2020-2025</b>		
<b>DATE OF DECISION:</b>	<b>17 MARCH 2020 18 MARCH 2020</b>		
<b>REPORT OF:</b>	<b>CABINET MEMBER FOR HEALTHIER AND SAFER CITY</b>		
<b><u>CONTACT DETAILS</u></b>			
<b>AUTHOR:</b>	<b>Name:</b>	<b>Clare Young</b>	<b>Tel: 023 8029 6904</b>
	<b>E-mail:</b>	<b>clare.young4@nhs.net</b>	
<b>Director</b>	<b>Name:</b>	<b>Stephanie Ramsey</b>	<b>Tel: 023 8029 6941</b>
	<b>E-mail:</b>	<b>Stephanie.ramsey1@nhs.net</b>	
<b>STATEMENT OF CONFIDENTIALITY</b>			
None			
<b>BRIEF SUMMARY</b>			
<p>The Southampton City Health and Care Strategy (2020-2025) reflects our ‘one city place-based’ approach to working together to improve health and care outcomes for the population of Southampton that we serve.</p> <p>Health and care partners across the city have a shared vision and a case for change that we all endorse. The strategy has been coproduced and sets out a plan to deliver our vision, ‘a healthy Southampton where everyone thrives’, and guide the activities of all partners over the next five years.</p>			
<b>RECOMMENDATIONS:</b>			
	<b><u>CABINET</u></b>		
	(i)	To recommend the Southampton City Health and Care Strategy, as set out in Appendix 1, for approval.	
	<b><u>COUNCIL</u></b>		
	(i)	To approve the Southampton City Health and Care Strategy, as set out in Appendix 1, for approval.	
<b>REASONS FOR REPORT RECOMMENDATIONS</b>			
<b>1.</b>	The Southampton City Health and Care Strategy reflects a whole system approach to improving health and care outcomes for our population, and sets out a plan to guide the activities of all partners over the next five years. Southampton City Council is a key partner in this as the strategy aligns with agreed council outcomes, and contributes to the achievement of council priorities and commitments.		
<b>2.</b>	The vision of the Health and Care Strategy is “A healthy Southampton where everyone thrives”. This reflects the council’s vision of “a city of opportunity where everyone thrives”.		

3.	The strategy is also aligned to, and is a subset of, the Health and Wellbeing Strategy (2017-2025) being led by the Southampton Health and Wellbeing Board.
<b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>	
4.	An alternative would be to try and impact on health and care outcomes for the city as individual organisations without any joint vision and priorities. This would reduce the opportunity to make optimum use of the health and care resources available, increase the likelihood of duplication of effort or conflicting messages and reduce the potential to focus on prevention and early intervention.
<b>DETAIL (Including consultation carried out)</b>	
5.	<p>The Southampton Health and Care Strategy has been developed in response to in-depth analysis into the city's current and future health and care challenges.</p> <p>Southampton is ranked the 55th most deprived local authority area in England and 13% of neighbourhoods in the city fall within the 10% most deprived nationally (IMD 2019). Our analysis shows that people living in the most deprived areas of the city have poorer outcomes than those living in the least deprived areas of the city. This means that the right of our residents to the highest standard of health and wellbeing is not being enjoyed equally across Southampton. Deprivation and inequalities in health outcomes are linked; inequalities in health can arise from inequalities in society – in the conditions in which people are born, grow, live, work, and age.</p>
6.	The vision of the Southampton Health and Wellbeing Strategy is that Southampton has a culture and environment that promotes and supports health and wellbeing for all. It is ensuring that work is prioritised and plans are in place to mitigate the causes of the wider determinants of health and wellbeing across social, environmental and economic aspects, such as jobs and housing.
7.	<p>Partners of the Southampton health and care system met at two partnership conferences on 29 March and 8 May 2019 to review the city's current and future health and care challenges. A range of officers and politicians from Southampton City Council actively participated in these events, together with a number of other organisations including NHS Southampton City Clinical Commissioning Group (CCG), Southampton Voluntary Services (SVS), University Hospital Southampton NHS Foundation Trust, Solent NHS Trust, Southern Health NHS Foundation Trust, Healthwatch and Southampton Primary Care Limited.</p> <p>At these conferences, it was agreed that a collective response was needed across NHS organisations, the Local Authority and voluntary organisations to tackle the city's current and future health and care challenges together.</p>
8.	We are not starting from scratch. Over several years, these organisations in the city have already been building strong partnerships to improve services, outcomes and experience for the people of Southampton. This includes

	<p>significant work already undertaken through the city's Better Care programme.</p> <p>We are committed to continuing our 'one city' place-based approach; working together to improve health and care outcomes for the population of Southampton that we serve.</p>
<b>9.</b>	<p>We have a shared vision, a case for change that we all endorse and a strategy to deliver improvement. The strategy is based on making continuous improvement over a number of years to meet our shared vision, 'a healthy Southampton where everyone thrives'. The vision we share is about enabling everyone to live long, healthy and happy lives, with the greatest possible independence.</p>
<b>10.</b>	<p>We will do this by:</p> <ul style="list-style-type: none"> <li>• Reducing inequalities and confronting deprivation</li> <li>• Tackling the city's biggest killers</li> <li>• Working with people to build resilient communities and live independently</li> <li>• Improving mental and emotional wellbeing</li> <li>• Improving earlier help, care and support</li> <li>• Improving joined-up, whole-person care</li> </ul>
<b>11.</b>	<p>We want to improve outcomes for the whole population, right across the main life stages, from birth to death. Our strategy will therefore take a life course approach, focusing on the following priorities:</p> <ul style="list-style-type: none"> <li>• Start Well - Children and young people get the best start in life, are able to achieve the best opportunities and keep as healthy and well as possible throughout their lives</li> <li>• Live Well - People enjoy and are able to maintain a sense of wellbeing and good health, supported by resilient communities</li> <li>• Age Well - People are able to live independently in their own homes with appropriate care and support to maintain and develop their social and community networks</li> <li>• Die Well - People are supported to ensure the last stages of their life happen in the best possible circumstances, receiving the right help at the right time from the right people</li> </ul>
<b>12.</b>	<p>Five key enabling priorities span the whole strategy, across all life stages:</p> <ul style="list-style-type: none"> <li>• Digital</li> <li>• Workforce</li> <li>• Estates</li> <li>• Primary Care</li> <li>• Urgent and Emergency Care</li> </ul>
<b>13.</b>	<p>The key outcome ambitions to be achieved by 2025 are outlined within the strategy , on pages 18-20 (see Appendix One. The roadmap for the achievement of these year by year is described after each section. Outcome metrics/key performance indicators will be monitored by the Better Care Southampton Board and reported to the Health and Wellbeing Board. .</p>

14.	The Strategy has been coproduced with Health and Care partners in the city during 2019. Draft versions have been reviewed at various meetings during 2019, including HOSP, Joint Commissioning Board, Better Care Southampton Board, Health and Wellbeing Board, Southampton System Chiefs Group.
15.	Opportunities have been taken to share information and invite discussion of the emerging plans with Healthwatch, the CCG Patients' Forum, Southampton Voluntary Services and a wide variety of other community groups. Public involvement will be an ongoing feature.
<b>RESOURCE IMPLICATIONS</b>	
<b><u>Capital/Revenue</u></b>	
16.	Not applicable.
<b><u>Property/Other</u></b>	
17.	Not applicable.
<b>LEGAL IMPLICATIONS</b>	
<b><u>Statutory power to undertake proposals in the report:</u></b>	
18.	S. 1 Localism Act 2011 (the general power of competence) permits the Council to work in partnership with other public and private bodies to secure the delivery of functions, services and facilities that are for the benefit or improvement of the Southampton and wider regional area.
<b><u>Other Legal Implications:</u></b>	
19.	<p>The Health &amp; Care Strategy relates to the proposed delivery of public services and as such those services must be delivered in accordance with the provisions of the Equalities Act 2010, the Crime &amp; Disorder Act 1998 and the Human Rights Act 1998. In particular all functions and services delivered under the proposed strategy must be designed and delivered having regard to s.149 Equalities Act 2010, the Public Sector Equalities Duty, which requires that a public authority must, in the exercise of its functions, have due regard to the need to—</p> <p>(a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;</p> <p>(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;</p> <p>(c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.</p> <p>Members must be satisfied that the Strategy, as proposed, is wholly in accordance with this duty.</p>
<b>RISK MANAGEMENT IMPLICATIONS</b>	
20.	Underpinning our strategy, detailed plans have been developed for each of our key workstreams, setting out the scope, objectives, key milestones and interdependencies with other workstreams. The detailed plans are live documents and will continue to be reviewed and updated throughout the duration of the strategy. Each of the workstreams also has an associated delivery group. These groups own the detailed plans and act as the main

	driving force to implement the strategy. Risks will be identified as part of this process and actions identified to mitigate them
<b>POLICY FRAMEWORK IMPLICATIONS</b>	
<b>21.</b>	The Five Year Health and Care Strategy is directly aligned to and supports the delivery of the Southampton Health and Wellbeing Strategy 2017-2025 (S.116A Local Government and Public Involvement in Health Act 2007), as included in the council's Policy Framework (Article 4.01).

<b>KEY DECISION?</b>	Yes
----------------------	-----

<b>WARDS/COMMUNITIES AFFECTED:</b>	ALL
------------------------------------	-----

**SUPPORTING DOCUMENTATION**

**Appendices**

<b>1.</b>	SOUTHAMPTON CITY HEALTH AND CARE STRATEGY (2020-2025)
-----------	---

**Documents In Members' Rooms**

<b>1.</b>	None
-----------	------

**Equality Impact Assessment**

Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out.	No - These will be developed as part of the five year plans
---	---

**Privacy Impact Assessment**

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

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

Title of Background Paper(s)	
------------------------------	--

<b>1.</b>	None
-----------	------

This page is intentionally left blank

# Southampton City Health and Care Strategy

2020-2025

*A healthy city where everyone thrives*

# Contents

Introduction	3
Our current and future health and care challenges	6
Our five year strategy	16
Start Well	22
Live Well	28
Age Well	35
Die Well	41
Key enabling priorities	
Workforce	46
Digital	49
Estates	52
Primary Care	55
Urgent and Emergency Care	60
How will we deliver the strategy?	64



# Introduction

Southampton is a vibrant, historic waterfront city with a diverse population, a strong growing economy and high quality health and care services. Despite this, health and wellbeing outcomes are not as good for some of our residents as they could be.

Southampton is ranked the 55<sup>th</sup> most deprived local authority area in England and 13% of neighbourhoods in the city fall within the 10% most deprived nationally (IMD 2019).

In Southampton, people living in the most deprived areas of the city have poorer outcomes than those living in the least deprived areas of the city. This means that the right of our residents to the highest standard of health and wellbeing is not being enjoyed equally across Southampton.

Deprivation and inequalities in health outcomes are linked; inequalities in health can arise from inequalities in society – in the conditions in which people are born, grow, live, work, and age.

We therefore need to take action which goes beyond just health and the NHS. We need a collective response across NHS organisations, the Local Authority and voluntary organisations to tackle these challenges together.

We are not starting from scratch. Over several years, these organisations in the city have already been building strong partnerships to improve services, outcomes and experience for the people of Southampton. This includes significant work already undertaken through the city's Better Care programme.

We are committed to continuing our 'one city' place-based approach; working together to improve health and care outcomes for the population of Southampton that we serve. We have a shared vision, a case for change that we all endorse and a strategy to deliver improvement.

The strategy is based on making continuous improvement over a number of years to meet our shared vision, 'a healthy Southampton where everyone thrives'. To achieve it will take time and it is something we need to do together.

## How does the Strategy align with other plans?

### Hampshire and Isle of Wight Sustainability and Transformation Partnership (STP) Plan

In 2016, NHS and local government organisations came together in 44 areas across England to develop proposals to improve health and care. They formed new partnerships – Sustainability and Transformation Partnerships (STPs) – to agree strategy and priorities, allocate resources and deliver transformation for a population across a larger geographical footprint.

Southampton is part of the Hampshire and Isle of Wight STP.



During the summer of 2018, the Prime Minister set out a funding settlement for the NHS in England for the next five years. In return, NHS England was asked to develop a Long Term Plan for the future of the service.

Following this, every STP in England was requested to translate the NHS Long Term Plan into a local one, and in November 2019 the Hampshire and Isle of Wight STP finalised its long term Strategic Delivery Plan.

Southampton's Health and Care Strategy is aligned to the priorities of the Hampshire and Isle of Wight STP plan and the NHS Long Term Plan, however it is focused on addressing the health and care needs specific to the population of Southampton.

### **Southampton City Health and Wellbeing Strategy**

Health and Wellbeing Boards (HWBs) were established in councils with adult social care responsibilities in 2013. Our Southampton City HWB produces a joint strategic needs assessment (JSNA) for Southampton. The JSNA provides a wide source of information and data for health, care and wellbeing planning and commissioning and informs Southampton's Health and Wellbeing Strategy (2017-2025). This sets out the vision, priorities and action agreed at the HWB to improve the health, care and wellbeing of local communities and reduce inequalities for all ages.

The vision of the Southampton Health and Wellbeing Strategy is that Southampton has a culture and environment that promotes and supports health and wellbeing for all. It is ensuring that work is prioritised and plans are in place to mitigate the causes of the wider

determinants of health and wellbeing across social, environmental and economic aspects, such as jobs and housing.

The Southampton City Health and Care Strategy is a subset of the wider Health and Wellbeing Strategy.

### **Southampton City Local Plan and Green City Charter**

The Local Plan is the long term planning policy framework for the city which guides and controls future development for addressing housing needs and other economic, social and environmental priorities, and a platform for local people to shape their surroundings.

It ensures that growth is managed and sets out rules about what can be built and where. Importantly, it also makes sure that it doesn't just deliver houses or work spaces but all the things people need to live and work; school places, health services, transport networks, open spaces, quality environments and retail, leisure and community facilities.

The Local Plan is in the process of being refreshed, providing an important opportunity to strengthen future planning for health and wellbeing in the city.

Alongside the Local Plan, the Council has launched the Green City Charter, with a vision to 'make Southampton a cleaner, greener, healthier and more sustainable city'.

Through the Charter, Southampton will be a better place for current and future generations that is prepared for the challenges presented by climate change.

# Our Current and Future Health and Care Challenges

# Deprivation and inequalities

## Social Deprivation

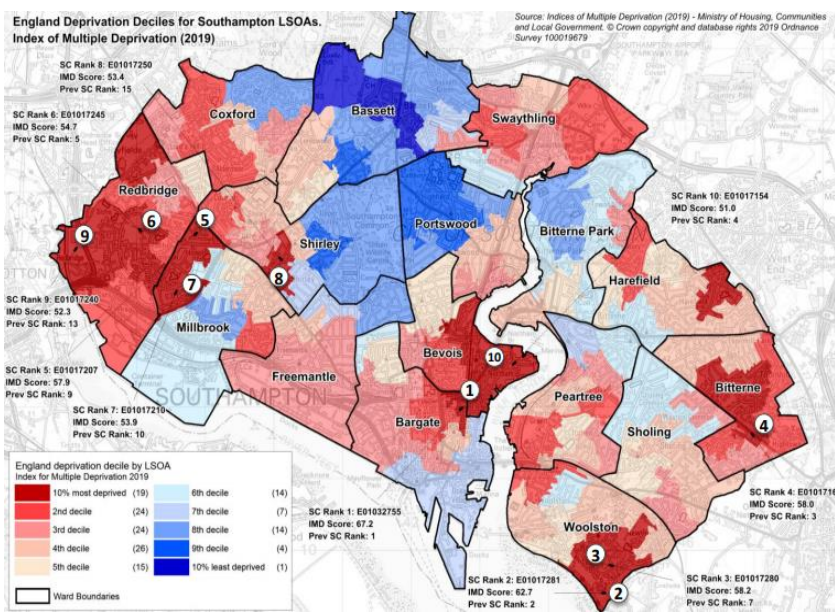
The Index of Multiple Deprivation (IMD) measures deprivation for small areas at a neighbourhood level. There is a common misconception that deprivation means how affluent an area is. To some extent this is true, however the IMD measures multiple factors which contribute to deprivation, such as income, employment, health and education.

The map below show levels of deprivation across the city, with the ten most deprived neighbourhoods numbered 1 to 10. The darker shades of red indicate areas in Southampton which fall into the 10 per cent most deprived neighbourhoods nationally. The darker shades of blue indicate areas in Southampton which fall into the 10% least deprived neighbourhoods nationally.

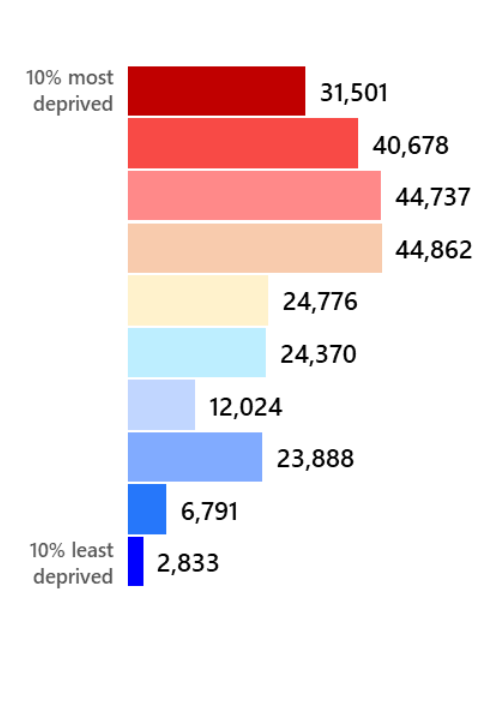
In Southampton, 19 of the 148 neighbourhoods fall into the 10 per cent most deprived neighbourhoods nationally. Overall, Southampton is ranked the 55<sup>th</sup> most deprived local authority area in England (IMD 2019).

The chart shows the estimated number of Southampton residents in each deprivation decile. Over 45 per cent of Southampton’s population live within the 30 per cent most deprived neighbourhoods nationally (117,000 people). At the other end of the scale, 13 per cent of Southampton’s population live within the 30 per cent least deprived neighbourhoods nationally (33,500 people).

Southampton’s neighbourhood deprivation rankings



Number of Southampton residents living in each deprivation decile

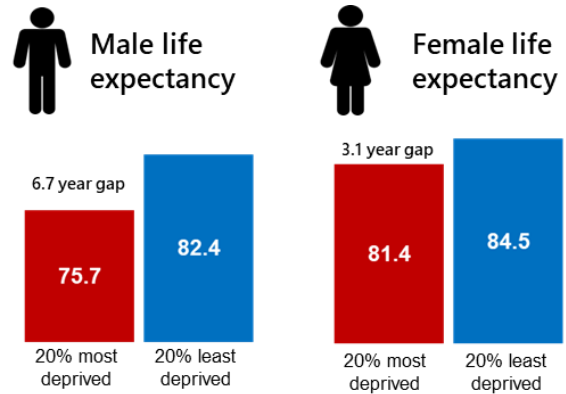


## Inequalities across the life course

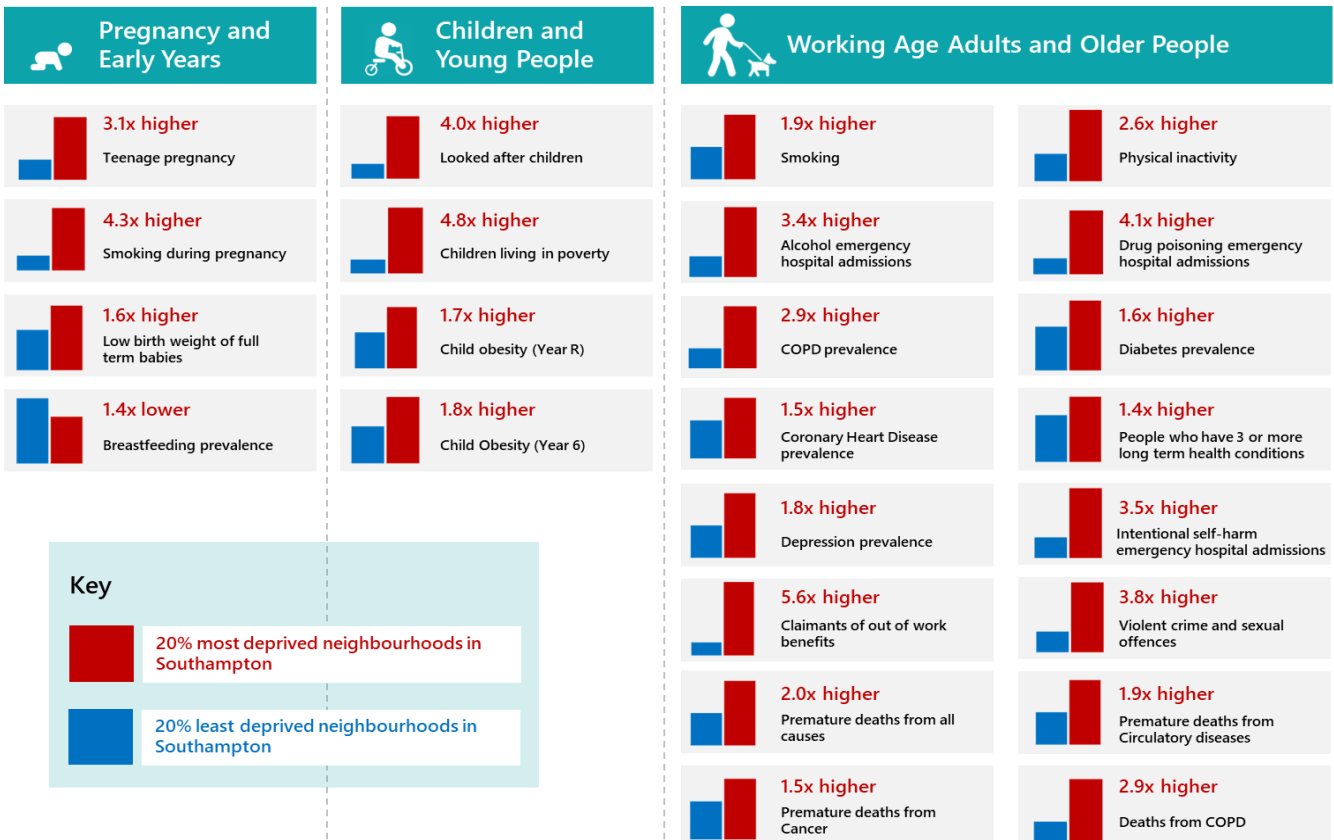
*"Inequalities are a matter of life and death, of health and sickness, of wellbeing and misery. The fact that in England today people in different social circumstances experience avoidable differences in health, well-being and length of life is, quite simply, unfair. Creating a fairer society is fundamental to improving the health of the whole population and ensuring a fairer distribution of good health."* The Marmot Review, 2010

A key indicator which shows inequality across the population is life expectancy. In Southampton, people living in the most deprived areas of the city die earlier than those living in the least deprived areas. Males living in the most deprived areas of the city are likely to die 6.7 years earlier than males living in the less deprived areas of the city. Females living in the most deprived areas of the city are likely to die 3.1 years earlier than females in the less deprived areas of the city.

### Differences in life expectancy in Southampton



Evidence of how inequalities are leading to differing outcomes in Southampton over the course of a person's life is shown below. Differences are shown as a multiple, in terms of how many times higher ('x' higher) or how many times lower ('x' lower) the differences are. For example, teenage pregnancies are 3.1 times higher in the most deprived neighbourhoods in the city compared to the least deprived.

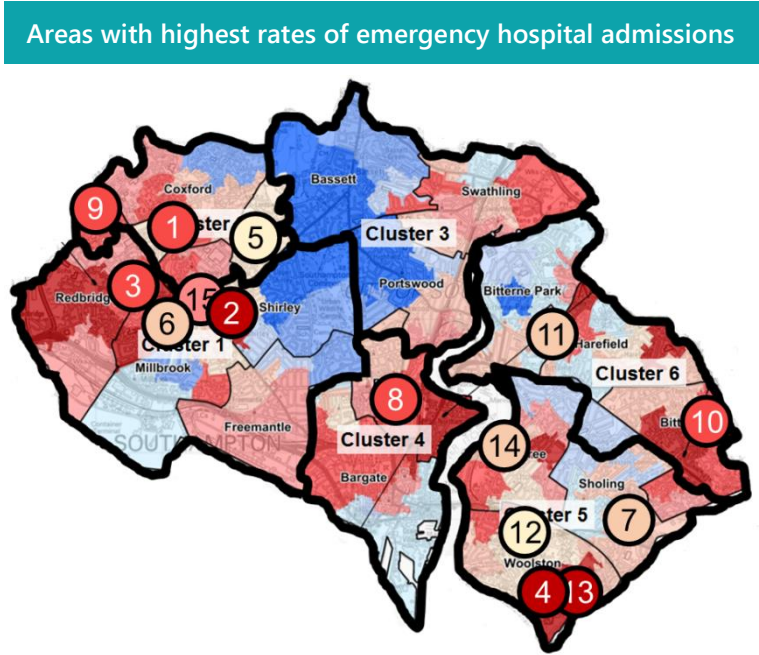


## How is social deprivation in Southampton affecting healthcare usage?

In Southampton, there is a strong link between deprivation and rates of urgent healthcare usage. We have found that the neighbourhoods with highest deprivation are also the neighbourhoods with the highest rates of emergency admissions.

The map on this page shows the 15 neighbourhoods in the city with the highest rates of emergency hospital admissions (per 1,000 population).

It is a useful indicator of where our local health and care system could be failing to prevent ill health or to provide planned care interventions that could have avoided an emergency admission.



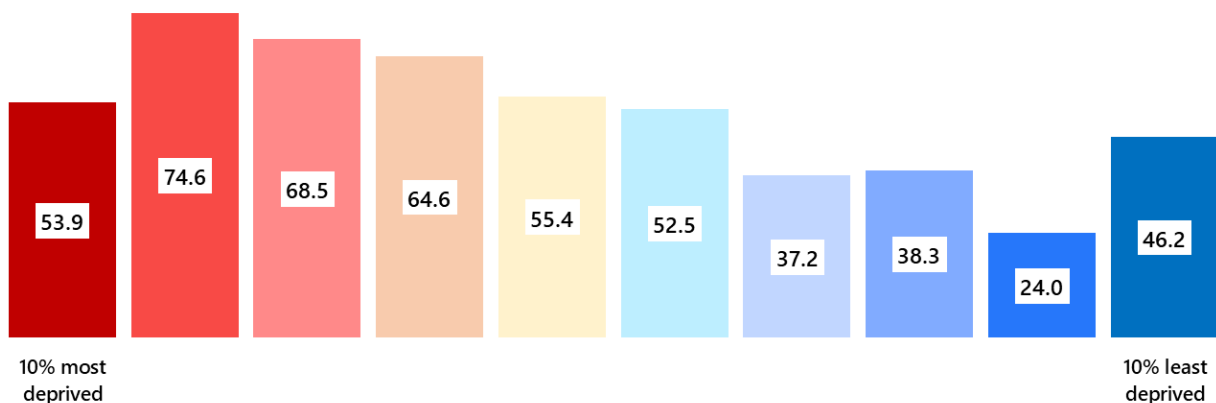
Consequently, if we can target what we do to focus on improving access to prevention and earlier, planned intervention in parts of the city, we may reduce the inequalities gap and improve health outcomes overall.

## How is social deprivation in Southampton affecting social care usage?

Similar to healthcare, there is a strong link between deprivation and rates of social care usage.

An example is shown below. The graph shows the rates of home care users (aged 65 and over, per 1,000 population) across the city and which deprivation decile they live in. In general, there are higher rates of home care users in the more deprived areas of the city than the less deprived areas of the city.

Rate of home care users in Southampton aged 65 and over, per 1,000 population, by deprivation decile



# How does Southampton compare to England and similar areas?

The previous sections looked at how outcomes compare across Southampton. The tables below show how outcomes in Southampton compare to the England average and the peer average (areas similar to Southampton). In some instances, Southampton has worse outcomes compared to both the England average and the peer average.

	Comparison to the England average	Comparison to the peer average (similar areas)	Latest data
<b>Children and Young People</b>			
Teenage pregnancies	Worse	Worse	2017
Smoking during pregnancy	Worse	Worse	2017/18
Low birth weight of full term babies	Similar	Better	2017
Breastfeeding prevalence	Similar	Better	2016/17
Looked after children	Worse	Worse	2018
Children living in poverty	Worse	Similar	2016
Year R child obesity	Worse	Similar	2017/18
Year 6 child obesity	Worse	Worse	2017/18
16-17 year olds not in education, employment or training (NEET)	Worse	Worse	2018
First time entrants to the youth justice system	Worse	Worse	2017
Children attaining 5 or more GCSEs	Worse	Similar	2015/16
<b>Adults</b>			
Life expectancy (males)	Worse	Similar	2016-18
Life expectancy (females)	Worse	Similar	2016-18
Premature deaths – all causes	Worse	Better	2016-18
Premature deaths – cancer	Worse	Similar	2016-18
Premature deaths – cardiovascular diseases	Worse	Better	2016-18
Premature deaths – respiratory diseases	Worse	Similar	2016-18
Breast cancer screening	Worse	Similar	2019
Cervical cancer screening	Worse	Worse	2019
Bowel cancer screening	Worse	Worse	2019
Smoking prevalence	Worse	Similar	2017/18
Alcohol-specific emergency admissions	Worse	Worse	2018/19
Intentional self-harm emergency admissions	Worse	Worse	2018/19
COPD emergency admissions	Worse	Worse	2017/18
Major diabetic lower-limb amputations	Worse	Worse	2015/16 – 17/18
Depression and anxiety prevalence	Worse	Similar	2016/17
Adults with learning disability having a GP health check	Similar	Better	2017/18
Adults with learning disability in paid employment	Worse	Similar	2017/18
Persons detained under the Mental Health Act	Similar	Better	2019/20 Q2
People with long term Mental Health problems	Worse	Similar	2019
People in employment (aged 16-64)	Similar	Better	2018/19
Homelessness	Worse	Better	2017/18
Violent crime	Worse	Worse	2018/19

	Comparison to the England average	Comparison to the peer average (similar areas)	Latest data
<b>Older People</b>			
Excess winter deaths (85 years+)	Worse	Similar	Aug 17 – Jul 18
Suicide rate (65 years+)	Worse	Worse	2013-17
Deaths from respiratory disease (65 years+)	Worse	Worse	2016-18
Deaths from cardiovascular disease (65 years+)	Worse	Worse	2016-18
Households experiencing fuel poverty	Similar	Similar	2017
Adults living in income-deprived households (60 years+)	Worse	Better	2013
Dementia emergency hospital admissions	Worse	Worse	2017/18
Falls-related emergency hospital admissions (65 years+)	Worse	Worse	2018/19
Adults using social care who receive self-directed support, and those using direct payments (65 years+)	Worse	Worse	2018/19
<b>End of Life</b>			
% of deaths that occur in hospital (all ages)	Higher	Higher	2018
% of deaths that occur in care homes (all ages)	Lower	Lower	2018
% of deaths that occur at home (all ages)	Similar	Similar	2018
% of deaths in usual place of residence (all ages)	Lower	Lower	2017
% of deaths in usual place of residence - cancer (all ages)	Similar	Similar	2016
% of deaths in usual place of residence - circulatory disease (all ages)	Similar	Similar	2016
% of deaths in usual place of residence - respiratory disease (all ages)	Similar	Similar	2016
% of deaths in usual place of residence - dementia and Alzheimer's (all ages)	Lower	Lower	2015

Public Health England, Public Health Profiles, <https://fingertips.phe.org.uk>

	Worse than England/Worse than Peers
	Similar to England/Similar to Peers
	Better than England/Better than Peers

Blue colour coding is used for indicators where it cannot be determined whether a higher or lower value to the England/Peer average represents good or poor performance.

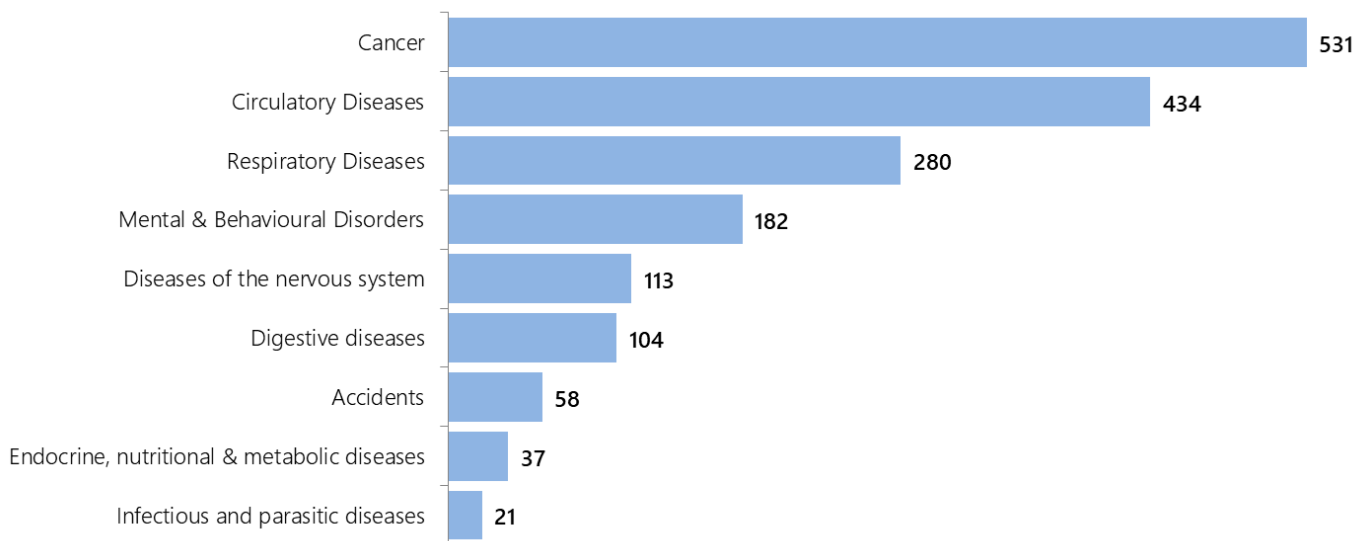


# The three 'big killers' in Southampton

In Southampton, the three biggest causes of death are:

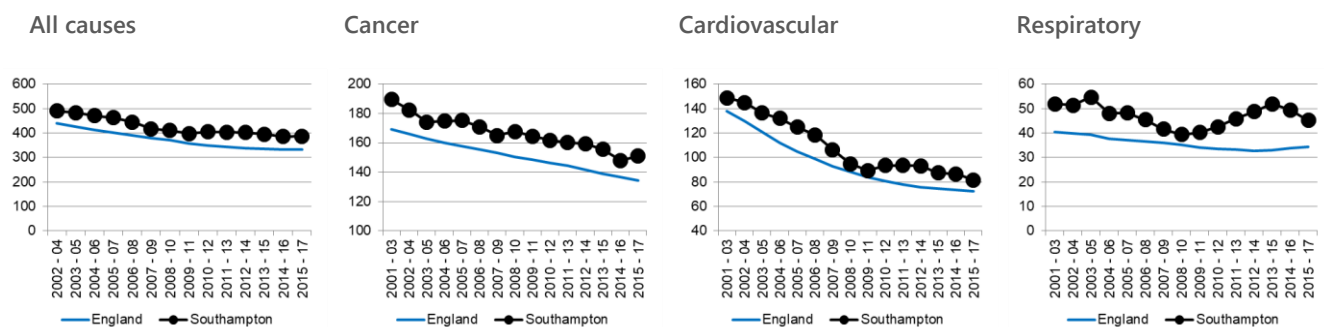
- 1 Cancer
- 2 Circulatory Diseases
- 3 Respiratory Diseases

## Causes of death in Southampton (2017)



An important indicator to look at is deaths under the age of 75 years, known as 'early' or 'premature' deaths. The graphs below show the rate of early deaths in Southampton compared to the England average. Despite Southampton's early death rate falling over the last two decades, it is still significantly higher than the England average.


## Early/premature deaths (people aged under 75) Rate per 100,000 population





# Future Health and Care Challenges

## Population growth

In Southampton, it is estimated that between 2018 and 2024, the city could have 12,300 more residents. This is equivalent to an almost 5 per cent increase.

 **2,730 more children and young people** (5.5 per cent increase)

 **4,530 more working age adults aged between 18 and 64** (2.7 per cent increase)

 **5,030 more older people aged over 65** (14.5 per cent increase)

The age group with the biggest percentage increase will be the older population, and we know that a growing and ageing population will add more pressure onto the city's health and care services.

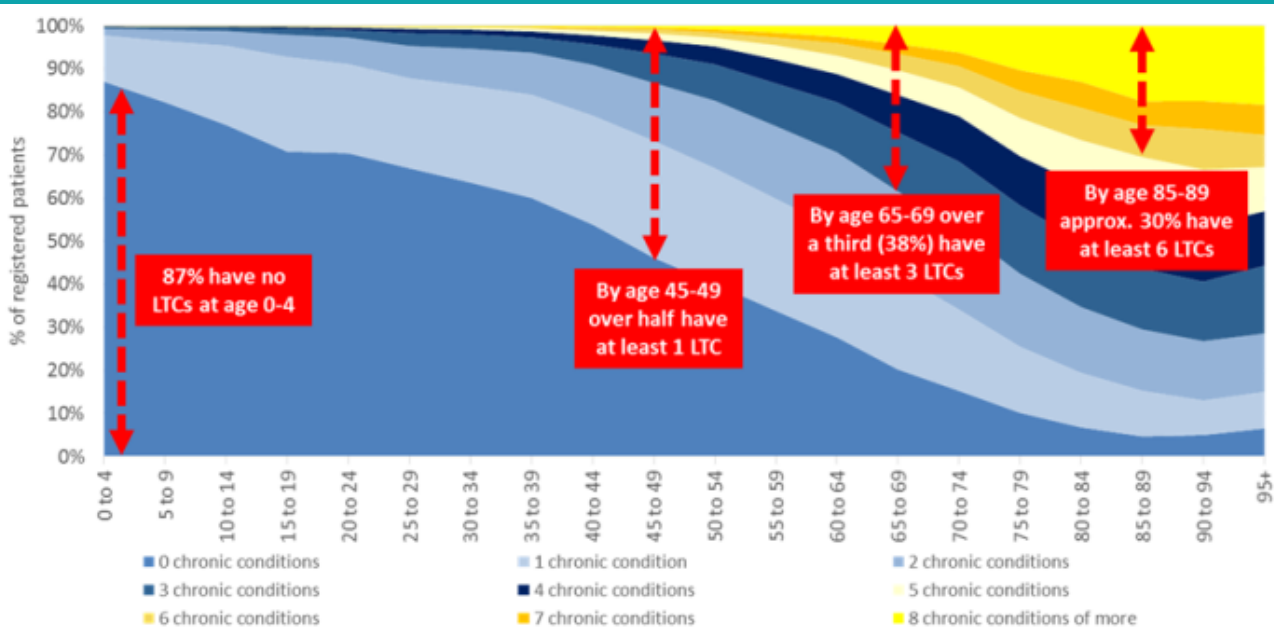
## Long term conditions

Long term conditions, or chronic diseases, are those for which there is currently no cure and are managed with drugs and other treatment, such as diabetes, chronic obstructive pulmonary disease (COPD), arthritis and hypertension.

Long term conditions in Southampton are more prevalent in older people – the graph below shows that approximately 30 per cent of older people aged 85-89 have at least 6 long term conditions.

However, long term conditions are also becoming more prevalent in Southampton's working age adult population. By age 45-49, at least half of this population have at least one long term condition. We also know that long term conditions are more prevalent in people living in the more deprived areas of the city.

Number of long term conditions by age band (Southampton residents)

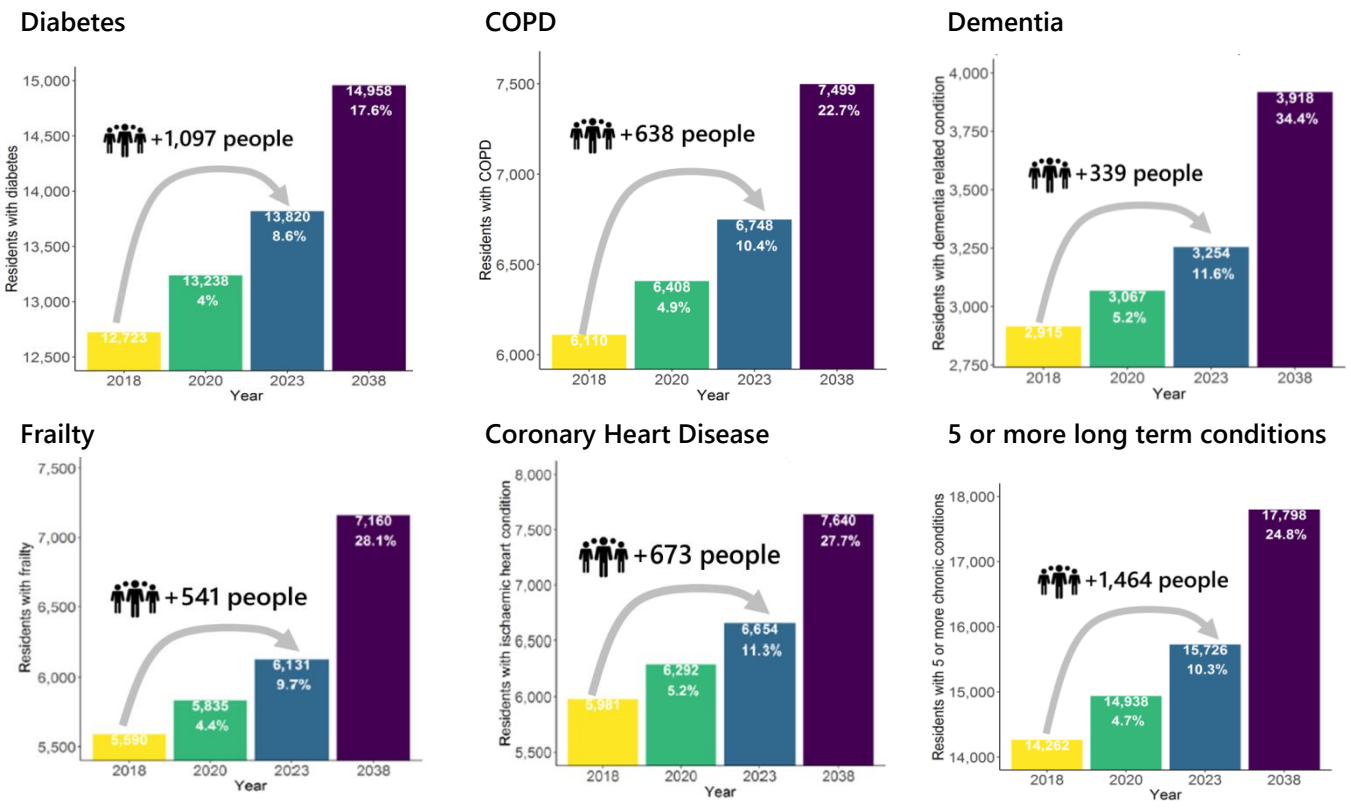


Source: Adjusted Clinical Groups (ACG) May 2017

By combining population estimates with current trends in long term conditions, we have been able to forecast increases in long term conditions for our population. Increases in the prevalence of these conditions will add further pressure onto the city's health and care services.

The graphs below show the forecast increases in the number of residents with long term conditions, against a baseline of 2018.

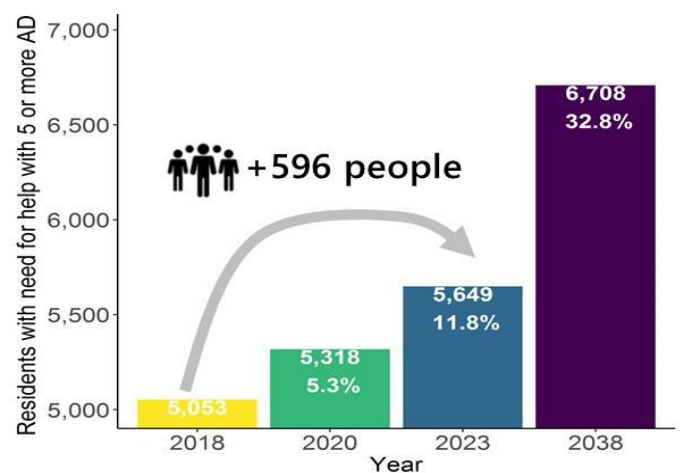
**Estimated future increases in people in Southampton living with long term conditions (2018 to 2023)**



**Adult social care**

By combining population estimates with current trends in adult social care demand, we have also been able to forecast increases in people needing adult social care support. The number of people needing home care support with five or more activities of daily living (such as bathing, using the stairs, getting dressed) is estimated to increase by 596 people (11.8 per cent) between 2018 and 2023.

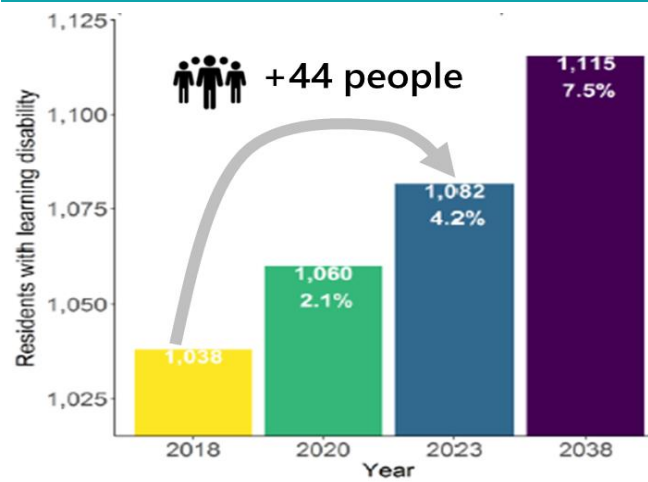
**Estimated future increases in people in Southampton needing home care support (2018 to 2023)**



## Learning disabilities

We have also been able to forecast increases in people with a learning disability. Between 2018 and 2023, the number of people with a learning disability is estimated to increase by 44 people (4.2 per cent).

Estimated future increases in people in with a learning disability (2018 to 2023)



# Our five year strategy 2020-2025

# Southampton City Health and Care Strategy







2020-2025

## Our vision

A healthy Southampton where *everyone* thrives

The vision we share in Southampton is about enabling everyone to live long, healthy and happy lives, with the greatest possible independence.

We will do this by:

-  Reducing **inequalities** and confronting **deprivation**
-  Improving **mental and emotional** wellbeing
-  Tackling the city's **biggest killers**
-  Improving **earlier help, care and support**
-  Working with people to build **resilient communities** and **live independently**
-  Improving **joined-up, whole-person care**

## Our priorities

We want to improve outcomes for the whole population, right across the main life stages, from birth to death. Our strategy will therefore take a life course approach, focusing on the following priorities:

 <b>Start Well</b> Children and young people get the best start in life, are able to achieve the best opportunities and keep as healthy and well as possible throughout their lives	 <b>Live Well</b> People enjoy and are able to maintain a sense of wellbeing and good health, supported by resilient communities	 <b>Age Well</b> People are able to live independently in their own homes with appropriate care and support to maintain and develop their social and community networks	 <b>Die Well</b> People are supported to ensure the last stages of their life happen in the best possible circumstances, receiving the right help at the right time from the right people
---	--	---	---

Five key enabling priorities span the whole strategy, across all life stages:

Digital	Workforce	Estates	Primary Care	Urgent & Emergency Care
---------	-----------	---------	--------------	-------------------------

# What do we mean by Start Well, Live Well, Age Well and Die Well?



## Start Well

- I feel happy and safe
- I have green and open spaces I can visit or play in and am able to walk or cycle to and from places
- I feel like I can influence my own future
- I feel like I belong



## Live Well

- I can take care of my own health and wellbeing and am able to manage the challenges life may give me
- I lead a happy, fulfilling and purposeful life
- I feel supported by my family, friends and local community



## Age Well

- I can take care of my own health and wellbeing and am able to manage the challenges life may throw at me
- I have the information I need and I'm supported to understand and make choices
- I lead a happy, fulfilling and purposeful life
- I can continue to do what matters to me and be the person I want to be
- I am in control of my physical and mental health
- My family's/carer's needs are recognised and supported
- I feel a valued and respected member of my community



## Die Well

- I will be asked for my end of life wishes and will be able to die, where practically possible, in my preferred place of care
- I know that when I die, this will happen in the best possible circumstances
- My family, friends and all those important to me will be supported throughout my end of life journey and if needed after my death.

# Our key ambitions

By 2025, we will:



## Start Well

- ↓ Reduce the percentage of **mothers smoking during pregnancy**
- ↓ Reduce the rate of **teenage pregnancies**
- ↑ Increase the percentage of mother's **breastfeeding** 6-8 weeks post birth
- ↓ Reduce the rate of **looked after children**
- ↑ Increase the percentage of **care leavers in suitable accommodation**
- ↓ Reduce the percentage of children in Year R and Year 6 with **excess weight**
- ↑ Increase the percentage uptake of healthy child mandated **immunisations and health checks**
- ↑ Increase the percentage of **children achieving a good level of development at the end of reception**
- ↑ Increase the percentage of **children reporting positive mental health at Year 7**
- ↓ Reduce the rate of **first time entrants to the youth justice system**
- ↓ Reduce the percentage of **16-17 year olds not in education, employment or training (NEET)**



## Live Well

- ↑ Increase **healthy life expectancy**
- ↓ Reduce the **gap in life expectancy** between the most and least deprived areas of the city
- ↓ Reduce **smoking prevalence** in adults
- ↓ Reduce the percentage of adults who are **physically inactive**
- ↓ Reduce **alcohol-related mortality**
- ↓ Eliminate all **inappropriate out of area mental health placements**
- ↓ Reduce the rate of **suicides**
- ↑ Increase the percentage of **adults with a learning disability living in settled accommodation**
- ↑ Increase the percentage of **cancers being diagnosed at an earlier stage**
- ↓ Reduce early **deaths from cardiovascular disease and respiratory disease**
- ↑ Increase the number of **social prescribing** referrals
- ↑ Increase the number of people being referred to the national **diabetes prevention** programme





## Age Well

- ↑ Increase the number of older people with a personalised care and support plan
- ↓ Reduce the number of older people being referred for adult social care
- ↓ Reduce the rate of emergency hospital admissions, including readmissions
- ↓ Reduce the rate of older people having discharge delays from hospital (delayed transfers of care)
- ↑ Increase the percentage of older people receiving reablement care after hospital discharge
- ↓ Reduce permanent inappropriate admissions into residential care
- ↑ Increase the number of carers having a carer assessment and receiving appropriate support
- ↑ Increase access for older people with a common mental illness to psychological therapies
- ↑ Increase the number of volunteers supported to find a volunteering opportunity
- ↓ Reduce the percentage of older people reporting that they feel lonely



## Die Well

- ↑ Increase the percentage of people in the last 3 years of life who are registered on a local end of life register
- ↑ Increase the percentage of people who have, or are offered, a personal health budget towards end of life (fast-track)
- ↓ Reduce the average number of patients per month who die in hospital whilst being delayed to be discharged
- ↓ Reduce the percentage of older people who die within 7 days of an emergency hospital admission
- ↓ Reduce the percentage of older people who die within 14 days of an emergency hospital admission



## Digital

- ↑ Increase the number of people using care technology
- ↑ Increase the percentage of people accessing services digitally
- ↑ Increase the percentage of people electronically managing appointments
- ↑ Increase the number of people using self-management apps, such as MyCOPD
- ↑ Increase the use of single care plans
- ↑ Increase the number of patients using MyMedicalRecord



## Workforce

- ↓ Reduce **clinical staff turnover rates** in the first 12 months of employment
- ↓ Reduce **non-clinical staff turnover rates** in the first 12 months of employment
- ↓ Reduce **vacancy rates**



## Estates

- ↑ Increase **extra care housing**
- ↑ Increase **key worker housing**
- ↑ Increase **older people rehabilitation bed capacity**
- ↑ Increase **general intensive care unit capacity**
- ↑ Increase **operating theatre capacity**



## Primary Care

- ↑ Increase the number of **primary care appointments** per 1,000 patients
- ↑ Increase the uptake of **digital access**, such as video consultations
- ↑ Increase the number of patients directly **booking primary care appointments via NHS 111**
- ↑ Increase the number of **social prescribing referrals**



## Urgent and Emergency Care

- ↑ Increase the percentage of **patients whose needs are addressed through a single call to NHS 111**
- ↓ Reduce the percentage of **patients advised to attend ED following a call to NHS 111**
- ↑ Increase the percentage of emergency hospital admissions receiving **same day emergency care**
- ↑ Sustain achievement of new **urgent and emergency care standards**

During 2020, we will work up quantified performance targets for a smaller set of key metrics which will be monitored and reported on a quarterly basis at the Better Care Southampton Board. Other metrics will be monitored elsewhere. Additional metrics may also be brought in over the next five years, depending on emerging priorities.



# Start Well



## Start Well

Children and young people get the best start in life, are able to achieve the best opportunities and keep as healthy and well as possible throughout their lives

### What do we want to be different in five years' time?

We want children and young people in Southampton to:

- Live happy, healthy lives, with good levels of physical and mental wellbeing.
- Be safe at home and in the community, with Southampton being a child-friendly, family focused city.
- Have good levels of educational attainment, fulfil their potential and go on to successful opportunities in adulthood.
- Live in communities which are resilient, engaged and prepared for the future.

### How will we do this?



#### Reducing inequalities and confronting deprivation

We want to address the impact of inequalities and child poverty through the city's strategies and policies whilst also breaking the cycle for future generations. We will:

- Implement the extended **Early Help Locality Model**, building skills, confidence and capacity to hold more risk in Early Help, strengthening the advice, information and guidance offer and increasing outreach support to families with pre-school children.
- Improve the uptake of **early years education** offer.
- Use tools such as **adverse childhood experiences** (ACEs) to identify those children most at risk of poor outcomes and use this intelligence to target services to reduce their impact through childhood, adolescence and into adult life.
- Implement the city's **Teenage Pregnancy** Action Plan.
- Expand **long-acting reversible contraception** services in maternity and primary care.
- Improve birth outcomes by **promoting healthy pregnancies**, including smoking cessation support.
- Implement the **Phoenix specialist family service** that will provide an intensive programme of support and work with women in Southampton who have experienced, or are at risk of, repeated pregnancies that result in children needing to be removed from their care.

- Strengthen early help services for **children with Special Education Needs and Disabilities** (SEND) and their families.
- Develop an inclusive educational offer, implementing the **school improvement and attendance action plan** and reconfigure specialist educational provisions to meet local need.
- Through the **Safe City Partnership**, support delivery of preventative health work and targeted interventions to reduce serious violence involving young people in line with the Youth violence reduction strategy.
- Improve outcomes for **looked after children and care leavers** through:
  - Developing the **foster care** offer to ensure a greater mix of foster care placements which reflect the needs of the city.
  - Expanding the range of **good quality local placements** available to enable more children, where appropriate, to remain within the city.
  - Improve access to good **housing and employment options** for care leavers within the city.



### Tackling the city's biggest killers

A healthy pregnancy and childhood are key enablers to achieving good health in later life. By embedding positive health behaviours in childhood, such as healthy eating and physical activity, life chances in adulthood can be improved. We will:

- Increase **play, physical activity** and positive youth opportunities.
- Improve uptake of **Healthy Early Years Award and Healthy High 5 Award** in schools.
- Ensure that the refresh of the council's Local Plan (the plan for the future development of the city) supports health and wellbeing, including **restrictions on fast food** planning applications near schools.
- Reduce **risky behaviours** by delivering the city's Sexual health improvement Plan, Alcohol Strategy and Healthy Weight Strategy.
- Continue to promote the development of **healthy settings**.
- Improve the quality of care for children with **long term conditions** such as asthma, epilepsy and diabetes and their transition to adulthood.
- Ensure that there is a strong focus on **promoting good health in the first 1,000 days of a child's life** as this is a critical phase during which the foundations of a child's development are laid, including:
  - Promoting uptake and continuation of **breastfeeding**.
  - Promoting **smoking cessation/smoke free homes** amongst pregnant women and parents.
  - Continuing to ensure good uptake of **childhood immunisations**.
- Develop a robust and sustainable **hospital at home** service to support the care of children with acute childhood illness outside of hospital with access to expert paediatric advice and rapid clinic access.



## Improving mental and emotional wellbeing

One in eight 5-19 year olds have at least one mental disorder; suicide is the biggest killer of young people in the UK; 50% of mental health problems are established by age 14 and 75% by age 24. Improving children and young people's mental health and wellbeing is a whole system effort which relies on strong partnership working. We will:

- Increase access to **perinatal mental health** services up to 24 months after birth, including support to partners.
- Implement **mental health support teams in schools and colleges** and promote a whole school approach to mental health and wellbeing across Southampton.
- Improve assessment and support for children with a **learning disability and neuro-diversity**.
- Promote **social and emotional resilience** and embed prevention and early intervention across the system.
- Improve services for children and young people with **eating disorders**.
- Improve **access** – 'no wrong door'.
- Ensure that mental health services are **accessible to the most vulnerable**.
- Work together to better meet the needs of young people with **complex social, emotional and behavioural needs**.
- Improve **crisis care** pathways for children in mental health crisis and improve access to specialist mental health treatment and support.
- Inform and support and the implementation of the **Southampton Suicide Prevention Plan**.



## Supporting people to build resilient communities and live independently

We want to develop a 'Child Friendly Southampton' where the aspirations, needs and rights of children are a central part of public policies, place-shaping and decision-making and ensure children and young people in Southampton have an active role as part of their communities and have the best possible start in life, whatever their circumstances. We will:

- Delivery of the **Year of the Child 2020**: bringing together the city's businesses, arts and cultural venues, voluntary and community organisations, and practitioners who work with children to provide a year-long programme of consultative and celebratory events.
- Develop **intergenerational activities**, recognising the positive contribution that children and young people make to the city.



## Improving earlier help, care and support

All children and young people should have a good start in life. Early help and prevention is about building protective factors and reducing harm at the earliest stage so children and young people have the best opportunities to thrive. We will work together with parents, families, carers and communities to do this, providing the right help at the right time. We will:

- Implement the extended **Early Help Locality model**, strengthening advice, information and guidance and outreach support to families with pre-school children, enabling them to receive the right support at the right time in their communities.
- Develop the **Early Help Hub** as a single route into early help and expand the community/voluntary sector offer.
- Strengthen **support to families in the early years**, including action to promote early communication (speech and language).
- Strengthen the **parenting** offer.
- Expand the options and support available to young people, including those with SEND, for further **education & training, employment, independent living and social inclusion**.
- Support **continuity of care** for pregnant women by implementing case-holding.
- Increase information and support in the community on **management of common childhood illness**.
- Improve the **transition** for young people with additional needs into adulthood, including giving them control over their own personal health budgets to meet



## Improving joined-up, whole-person care

The needs of children and families are best met if they are considered in the round with health, care and education working together in a child/family centred way. We will:

- Continue to work in partnership across the Local Authority, NHS and Voluntary/Community sectors to build a **strong, joined-up service** offer based on restorative principles and a whole family approach.
- Develop **peer support** models.
- Empower children and families to have more **choice and control**.

## What is our roadmap?

Year 1  
2020/21

- **Year of the Child**
- **Early Help locality model** extended
- Local **foster care offer** expanded
- Two **mental health support teams** in schools established
- **Phoenix specialist family service** goes live
- Accredited **infant feeding scheme** in place
- **Care pathways implemented** for all mental health presentations and will be hosted on the Healthier Together website.

Year 2  
2021/22

- **Children's Hospital at Home** service goes live
- Expansion of **mental health support teams in schools** and a whole school approach to mental health and wellbeing
- **Employment and training opportunities** expanded for young people
- **Perinatal mental health services** expanded for women and partners up to 24 months post-natal
- Pilot a **whole school approach to mental wellbeing**
- Development of **local residential** provision

Year 3  
2022/23

- **0-25 year service** offer in place
- Expansion of **mental health support teams in schools**
- **Employment and training opportunities** further expanded for young people

Year 4  
2023/24

- **24/7 mental health crisis provision** for children and young people that combines crisis assessment, brief response and intensive home treatment functions
- Comprehensive offer for 0-25 year olds that spans across **mental health services for young people and adults**

Year 5  
2024/25

- Progress towards halving **still births, neonatal deaths and maternal deaths**





Live Well



# Live Well

People enjoy and are able to maintain a sense of wellbeing and good health, supported by resilient communities

## What do we want to be different in five years' time?

### We want people in Southampton to:

- Live healthier, for longer
- Be happy in life and feel supported by their family, friends and local community
- Live independently and feel confident to take care of their own health and wellbeing
- Live in a city which is fully accessible

## How will we do this?



### Reducing inequalities and confronting deprivation

- Population health management systems will enable health and care staff to **identify people most at risk of ill health and identify areas of the city where health inequalities are greatest** – this will ensure that resources can be targeted at people with the greatest need.
- Improve **access to appointments in general practice**, such as evening and weekend appointments, and longer appointments for people with multiple long term health conditions.
- Improve **uptake of cancer screening** in areas of the city with the lowest uptake rates, and focus on vulnerable groups. Undertake community engagement to raise the profile of cancer screening.
- Improve uptake of **immunisations and vaccinations** in areas of the city with the lowest uptake rates, and focus on vulnerable groups.
- For people with a **learning disability or severe mental illness**, improve the uptake of annual health checks and cancer screening.
- Improve access to advice, treatment and support to anyone concerned by their, or someone else's, use of **drugs or alcohol** to help them overcome the impact and improve their lives.
- Ensure access to services that improve **sexual health** outcomes for everyone.
- Reduce the number of **rough sleepers**.

- Explore different ways to help those sleeping on the streets and those who are **homeless** to access a range of service and accommodation options.
- Reduce the health inequalities of the **homeless** population through increased access to healthcare and accommodation.



## Tackling the city's biggest killers

- Implement a new **smoking cessation** offer and deliver the city's tobacco control plan.
- All **patients at hospital will be asked if they smoke** and all smokers are offered support and advice to quit.
- Support patients to **improve their health before undergoing major surgery**, to help them recover better, such as by being more active.
- Implement the city's **physical activity and sports strategy**, including active places, active communities and active every day.
- Improve people's awareness of and understanding of the health risks associated with drinking too much **alcohol**.
- Increase the number of people successfully completing treatment and not re-presenting for **alcohol, opiates and non-opiates**.
- Continued **Alcohol** care team support at University Hospital Southampton, supported by community substance use disorder services.
- Promote **'making every contact count'**, where all health and care staff, when the opportunity arises, have a brief conversation with an individual to encourage changes in their behaviour that have a positive effect on their health and wellbeing.
- Embed **prevention of risk factors** including smoking, alcohol, obesity and physical activity in all health and care pathways so that all patients will receive a brief intervention or be signposted to appropriate support.
- Increase coverage and effectiveness of **cancer screening** services, including:
  - Increasing the uptake of Faecal Immunochemical Testing (FIT), helping to **detect colorectal cancer as quickly as possible**.
  - Implementing the Targeted Lung Health Check programme to **detect lung cancer** in 55–74 year olds at an earlier stage.
  - Implementing the **cancer Faster Diagnosis Standard**, resulting in patients receiving either a positive or negative diagnosis of cancer within 28 days.
- Implement **cardiovascular disease prevention and detection** programmes within primary care, including increasing the number of people at risk of stroke on anti-coagulation drugs.
- Expand **Cardio-Pulmonary Rehabilitation** to increase the number of patients being offered and accessing rehabilitation.
- Expansion of **community respiratory services** to improve earlier diagnosis, management and treatment of all respiratory disorders.

- Increase **diabetes risk detection** and the number of people offered and completing the Diabetes Prevention Programme and Structured Education Programmes
- Ensure that the refresh of the council's Local Plan (the plan for the future development of the city) supports health and wellbeing, including **green city and healthy environments**.
- Encourage and support **healthy settings** across the city, such as healthy workplaces, healthy living pharmacies, healthy universities and healthy homes.
- Develop proposals to improve the **local food environment**, including tackling diet related ill-health and food poverty, transforming catering and procurement, reducing food waste and promoting a sustainable and vibrant food economy.



## Improving mental and emotional wellbeing

- Implement "The Lighthouse" – a new community based facility that will support individuals in a recovery-focused way to manage their **mental health crisis**.
- Increase access to specialist community **perinatal mental health services** with extended periods of care from pre-conception to 24 months after birth.
- Improve access to **psychological therapy**, including expanding psychological therapy and wellbeing support for people with a **long term health condition**.
- Implement national guidance to improve outcomes for **people with co-occurring mental health and substance use conditions**, through the development and implementation of a strategic plan.
- Develop the **attention deficit hyperactivity disorder (ADHD)** pathway to provide integrated support for those with frequently occurring mental health co-morbidities and substance use conditions.
- Improve the uptake of **physical health checks** for people with SMI.
- Deliver a new model of **integrated primary and community care** for adults with serious mental illness (SMI).
- Increase access to Individual placement support (IPS) to **support people with SMI to find employment**.
- Improve 24/7 community based **crisis response and intensive home treatment service** to help prevent people being unnecessarily admitted into hospital.
- Inform and support the implementation of the **Suicide Prevention Plan** and the Hampshire and Isle of Wight STP Suicide Prevention programme, which includes action on self-harm, primary care, bereavement services and workplace health.
- Increased access to mental health services for **rough sleepers**.
- City-wide tackling of **mental health anti-stigma**, through communications, campaigns and events, and through supporting the Time to Change partnership.



## Supporting people to build resilient communities and live independently

- Build opportunities, through volunteering and So Linked, to **help more people to access support and activities in the community**.
- Promote relationships between GP practices and voluntary and community groups to increase **social prescribing**.
- Maximise the use of **care technology**, to support people to self-manage their conditions and live independently.
- Link people up to support already available in their own families and communities.
- Ensure that **carers** have the help and support they need.
- Provide **short term, tailored social care** support to keep people independent in their own homes.
- Support younger generations to **prepare for older age**.
- **City of Culture** – improve overall wellbeing through cultural development and opportunities.
- Support adults to live independently through appropriate and accessible **housing options** with varying levels of flexible support.
- Work with people to **plan ahead** so they can prevent problems from getting worse and stay independent, reducing the likelihood of needing long term social care.
- Enable more individuals with **learning disabilities** to access community resources, volunteering, employment or other meaningful activities.
- Ensure **housing for people with learning disabilities** it is fit for future needs.
- Explore opportunities to apply for **Disabled Facilities Grants (DFG) for supported living housing adaptations** which will enable people with learning disabilities to live more independently, including improving fire safety.



## Improving earlier help, care and support

- Develop easy access to **advice and information**.
- Ensure that **carers** feel supported and receive the help they need.
- Implement **e-consultations and video consultations** into all GP practices.
- Commission an increased range of health services from community **pharmacies**.
- **NHS 111 is the main gateway** used by patients to urgent care.
- Develop **clinical assessment within NHS 111** to include a wide range of clinical expertise so more people get the help and advice they need on a single call.
- Communication and education for patients and communities on '**choose well**' and '**stay well**', to enable patients and carers to make informed decisions about the services they choose.



## Improving joined-up, whole-person care

- Implement new models of **person-centred care for people with long term conditions**, such as longer appointments with a named GP or alternative clinician.
- Improve IT systems interoperability across GP practices to **improve access to information and patient records** to support assessment.
- Ensuring people have more **choice and control** about their care, such as making personal health budgets available to a greater range of people.
- Implement **personalised care for everyone diagnosed with cancer** to ensure they have a needs assessment, a care plan, wellbeing information and support.

## What is our roadmap?

Year 1  
2020/21

- **Lung Health Checks** fully implemented to increase the early detection and survivorship of lung cancer
- Patients will be able to receive a **definitive cancer diagnosis** within 28 days of referral
- **Cervical screening** implemented at more flexible timings
- Community **Cardiology and Respiratory** service developed
- Psychological therapy support available for people with cardiovascular or gastrointestinal conditions
- Development of an **Integrated Diabetes Service** that will be measured on improving outcomes for patients living with diabetes
- Introduce risk stratification to identify individuals with a **learning disability** who have the greatest need
- Expand portfolio of **housing options** for those with a learning disability/mental health need
- Implement “**The Lighthouse**” community based facility to support those experiencing a mental health crisis
- Pilot a complex nurse worker in **Homeless Healthcare** to work with people with complex needs, including mental health
- Review best practice models for mental health services accessed by **rough sleepers**

Year 2  
2021/22

- New Southampton **Alcohol** Strategy launched
- All patients have access to **on-line and video consultations** for their GP surgery
- Every person diagnosed with cancer will have access to **personalised care**, including a care plan and health and wellbeing information and support
- **Follow-up support** for people who are worried their cancer may have recurred will be in place
- New **heart failure** and breathlessness services developed
- People with a **mental health** condition will be able to access digitally-enabled therapy
- **Therapeutic care** from inpatient mental health services will be improved
- Produce a proposal for an effective mental health pathway for **rough sleepers** to access integrated holistic, long term care and support

Year 3  
2022/23

- Community **Cardiology and Respiratory** service fully in place
- Implement new mental health services for **rough sleepers**
- Improved training for Primary Care to **detect cancer**

Year 4  
2023/24

- Visibly improved **healthier food environment** in NHS and other public sector settings in Southampton
- People with a **mental health** condition will be offered a range of self-management apps, digital consultations and digitally enabled therapy

Year 5  
2024/25

- 150 new **supported living tenancies** in place for adults with learning disabilities.



# Age Well





## Age Well

People are able to live independently in their own homes with appropriate care and support to maintain and develop their social and community networks

### What do we want to be different in five years' time?

#### We want older people in Southampton to:

- Be able to maintain their health, wellbeing and independence into old age, stay living in their own homes and feel part of their local communities.
- Be supported to recover from illness in their own home wherever possible and only go to or stay in hospital when needs can't be met in the community.
- Be supported by collaborative and integrated working between health, social care and housing support.
- Be able to access the right support, at the right time, in the right place, as close to home as possible.
- Feel in control of their health and wellbeing, be part of any decision about their care and have the information and support they need to understand and make choices.

### How will we do this?



#### Reducing inequalities and confronting deprivation

Health and care outcomes are poorer in parts of city with higher levels of deprivation. 19% of older people aged 60 years+ in Southampton live in poverty. Older people are more vulnerable to fuel poverty which impacts on their ability to keep their homes warm and enable them to keep healthy. They are also more susceptible to poor nutrition. We will:

- Develop **community based support and activities** across the city.
- Development of integrated **community transport** services to reduce isolation and improve engagement in community activities
- Work as a city to provide **good quality housing and warm homes**.
- Improve **access to appointments in general practice**, such as longer appointments for people with multiple long term health conditions.
- Develop an **Eat Well** offer across the city, ensuring that older people receive nutritious food.
- Population health management systems will enable health and care staff to **identify people most at risk of ill health and identify areas of the city where health inequalities are greatest** – this will ensure that resources can be targeted at people with the greatest need.



## Tackling the city's biggest killers

As with all age groups, how people choose to live their life remains vitally important to improving and maintaining health and wellbeing throughout older age. This includes being active, eating a healthy diet, maintaining a healthy weight, being smoke-free, and not exceeding the recommended limits for alcohol intake. We want to promote the importance of healthy lifestyles and early identification and screening. We will:

- Promote **healthy ageing**, including healthy eating, physical activity, smoking cessation and reducing alcohol consumption.
- Ensure that the **design of our neighbourhoods** positively influences physical activity levels, travel patterns, and social connectivity
- Support **self-management** to maintain active and healthy ageing in both physical and mental health.
- Continue to promote the uptake of **immunisations**, including the seasonal flu vaccination.
- Increase coverage and effectiveness of cancer screening services, including:
  - Increasing the uptake of Faecal Immunochemical Testing (FIT), helping to **detect colorectal cancer as quickly as possible**.
  - Implementing the Targeted Lung Health Check programme to **detect lung cancer** in 55–74 year olds at an earlier stage.
  - Implementing the **cancer Faster Diagnosis Standard**, resulting in patients receiving either a positive or negative diagnosis of cancer within 28 days.
- Improve access to **faster diagnostics**.
- Increase **diabetes risk detection** and the number of people offered and completing the Diabetes Prevention Programme and Structured Education Programmes.
- Expand **community respiratory services** to support the management and treatment of all respiratory disorders.
- Expand **Pulmonary Rehabilitation** to increase the number of patients with respiratory diseases being offered and accessing rehabilitation.
- Implement **cardiovascular disease prevention and detection** programmes within primary care, including increasing the number of people at risk of stroke on anti-coagulation drugs.
- Review and expand **Cardiac Rehabilitation**.



## Improving mental and emotional wellbeing

As we grow older, it is just as important to look after our mental health as well as our physical health. Retirement, physical disability, loss of independence and bereavement are just some of the major life changes people may encounter as they get older. Having a network of friends and family, feeling valued, keeping active and having a purpose are just as important as access to good support and specialist services. We will:

- Tackle **loneliness** by creating opportunities for connection and encouraging people to participate and get involved, such as through volunteering, developing communities and neighbourhood support and promoting opportunities for creative intergenerational approaches and activities.
- Increase public education to reduce the risk of **dementia** and further develop dementia friendly communities.
- Improve **earlier diagnosis of dementia** and ensure people receive appropriate support and education.
- Improve support for **carers**.
- Improve access for older people to **psychological therapies** in steps to wellbeing and specialist services.
- The Older Person's Mental Health team will work more effectively with the Dementia crisis team to **prevent or delay admissions** and support family and carers at home.
- Improve **mental health support to care homes and nursing homes**.



## Supporting people to build resilient communities and live independently

Older adults have significant skills and experience to contribute to society. We know that giving, using skills, and learning also helps increase people's self-esteem, encourages social interaction, and gives people hope and purpose. We will:

- Expand and make best use of **retirement and Extra Care housing** to support people's independence.
- Develop a **community transport service** to make it easier for older people to get around the city.
- Increase the proportion of people being offered and receiving **rehabilitation and reablement care** to support recovery and help people maintain their independence.
- Promote use of **equipment, care technology and assistive technology** to support people's independence.
- Develop a broad offer of **community based support and activities** that enable more people to both access and be part of delivering support and activities in their local community, building on older people's opportunities for volunteering, peer support, being experts by experience.
- Ensure **carers** feel supported and receive the care they need
- Simplify and streamline '**hospital to home**' pathways to ensure timely discharge from hospital and maximise opportunities for reablement.



## Improving earlier help, care and support

Prevention and early intervention is key to ageing well. This includes working with younger populations, employers and the education sector to promote health and wellbeing, promoting available support and resources to enable people to think ahead, including in planning their finances and effectively communicating the impact of changing behaviours before reaching old age. We will:

- Develop a work programme to encourage and support local employers to promote employee health and wellbeing, support employees to prepare for retirement and to be **age friendly employers**.
- Promote **phased retirement** and **volunteering** opportunities.
- Empower **people approaching older age** to make positive choices for their health.
- Develop and promote an **exercise** offer across the city to promote physical activity and active ageing.
- Implement **enhanced healthcare support** into all residential and nursing homes in Southampton, providing dedicated clinical support to homes with assessment and care planning, responsive advice and support.
- Implement **risk stratification** approaches and **anticipatory care planning** to promote proactive care.



## Improving joined-up, whole-person care

Healthy ageing needs to be supported by environments, opportunities and services that enable people to live well for as many years as possible, and that can adapt to the changing needs of people at different times in their lives. Moreover, service users have told us that they want the professionals involved in their care to talk to each other. Our aim is that health, social care, housing, transport, community and voluntary sector support will be delivered in a seamless and joined up way, around the needs of the individual. We will:

- Develop **local health and social care teams** which bring together physical and mental health, NHS, housing and social care across statutory and non-statutory sectors, to provide coordinated, person-centred proactive care and support for people.
- Promote integrated **care planning and sharing of information** across health and social care to support high quality, proactive, joined-up care and support.
- Continue to build high quality capacity within the community, in particular **home care and nursing home** provision.
- Develop **multiagency services at the hospital front door**, enabling more people to be supported to return home quicker (same day emergency care).
- Develop services available **seven days a week**.

## What is our roadmap?

Year 1  
2020/21

- **Integrated community teams** bringing together physical, mental health services and social care across beginning to operate
- **Enhanced healthcare teams** supporting all residential and nursing homes across the city
- **Community navigators** (social prescribers) in place across Primary Care
- **Exercise classes** in place for people at risk of falling
- More **dementia friendly spaces** in place
- **Extra Care housing** scheme at Potters Court opens
- **Risk stratification** being rolled out to tackle inequalities and case manage people with the greatest needs
- **Multiagency services at the hospital front door**

Year 2  
2021/22

- Integrated **community transport service** in place
- **Care technology** support becoming the norm in enabling people to maintain their independence
- Health and care professionals using **single care plans** enabled through technology
- **Single intermediate care team** operating across hospital, community & primary care

Year 3  
2022/23

- More **intergenerational opportunities** and older people volunteering
- Further increase in **Extra Care homes** available
- Health and care professionals across all sectors, including care homes and home care providers making active use of **single care plans** to share information and use **technology** to seek rapid advice from each other
- **Enhanced healthcare teams** providing support to extra care housing

Year 4  
2023/24

- Southampton is an **Ageing Well friendly city**
- **People actively managing their health** and enabled through **technology** to make appointments, manage their own care plan and seek advice directly from health and care professionals
- **Mental health support** including psychological therapies fully embedded in local teams
- **Care homes** proactively managing health needs of their residents, seeking support from health and social care professionals where necessary through technology
- **New inpatient rehabilitation wing** at Western Community Hospital expected to open (subject to approval of Full Business Case)



# Die Well



## Die Well

People are supported to ensure the last stages of their life happen in the best possible circumstances, receiving the right help at the right time from the right people

### What do we want to be different in five years' time?

- More people will be supported to stay at home when they experience a decline in their health within their last years of life.
- There will be equality in provision of end of life care across all socioeconomic backgrounds.
- More people will achieve their preferred place of care and death.
- Early identification and end of life discussions will be the norm; more people will be describing their end of life wishes and preferences.
- There will be local compassionate communities who are confident to talk about and support friends and neighbours who may be experiencing death and dying.
- Proactive, personalised care planning to help people to consider their end of life wishes and options for a Personal Health Budget will be the norm
- More palliative care patients will have continuity of care and support across all health and care settings.
- Bereavement care will improve the involvement, support and care for all those important to the dying person.

### How will we do this?



#### Reducing inequalities and confronting deprivation

- Support **more people to achieve their preferred place of care and death**.
- **Equitable** provision of end of life care and services available to all.
- Develop staff to **support people who are less able to self-advocate their own care**, such as people with a learning disability.
- Explore providing **end of life hospice care for children** and a hospice at home service.
- Improve **access to hospice services** including community support, day services and inpatient facilities if or when required.



## Improving mental and emotional wellbeing

- Support people to be clear about **what to expect** as they approach and reach the end of their life.
- Holistic needs assessments will **consider the person's wellbeing, psychological, spiritual and health and social care needs**.
- **Carers** will be offered a holistic needs assessment to identify what practical and emotional support can be provided.
- Involving, supporting and caring for **all people** important to the dying person is also recognised as a key foundation of good end of life care.
- Launch a **new bereavement and psychological service**.
- Develop a process to **assess families post bereavement** at day 21.



## Supporting people to build resilient communities and live independently

- Offer **Personal Health Budgets** (PHBs) for people in their last 12 weeks of life, to give people more choice and control around their end of life care.
- Develop a strategy to **engage and raise public and community awareness and attitude of death and dying**.
- **Volunteers** will be recruited, trained and developed to help support individuals, their families and communities.
- Support and **encourage local communities to provide compassionate and practical help**, pre and post bereavement.
- Engage and involve local communities and places of worship in the development and **co-design of the local hospice**.
- Encourage schools to support the development of an **end of life programme for schools and colleges**.





## Improving earlier help, care and support

- **Early identification of people thought to be within their last three years of life** with a focus on older and frailer people and those with life limiting conditions, and those who may not, because of their condition, be able to communicate their end of life wishes in the future.
- All appropriate individuals in a care home will be on an **end of life register** and will have an advanced care plan discussion.
- Regular monitoring of people on the end of life register to provide **timely intervention** when required.
- Implement **proactive, personalised care planning** to support individuals to consider their end of life wishes early on in their illness or frailty.
- Improve **hospital discharge fast-track** processes to enable people at the end of their life to die in their place of choice.
- Improve **responsiveness within the community** to support individuals at the end of life and avoid unnecessary hospital admissions.
- Provide support to individuals, their families/carers in times of **crisis**.
- **24/7 help and support line and rapid, responsive support** for people in their own homes.
- People will have access to **timely pain control** and management of their symptoms.



## Improving joined-up, whole-person care

- Develop and implement an effective **out of hospital end of life care coordination** service to allow more people to achieve their preferred place of care and death.
- **Train and develop the workforce** within the home care and residential home services to provide continuity of care.
- Use **Personalised Care and Support Plans**, or **Advance Care Planning**, to capture end of life care wishes.
- Develop a **workforce** which is confident and competent to discuss and capture end of life wishes.
- Proactive working **partnerships between the NHS, social care, voluntary sector, charities and local communities**.

## What is our roadmap?

Year 1  
2020/21

- **24/7 coordination centre** with access to rapid response 24 hour advice, support and home visits
- Development of **end of life champions**, linking with primary care and communities
- **Bereavement services** expanded
- Review the provision of access to end of life services for professionals and the families of **children at or approaching end of life**

Year 2  
2021/22

- **Nurse-led unit** in place at Countess Mountbatten Hospice
- **Independent hospice provision** in place for Southampton
- Everyone in a care home is identified on an **end of life register** with an **advanced care plan** in place
- **End of life training** available to home care staff
- Work with children's services and families to design local **end of life services for families and children**

Year 3  
2022/23

- Development of an **end of life schools programme**

Year 4  
2023/24

- **Children's end of life care** services in place
- Bank of end of life children's home care /sitting service

# Key Enabling Priorities



# Workforce

The aim of the workforce plan is to support an effective system of organisations, teams and roles that can sustain population health and wellbeing through the provision of safe, high quality, and effective services. This will include a number of key areas with a clear plan to focus on the workforce needs of tomorrow, today (workforce planning, organisational design, organisational development). This will look like a skilled, strength or asset based, sustainable workforce which can respond to the changing environment in which we live and work and responds to the demand picture within the city. The scope of roles, services and organisations included within this vision is broad, encompassing all key areas of health and care delivery in the city.

## What do we want to be different in five years' time?

- Southampton is a '**Great Place to Work**' in health, care and wider wellbeing services.
- Southampton is a place where people choose to **volunteer** and are supported to do so.
- An effective system of **organisations, teams and roles** that can sustain population health and prevent ill health through the provision of safe, high quality, and effective services.
- A **skilled and sustainable workforce** which can respond to the changing environment in which we live and work and responds to the demand picture within the city.
- **Talent management and leadership** practices create a workforce that is highly engaged and empowered to deliver the best possible care for the population of Southampton.
- Empowering **leaders**, who care and truly inspire.
- Partnerships and systems leadership that develop an **open and transparent culture** focused on continuous learning, innovation and improvement. These partnerships will be across health, care, wellbeing and the voluntary, community and social enterprise (VCSE) sector.
- High levels of **trust and engagement** among staff, community members and partners.
- An **employment experience** which works for employees, clients and our organisations alike.

## How will we do this?

### Planning the workforce needs of tomorrow today

- Understand our future population demand and identify the workforce impact.
- Develop plans which meet future population demand, including;
  - Identification of new roles
  - Multi-skilling of staff.
  - Flexible patterns of working across services/organisations.
  - Ensure healthy conversations (Making Every Contact Count (MECC))

	<p>are embedded in all job descriptions.</p> <ul style="list-style-type: none"> <li>– Ensure the workforce reflects the diversity of the city it serves.</li> </ul>
<b>Creating a great place to work</b>	<ul style="list-style-type: none"> <li>• Develop a shared vision, values and behaviours for the city’s workforce.</li> <li>• Promote health and care career development opportunities, work experience and internships across the system and within educational institutions.</li> <li>• Include consideration of the needs of the Community, Voluntary and 3<sup>rd</sup> sector of care provision within the programme of work.</li> </ul>
<b>Developing an employment experience which works</b>	<ul style="list-style-type: none"> <li>• An employment experience which works for employees, clients and our organisations alike. Holding at the centre a focus on asset or strengths-based approaches to delivery across all sectors, promoting personalisation and self-care as standard.</li> <li>• Collaborative procurement of apprenticeships with educational institutions/system-wide relationships with non-pay levy organisations.</li> <li>• Implement an internal communications plan to ensure a consistent approach across organisations.</li> <li>• Implement value based appraisals and support structures.</li> </ul>
<b>Attracting and developing talent</b>	<ul style="list-style-type: none"> <li>• Talent management and leadership practices to create a workforce that is highly engaged and empowered to deliver the best possible care for the population of Southampton.</li> <li>• Develop a joint induction offer.</li> <li>• Align the recruitment and retention strategy and leadership competency framework with future workforce priorities.</li> <li>• Create a register of staff qualifications and skills, identifying underutilised skills and how these could be used across the system and support vacancy gaps.</li> <li>• Implement a communications plan, promoting Southampton as a great place to work in health and care.</li> </ul>
<b>Developing empowering leaders</b>	<ul style="list-style-type: none"> <li>• Developing empowering leaders, who care and truly inspire (Leadership Development)</li> <li>• Share promotion opportunities and approaches for hard to recruit/bespoke roles.</li> <li>• Enable promotion and redeployment opportunities across the system.</li> <li>• Develop leadership networks which fit the needs of the system, including localities, Primary Care Networks and other specialist areas.</li> </ul>
<b>Creating an agile learning approach to our workforce</b>	<ul style="list-style-type: none"> <li>• Create career optimisation pathways across health and care roles.</li> <li>• Develop and implement competency frameworks to support new roles or changing roles.</li> <li>• Multidisciplinary/agency training and development of core behaviours and new ways of working.</li> <li>• Upskill staff with digital skills to work with people in a different ways.</li> <li>• Alignment of terms, conditions and pay across health and care.</li> </ul>

## What is our roadmap?

Year 1  
2020/21

- Leadership network developed
- Joint education programmes scoped, trialled and implemented
- Leadership induction – development of content and a city wide approach
- Development of staff stories and case studies that support the promotion of Southampton being a great place to work
- Communications support – support employee brand and culture development

Year 2  
2021/22

- Review organisational requirements related to Terms and Conditions
- Consideration of the needs of the Community, Voluntary and 3rd sector of care provision within the programme of work
- Review apprenticeship programme opportunities
- New roles and competency development
- Develop and trial flexible roles and employment opportunities
- Communications support - implement a communications plan which promotes Southampton as a great place to work in health and care

Year 3  
2022/23

- Modern workforce planning in place that supports the shift to place based delivery
- New (joint) recruitment approach developed and implemented
- Offer work experience / internships across the system and promote within educational institutions

Year 4  
2023/24

- Develop a shared vision, values and behaviours for the city's workforce.
- Value based appraisals and support structures implemented



## Digital

### What do we want to be different in five years' time?

#### We want people to be able to:

- Participate fully in their care using digital services.
- Live better with long term conditions.
- Feel empowered to take control of their care.
- Save time through accessing their services digitally.

#### We want health and care staff to be able to:

- Offer a more personalised experience to service users.
- Access vital information about their service users at the point of contact which they need it most.
- Record information about their service users and trust that it will be readily available to others involved in their care.
- Work seamlessly across organisations.

#### We want the health and care system to be able to:

- Share information seamlessly.
- Be at the forefront of using digital technology.
- Plan ahead using the information available.

### How will we do this?

#### Make best use of new technologies

- Implement 'digital-first' access into all GP practices to enable patients to receive greater choice and an improved experience.
- Increase the uptake and breadth of supported self-management apps to enable patients to take greater control of their conditions.
- Expand the use of MyMedicalRecord at University Hospital Southampton to enable patients to manage their healthcare online, reduce the need for hospital visits, connect with their care team and receive information from the hospital digitally as opposed to paper.
- Offer MyMaternityRecord to all pregnant women so that they have a digital record as opposed to a paper record, which also enables them to message their midwife/clinical support team.
- Implementation of innovative digital devices, such as wearable and mobile devices.
- Improve digital messaging within integrated teams.

	<ul style="list-style-type: none"> <li>• Provide greater patient choice in terms of remote consultations, such as video consultations (where clinically appropriate).</li> </ul>
<b>Digital inclusion and enablement</b>	<ul style="list-style-type: none"> <li>• Spread of digital technology into non-digitised organisations, such as care homes, home care providers and people’s homes.</li> <li>• Maximise the use of the NHS App and other applications.</li> <li>• Enable patients to manage their appointments online, order repeat prescriptions online and view their medical records.</li> <li>• Introduce a digital strategy for safeguarding.</li> <li>• Work with organisations to improve their digital maturity.</li> <li>• With support from the voluntary sector, work on a digital literacy/inclusion project for patients to ensure that we provide help to patients to access their digital record or use video consulting.</li> </ul>
<b>Development and collaboration of infrastructure</b>	<ul style="list-style-type: none"> <li>• Improve access to Wi-Fi in health and care settings.</li> <li>• Ensure the hardware and software available to front line staff is of an appropriate standard to meet their needs.</li> <li>• Enable ‘plug in and go’ flexible working and networks to support Multi-Disciplinary Team working across Southampton.</li> <li>• Utilise common infrastructure for team working, such as cloud-based solutions and Office 365.</li> </ul>
<b>Make best use of population health analytics</b>	<ul style="list-style-type: none"> <li>• Ensure population health systems are available to integrated teams and primary care networks (PCNs). These will support risk stratification of patients and identification of inequalities in health outcomes.</li> <li>• Enriching data collection to include determinants of health.</li> <li>• Education of health teams – use of data and data quality.</li> </ul>
<b>Exchange and use of data and information</b>	<ul style="list-style-type: none"> <li>• Develop the Care and Health Information Exchange (CHIE) to improve the breadth and depth of information that is shared.</li> <li>• Communicate and embed the use of CHIE.</li> <li>• Develop integrated Patient Held Digital records to promote ‘Digital First’ access and empowerment of patients.</li> <li>• Improve sharing of digital imaging between healthcare providers.</li> </ul>



## What is our roadmap?

### Year 1 2020/21

- Patients will have online access to their full record
- Patients will be given access online to correspondence
- Every pregnant woman will be offered a digital maternity record instead of a paper record
- Patients will be able to have a virtual appointment at University Hospital Southampton, if clinically appropriate.
- Spread of digital technology into non-digitised organisations e.g. care homes, home care providers and people's homes
- Maximise the use of the NHS app and the apps library
- Introduce a digital strategy for safeguarding
- Implementing joint patient activation programme
- Population health tools to support PCNs with identifying the needs of their population
- Aligning of clinical and digital strategies
- Gap analysis of data flows
- Evaluate Primary Care Digital Exemplars

### Year 2 2021/22

- Improve pathways through Implementation of devices and innovation – wearable and mobile devices
- Patients will have the right to online and video consultation by April 2021 so we will ensure pathways are 'digital first' or digitally enabled where possible
- All parents will have a choice of a paper or digital Redbook for their new babies
- Spread of digital technology into non-digitised organisations e.g. care homes, home care providers and people's home
- Maximise digital inclusion through training and education
- Implementing joint patient activation programme
- All staff working in the community will have access to mobile digital services

### Year 3 2022/23

- Improve pathways through Implementation of devices and innovation – wearable and mobile devices
- Spread of digital technology into non-digitised organisations e.g. care homes, home care providers and people's home
- Maximise digital inclusion through training and education
- Implementing joint patient activation programme

### Year 4 2023/24

- Improve pathways through Implementation of devices and innovation – wearable and mobile devices
- All women will have their own digital maternity records
- Spread of digital technology into non-digitised organisations e.g. care homes, home care providers and people's home
- Maximise digital inclusion through training and education
- Implementing joint patient activation programme



## Estates

### What do we want to be different in five years' time?

- The **network of buildings delivering integrated primary and community care** will have been substantially reshaped, underpinned by a long-term investment plan.
- Substantial progress will have been made in **transforming the Royal South Hants Hospital (RSH) campus** into a community-facing health and wellbeing campus.
- **Older people rehabilitation wards** will have been relocated to a new £16m facility on the site of an unused ward at the Western Community Hospital.
- **University Hospital Southampton's** current capital investment programme will have been delivered, including a new Children's Emergency Department, General Intensive Care Unit (ICU), expanded theatre capacity, and additional diagnostic capacity.
- **Countess Mountbatten Hospital** will have been operating the city's life-limiting illness service for five years and across that period significant investment will have been made in the building to ensure that it conforms to current and changing service requirements.
- Support the "**Southampton aims to be the UK's most accessible city by 2050**" initiative, such as ensuring dementia friendly buildings and improving access for people with disabilities.
- The **Local Plan** will be guiding and controlling development for addressing housing needs and other economic, social and environmental priorities. It will be developing health-promoting spaces and places for everyone across the life-course, reflecting the built and natural environment as a wider determinant of health.
- Alongside the Local Plan, the **Green City Charter** will be helping to make Southampton a cleaner, greener, healthier and more sustainable city' for current and future generations.

### How will we do this?

#### Royal South Hants Hospital Campus Optimisation

- The RSH Campus Optimisation project has been established to ensure best use is made of land and buildings at this large community hospital in the city centre.
- It aims to ensure best use is made of good quality buildings on the site and that old/unused and increasingly costly buildings are vacated.
- Land released to be used to establish Housing with Care, Specialist Nursing Home, Key Worker Housing, expanded car parking

<b>Western Community Hospital Campus Optimisation</b>	<ul style="list-style-type: none"> <li>• This project links directly with the RSH Campus Project and aims to ensure best use is made of land and buildings on the Western Campus (Western Community Hospital, Adelaide Health Centre, Taplins, Radio Broadcast Building).</li> <li>• Key component is the construction of a new 50-bed Older People Rehab wing on the site of a redundant ward. Project also includes remodelling of the Adelaide Health Centre and the Radio Broadcast Building to enable collocation of Solent and Southern Health teams in the West Southampton Locality. Car parking will also be improved through more active management and land optimisation.</li> </ul>
<b>Locality Hubs and primary care estate optimisation</b>	<ul style="list-style-type: none"> <li>• A key component of this workstream is a feasibility study to develop a “Community Hub” in Bitterne District Centre. Aim is to re-provide the current Bitterne Leisure Centre and Bitterne Library alongside a primary and community health services in a brand new building embedded in the District Centre to support regeneration of Bitterne’s main shopping precinct.</li> <li>• In a linked project, primary care estate (currently 38 sites across the city) is being reviewed and a prioritised investment plan will be established to support Primary Care Networks and the delivery of the Health and Care Strategy. The Investment Plan is expected to include the development of Hubs to support integrated care in the Central Locality and in the West Locality.</li> </ul>
<b>Extra Care Housing</b>	<ul style="list-style-type: none"> <li>• The City Council has calculated that Southampton has a demand for 400-500 additional Housing with Care units over the next 10 years. Mix of renting and shared ownership is envisaged.</li> <li>• Housing with Care enables people to remain independent in their own homes into old age and reduces demand for Care Home accommodation and has been shown to reduce unplanned admissions to acute care and reduce demand for primary care.</li> <li>• This workstream links to the RSH Campus Optimisation Project which will deliver c100 units of Housing with Care at this site.</li> </ul>
<b>Key Worker Housing</b>	<ul style="list-style-type: none"> <li>• This workstream also links to the RSH workstream where the proposed development of up to 70 units of Key Worker Housing is an important part of the optimisation work. The aim of the workstream is to find opportunities to establish Key Worker Housing on public sector land across the city. There has already been significant interaction with the Workforce Programme given the important contribution Key Worker Housing can make in addressing recruitment and retention challenges.</li> <li>• We will continue to work with Hampshire Fire and Rescue to seek the development of Key Worker Housing on the Redbridge Hill Fire Station site. Other opportunities will be explored.</li> </ul>

<b>NHS Provider Trust Estate Strategies</b>	<ul style="list-style-type: none"> <li>University Hospital Southampton, Southern Health, and Solent have organisation-specific estate strategies and plans that have been developed to support their clinical strategies and cost improvement programmes. Common themes include: major infrastructure investment to support commissioned services; dealing with backlog maintenance; ensuring efficient use of space, reconfiguration of estate to support agile working and co-location of teams; investments to improve energy efficiency and sustainability.</li> </ul>
<b>One Public Estate and Local Plan development</b>	<ul style="list-style-type: none"> <li>Health partners in Southampton are members of the Southampton City One Public Estate Board and we will continue to play an active role in ensuring best use of all public sector real estate across the city. There is already extensive shared use of buildings and we will seek opportunities to utilise other public sector buildings and provide accommodation for other public sector bodies.</li> <li>In April 2019 Southampton City Council initiated a refresh of the Local Plan for the next 15-year period. A close working relationship with the City Council Planners will be maintained – especially in the development of the Health Infrastructure Study. A Section 106/CIL Protocol is in development and will be implemented once agreed.</li> </ul>

## What is our roadmap?

<b>Year 1</b> 2020/21	<ul style="list-style-type: none"> <li>Completion of the West and Central Locality Primary Care Estates Reviews. Implementation begins.</li> <li>Completion and approval of Full Business Case for new older people Rehab Wing at Western Campus.</li> <li>Completion of a Full Business Case to develop Bitterne Community Hub (subject to outline business case approval in 19/20).</li> <li>Completion of site masterplan for Southampton General Hospital campus.</li> <li>Opening of Children's ED, Southampton General Hospital.</li> <li>Shape and develop the Local Plan, ready to submit in December 2021</li> </ul>
<b>Year 2</b> 2021/22	<ul style="list-style-type: none"> <li>Completion of project to remodel Adelaide Health Centre and increase capacity.</li> <li>Opening of new general intensive care unit with additional 7 beds at Southampton General Hospital.</li> </ul>
<b>Year 3</b> 2022/23	<ul style="list-style-type: none"> <li>Opening of additional operating theatres and interoperable MRI facility at Southampton General Hospital.</li> </ul>
<b>Year 4</b> 2023/24	<ul style="list-style-type: none"> <li>Completion and opening of new older people Rehab wing at Western.</li> <li>Vacation of Brambles Wing at RSH.</li> <li>Commencement of vacation of Fanshawe Wing at RSH.</li> <li>Bitterne community hub opens (subject to business case approval)</li> </ul>



## Primary Care

Primary Care is at the foundation of our health services. In 2019 our city's GP practices delivered around 1.4 million appointments per year, offering advice, assessment, treatment and referral to specialist services for people at all stages of their lives. This works out as an average of 4.6 appointments per person per year for everyone registered with a Southampton GP practice.

Our vision is for strong high quality Primary Care services that improve healthcare for all, especially those who experience inequitable health outcomes, by keeping people healthy, preventing illness, facilitating recovery and supporting people's management of their long term conditions. The city's primary care services will be universally accessible, comprehensive and adaptable.

Over the next five years, Primary Care services must transform to meet current challenges associated with changing demand, workforce supply and market forces. During this time of change it is important that we strive to maintain the fundamental and tested benefits of these services including, but not limited to, personalised family care, patient choice and GP clinical leadership.

The development of Primary Care Networks (PCNs) presents a major opportunity which will deliver improved outcomes for patients through more sustainable and resilient Primary Care services.

### What do we want to be different in five years' time?

- Improved outcomes and experience for patients through more **timely access to the right information, advice and services** to meet individual needs.
- Wider **range of services tailored to patient and population needs** provided at practice, Primary Care Network (PCN) and city levels, including improved access to appropriate 24/7 urgent care and longer appointments for patients with long term conditions.
- **Sustainable and resilient GP practices** that gain strength through collaboration within their Primary Care Networks and their close partnerships with other health and care providers and local voluntary organisations.
- A **Primary Care workforce** led by GPs and made up of a wider range of trained professionals and specialist clinicians working at practice, PCN and city levels. Higher levels of job satisfaction among people working in Primary Care.
- **Population health management systems** to support targeting of individualised person centred care planning and informing service planning for local communities.

- Primary Care **clinical leadership** at the heart of local Integrated Care Teams, coordinating care for people with more complex needs, maintaining people’s independence and avoiding unnecessary hospitalisation or admission into long term care wherever possible.
- Advances in **IT systems** enabling more effective sharing of patient records to support assessments and enabling many more patients to access services digitally e.g. via their smartphones.
- Effective **estate** with Locality “hubs” in district centres hosting a range of services and open 8am till 8pm, 7 days per week plus the right number of more local neighbourhood surgeries to support access and choice.

## How will we do this?

<p><b>Improve access to Primary Care</b></p>	<ul style="list-style-type: none"> <li>• Implement ‘digital-first’ access for all.</li> <li>• Implement new models of person centred care for people with long term conditions, such as longer appointments with a named GP/clinician.</li> <li>• Implement new models of “at scale” urgent care through co-production with PCNs at City, Locality/PCN and practice levels.</li> <li>• Implement Integrated Urgent Care services.</li> <li>• Commission an increased range of services from community pharmacies.</li> </ul>
<p><b>Improve the quality and sustainability of primary care</b></p>	<ul style="list-style-type: none"> <li>• Foster GP and other healthcare professional development.</li> <li>• Build resilience into the general practice business model.</li> <li>• Provide tailored support to practices experiencing challenges.</li> <li>• Work with NHS England and Public Health England to improve uptake of immunisations, vaccinations and cancer screening.</li> </ul>
<p><b>Digitally-enabled primary care</b></p>	<ul style="list-style-type: none"> <li>• Implement e-consultations and video consultations into all GP practices.</li> <li>• Implement population health management systems to support PCNs to understand their population’s greatest health needs, support resource planning and identify priorities to improve outcomes.</li> <li>• Promote utilisation of the NHS App.</li> <li>• Invest in IT and digital access, including better interoperability of clinical systems</li> <li>• Improve systems interoperability across GP practices to improve access to information / patient records to support assessment.</li> </ul>
<p><b>Integrated, networked primary care</b></p>	<ul style="list-style-type: none"> <li>• Commission and develop Primary Care Networks (PCNs).</li> <li>• Promote relationships between practices and voluntary and community groups to increase social prescribing.</li> <li>• Develop highly integrated care, such as for people with multiple conditions and/or frailty, via integrated teams aligned to PCNs.</li> <li>• Implement leadership and organisational development programmes for</li> </ul>

	<p>primary care and PCNs</p> <ul style="list-style-type: none"> <li>• Commission new primary care and network services that reduce inequalities, deliver better outcomes and patient experience and avoid unnecessary hospitalisation.</li> <li>• Promote collaboration and efficiencies across practices, such as sharing of back-office functions.</li> </ul>
<b>Workforce and skills</b>	<ul style="list-style-type: none"> <li>• Develop a primary care workforce action plan to improve recruitment and retention.</li> <li>• Support professional development of practice nurses and other members of the wider primary care workforce.</li> <li>• Develop GPs as clinical leads within practices/PCNs.</li> <li>• Support practices and PCNs to develop strong skill mixes in the workforce.</li> </ul>
<b>Fit-for-purpose, modern estate</b>	<ul style="list-style-type: none"> <li>• Phased planning of primary care estate solutions on locality by locality basis</li> <li>• Deliver locality resource centres in district centres, which will host 7 day urgent care and network services.</li> <li>• Rationalisation of sites which are sub-optimal and investment in estate fit for the future</li> <li>• Maintain and develop new estate solutions to ensure access in key sub-locality sites and areas of deprivation.</li> </ul>

## What is our five year roadmap?

### Year 1 2020/21

- Growing range of Primary Care services tailored to individual and population needs
- Improved understanding of how primary care is doing and further development of menu of support for struggling practices
- PCNs in year two and are supported in their organisational development and recruitment of new workforce by CCG and other system stakeholders
- Development of workforce plans to sustain new models of care – including for additional PCN roles
- Establishment of Integrated care teams configured around PCNs
- Commissioning of local improvement schemes to align with PCNs and Investment and Impact fund
- CCG works with PCNs and other system stakeholders to develop new models of co-production of services
- PCNs becoming more established in neighbourhood, city and wider arrangements for partnership governance, planning and integrated service delivery
- Mobilisation of new population health management tools
- All practices operate active patient participation groups or other suitable public engagement arrangements
- Review of Primary Care estates and access outlines plans for future to facilitate high quality, sustainable models of care

Year 2  
2021/22

- Improvements in access to Primary Care services and patient experience through advancements including digital and telephony solutions
- All patients have access to on-line and video consultations
- Practices more routinely collaborating via Primary Care Networks to support resilience
- PCNs in year three and becoming more established in role to lead planning and coordination of care for their populations
- Implementation of new workforce plans and recruitment and retention programmes including rotational posts
- Further development of Integrated Care Teams with strong Primary Care clinical leadership
- Integrated Urgent Care (IUC) with Clinical Assessment Service (CAS) embedded with primary care and with full access to primary health records
- Exploration of roles of community pharmacies within PCNs and commissioning of additional services
- Full deployment of population health management at PCN level to support planning and care delivery
- PCN engagement with communities and beginning to make use of wider assets
- Improvements in Primary Care estate to support new out-of-hospital care models

Year 3  
2022/23

- Significant improvements in outcomes for patients with complex needs through highly integrated care teams working optimally at PCN level
- PCNs in year four and becoming the main investment and delivery vehicle for investment in out-of-hospital services.
- Integrated workforce across PCNs & other partners delivering integrated out-of-hospital service models
- New models of access to urgent and same-day primary care services 24/7 delivered at PCN and city level and integrated with IUC and local CAS
- PCN Clinical Directors providing clinical leadership for planning and delivery of services at Integrated Care System, city and PCN levels
- Advanced deployment of population health management support delivery and inform future commissioning
- Single clinical system and/or advanced levels of interoperability to support sharing of records between city practices and other relevant urgent care and community services
- Delivery of one or more Locality hubs based in district centres, with access to a wider range of health and care services from 8am till 8pm, 7 days per week



Year 4  
2023/24

- Patients experiencing high levels of satisfaction relating to access to and experience of Primary Care services in the city
- Highly developed workforce model across Primary Care and out-of-hospital services including appropriate mix of skills and professionals to meet diverse needs
- Improved recruitment, retention, development opportunities job satisfaction in general practice and other out-of-hospital care settings
- PCNs in year five and taking a lead role in the coordination of urgent care
- Advanced deployment of population health management to support delivery and inform future commissioning
- PCNs working in formal partnerships with the local voluntary and community sector to promote health and tackle inequalities
- Evaluation and further development of new models of access to urgent and on-day primary care services 24/7
- Delivery of one or more Locality hubs based in district centres, with access to a wider range of health and care services from 8am till 8pm, 7 days per week

Year 5  
2024/25

- Comprehensive, consistently high quality and sustainable primary care services forming the foundation for a transformed health and care services for the city
- Improved health outcomes and reduced health inequalities through effective population health management and locally sensitive service delivery
- Resilient Practices routinely collaborating via PCNs and with other partners and with enhanced levels of community ownership
- Embedded application of population health management arrangements driving the planning of care at individual, PCN, city and Integrated Care System levels
- Further co-production with PCNs to develop advanced models of out-of-hospital models for urgent, planned and integrated care
- Significant number of patients accessing Primary Care services and being supported in self-management through advanced digital services
- Locality hubs in all of the city's district centres, with access to a wider range of health and care services from 8am till 8pm, 7 days per week



# Urgent and Emergency Care

## What do we want to be different in five years' time?

- **Primary Care (in its widest sense) and the Urgent Treatment Centre (UTC)** are at the heart of the response to urgent need/demand in the city.
- **NHS 111 Clinical Assessment Service (CAS)** is an integral part of the local response to urgent care demand.
- **NHS 111 is the main gateway** used for patients to urgent care.
- The **UTC is known and used by patients** for urgent, but not life threatening, illness and injury.
- Timely **ambulance response** according to clinical need, with skilled paramedics treating more patients at home, or conveying to appropriate services outside of hospital.
- **Improvements to pathways**, such as direct admissions straight to ward for patients who do not need to go via the Emergency Department (ED).
- A highly skilled and sufficiently resourced ED **workforce**.
- **Same Day Emergency Care (SDEC)** will be available within the hospital at least 12 hours a day, 7 days a week.
- An **acute frailty service** at the hospital front door operating at least 70 hours a week, working towards achieving a clinical frailty assessment within 30 minutes of arrival.
- Sustained **flow through and out of hospital** and a reduction in delayed discharges.

## How will we do this?

### Pre-hospital urgent care

#### Prevention, communications and right place first time

- Communication and education for patients and communities on 'choose well' and 'stay well', to help people make informed decisions about the services they chose.
- Promote uptake of vaccinations in eligible "at risk" populations, including children and young people.
- Promote the Wessex Healthier Together website and similar digital resources to help people make informed decisions about the services they chose for children.

<b>Integrated Urgent Care (IUC), incorporating NHS111</b>	<ul style="list-style-type: none"> <li>Integration of NHS 111 call centre and 111-online within the IUC so that NHS 111 is the main gateway to urgent care.</li> </ul>
<b>Enhanced and Urgent access to Primary Care Services and Urgent Treatment Centre</b>	<ul style="list-style-type: none"> <li>Providers, Primary Care and PCNs work together to coordinate seamless patient pathways and manage more urgent patients.</li> <li>NHS 111 CAS integrated into local urgent care response.</li> <li>UTC as a key and integral part of urgent care delivery.</li> <li>Increase the use of digital technologies to improve access to urgent primary care.</li> </ul>
<b>Ambulance pathways</b>	<ul style="list-style-type: none"> <li>Develop pathways to reduce ED conveyance, including use of the community Urgent Response Service and direct admission pathways in to the hospital for patients who require conveyance but do not need to go via ED.</li> <li>Increase the use of digital enablers to support pathways and clinical decision making.</li> <li>Eliminate hospital hand-over delays, keeping ambulances available and on the road to help further improve response times</li> <li>Improve ambulance access to patient care plans so that more patients can be managed outside of hospital.</li> </ul>

### In-hospital urgent care

<b>Paediatric front door</b>	<ul style="list-style-type: none"> <li>Improve access to early assessment and diversion to appropriate community services for children and young people in mental health crisis.</li> <li>Implement "Hospital at Home" care models that better support the care of acute illness in children at home, in primary care and community settings through improved access to expert paediatric advice, rapid access clinics and better support for safe discharge.</li> </ul>
<b>Same Day Emergency Care (SDEC)</b>	<ul style="list-style-type: none"> <li>Increase the proportion of acute admissions discharged on the same day of attendance.</li> <li>Early identification of patients in ED suitable for SDEC and acute frailty.</li> <li>Direct admission to SDEC and frailty pathways from ambulance.</li> </ul>
<b>Internal ED processes</b>	<ul style="list-style-type: none"> <li>Development of pathways to increase the number of patients actively 'pulled' from ED as early as possible.</li> <li>Staff mix models future-proofed and adapted to meet changing needs</li> <li>Deliver 'choose well' brief interventions to educate patients who could have accessed an alternative service.</li> </ul>
<b>Effective discharge and flow, hospital to home</b>	<ul style="list-style-type: none"> <li>Simplify and streamline 'hospital to home' pathways to ensure timely discharge.</li> <li>Maximise the use of capacity within the community and increase proactive</li> </ul>

'pull' of patients from hospital by community services.

- Embed 8 High Impact Changes to support effective discharge and flow
- Sustained reduction of CHC full assessments in acute setting to <15%
- Increase uptake of reablement to support recovery outside of hospital

## What is our roadmap?

**Year 1**  
2020/21

- Improved digital clinical solutions and enablers
- Procurement of Integrated Urgent Care (IUC)
- Sustained delivery of all Seven Day Service Clinical Standards
- Implementation of "Hospital at Home" care models in South West Hampshire
- Development of improved pathways for young people in mental health crisis, and improved community capacity to assess and support needs
- Embed ambulance pathways to avoid ED conveyance

**Year 2**  
2021/22

- Roll out of full IUC
- Implement new urgent and emergency care standards
- Local NHS 111 CAS as part of local urgent care services

**Year 3**  
2022/23

- Evaluation and development point for full alignment of the Enhanced and Urgent Primary Care Service (EUPCS) and the Urgent Treatment Centre (UTC) for future procurement
- Patient and community engagement to inform development of future care models

**Year 4**  
2023/24

- PCNs taking a lead role in the coordination of urgent care
- Evaluation and further development of new models of access to urgent and on-day primary care services 24/7
- Evaluation and extension/re-procurement of Enhanced Urgent Primary Care Service
- Completion and opening of new older people Rehab wing at Western Community Hospital campus.

**How will we deliver?**

# How will we deliver?

## Implementing our strategy

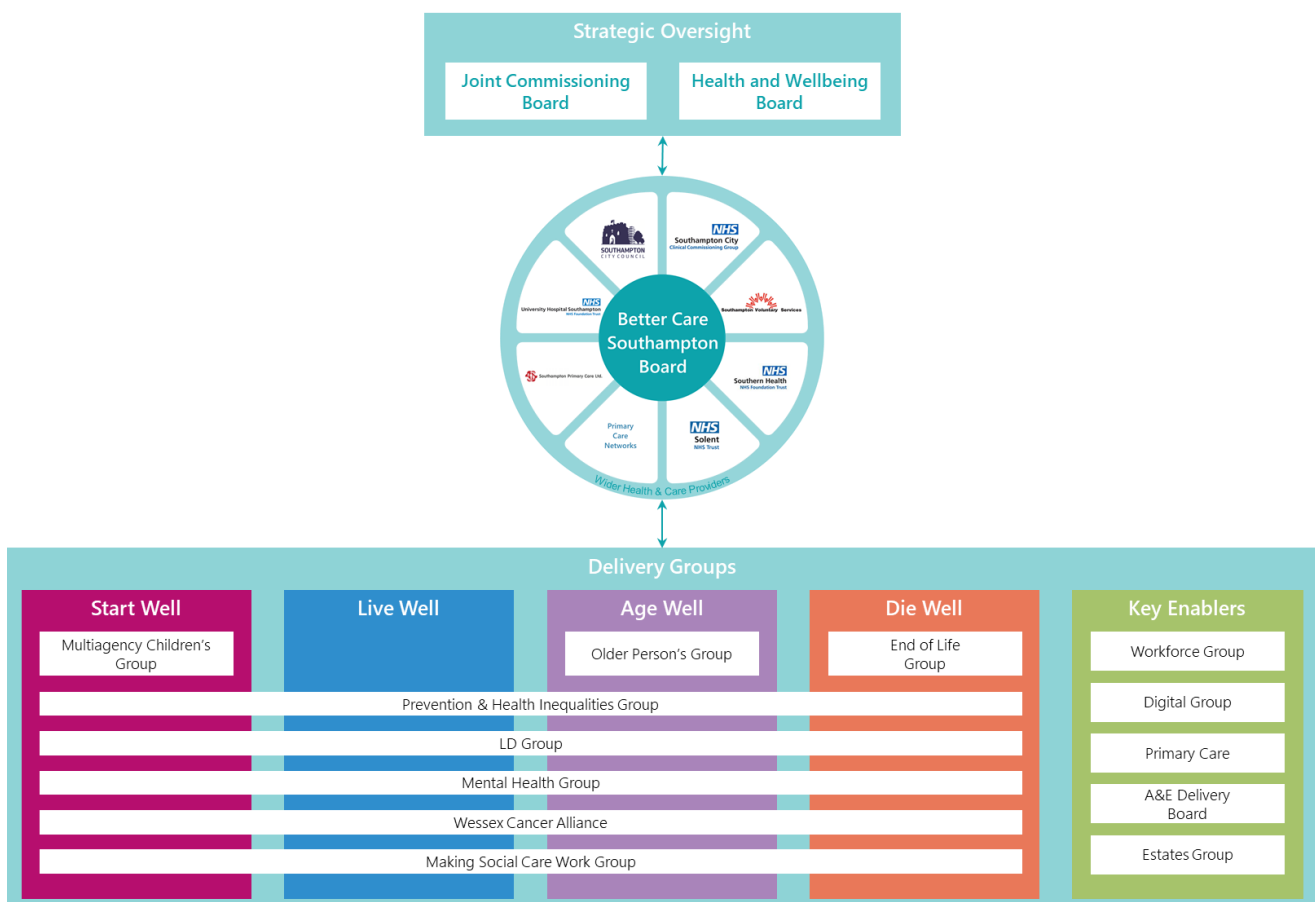
Underpinning our strategy, detailed plans have been developed for each of our key workstreams, setting out the scope, objectives, key milestones and interdependencies with other workstreams. The detailed plans are live documents and will continue to be reviewed and updated throughout the duration of the strategy. Each of the workstreams also has an associated delivery group. These groups own the detailed plans and act as the main driving force to implement the strategy.

## How will delivery be monitored?

It is crucial that the strategy does not remain a simple statement of intent, but a continuing process of monitoring, challenge and review. It cannot remain a static document, but a way of continually assessing whether the approach being taken is appropriate and sufficient to secure our vision.

As part of this, a robust strategy delivery and governance structure is in place.

### Strategy Delivery and Governance Structure



## Delivery Groups

Each delivery group is responsible for delivering change. The detailed plans owned by the delivery groups will provide a reference point for the Better Care Southampton Board to keep planned delivery on track. The delivery groups will report progress to the Better Care Southampton Board on a termly (four month) basis and are responsible for monitoring and reporting delivery against the outcome metrics/key performance indicators (KPIs) for their workstreams.

## Better Care Southampton Board

The Better Care Southampton Board membership includes senior representatives from key health and care organisations across the city, including the voluntary sector. The purpose of the Board is to set strategic direction and oversee the successful delivery of the strategy. The Board will hold the delivery groups to account for delivering the agreed plans and outcomes, and will help to remove barriers to progress. Progress will be regularly reviewed to ensure that actions not only remain on track and anticipated key outcomes can be fully realised, but that the delivery plan is updated with new actions and measures as appropriate. A range of health and care outcome indicators will be monitored to inform whether the interventions in the strategy are having an impact.

The Better Care Southampton Board is accountable to both the Joint Commissioning Board and the Health and Wellbeing Board.

## Joint Commissioning Board

The Joint Commissioning Board (JCB) acts as the single health and care commissioning body for the city of Southampton and a single point for decision making. The JCB membership includes the main commissioners of health and care services in the city; NHS Southampton City Clinical Commissioning Group and Southampton City Council. The JCB ensures effective collaboration, assurance, oversight and good governance arrangements to ensure achievement of the city's health and care strategic objectives. The JCB will enable continued engagement and momentum of the strategy and will assist with resolving any delivery issues which cannot be resolved by the Better Care Southampton Board.

## Health and Wellbeing Board

The Health and Wellbeing Board (HWB) acts as a formal committee of Southampton City Council, charged with promoting greater integration and partnership between the NHS, public health and local government. The HWB includes representatives from health, social services and public health to decide what the main public health needs of Southampton are, and to determine how best to meet them in an integrated and holistic manner. It has a statutory duty to encourage the integrated delivery of health and social care to advance the health and wellbeing of people in Southampton and provides oversight of the local health and care system. It will therefore have ongoing oversight of the Southampton City Health and Care Strategy.

## How will we work together?

### We will:

- At all times act in the best interests of the health and care system and of the population we serve.
- Operate as a single Southampton 'place-based' health and care system based on partnerships, not structure.
- Set priorities for the use of public funding for health and care and get the best value for the 'Southampton Pound'.
- Ensure resources across the health and care system are prioritised and organised in a joined up way to achieve outcomes.
- Invest in transformation.
- Work across the health and care system to minimise clinical, organisational and financial risk.
- Continuously review and prioritise plans based on their alignment to our shared vision and priorities, creating a culture of learning and improvement.
- Collaborate with wider system planning and developments as part of the larger population footprint of Hampshire and Isle of Wight.

## Engaging and involving local people

We want local people to play their part in decisions about local health and care, which is why we are committed to involving and engaging our population as we implement this strategy. The success of this strategy will depend on open engagement and involvement of service users, patients, carers, partners and other key stakeholders.

Over the next five years, we will continue to engage with local people and collect insight and feedback, to help us to continually improve our services and create a healthy Southampton where everyone thrives.



<b>DECISION-MAKER:</b>	CABINET COUNCIL		
<b>SUBJECT:</b>	Local Placement Plan – Children’s Residential Care		
<b>DATE OF DECISION:</b>	17 March 2020 18 March 2020		
<b>REPORT OF:</b>	Cabinet Member for Aspiration, Children and Lifelong Learning		
<b><u>CONTACT DETAILS</u></b>			
<b>AUTHOR:</b>	<b>Name:</b>	Rebecca Ayres	Tel: 023 8083 4804
	<b>E-mail:</b>	Rebecca.ayres@southampton.gov.uk	
<b>Director</b>	<b>Name:</b>	Hilary Brooks	Tel: 023 8083 4899
	<b>E-mail:</b>	Hilary.brooks@southampton.gov.uk	
<b>STATEMENT OF CONFIDENTIALITY</b>			
<b>NOT APPLICABLE</b>			
<b>BRIEF SUMMARY</b>			
<p>This report sets out the business case for the local placement plan which has been designed by the Children &amp; Families service. In recent years the council has found that it is unable to make local placements for young people requiring residential placements as sufficient spaces do not exist locally. As the demand for such placements increases the council expects this situation to continue. The Children &amp; Families service propose to develop a number of council managed residential homes for young people to ensure that wherever possible young people can be placed locally.</p>			
<p>This report set out the reasons for the development of the local placement plan, the resources required to implement the plan and the proposed governance arrangements for the residential homes.</p>			
<b>RECOMMENDATIONS:</b>			
Cabinet			
	(i)	To approve the Local Placement Plan business case (appendix 1).	
	(ii)	To delegate authority to Executive Director Children & Families service, following consultation with Cabinet member for Aspiration, Children and Lifelong Learning, to take necessary steps required to implement the proposals in (i) above.	
Council			
	(i)	<p>To approve the financial commitment of £2,311,500 Capital spend and Revenue spend from Children and Families budget as below to deliver the project.</p> <p>FY 20/21 - £686,200  FY 21/22 - £2,476,400  FY 22/23 - £2,880,800</p>	

<b>REASONS FOR REPORT RECOMMENDATIONS</b>	
1.	The Local Placement Plan will support the delivery of the council's outcomes, namely children and young people get a good start in life. Evidence identifies that most young people prefer to live locally and that their outcomes are often higher when local placements can be made. As corporate parents of the young people who may be impacted by these proposals, it is our responsibility to ensure we provide the best possible care for these young people.
<b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>	
2.	An alternative option to tender for providers to directly manage homes provided by Southampton City Council has been rejected for a number of reasons as stated in Appendix 1, but primarily because it does not provide the council the control over the provision and the increased reputational risks.
3.	An alternative option to do nothing and continue with current and existing contractual arrangements has been rejected for a number of reasons as stated in Appendix 1, but primarily because it does not provide the council with control over the shaping of the local market and educational attainment can sometimes be compromised.
<b>DETAIL (Including consultation carried out)</b>	
4.	The purpose of this report is to set out the business case (Appendix 1) for providing Southampton City Council (SCC) owned and managed children's residential care provision on a medium to long term basis as well as providing emergency/assessment care which may also take place on a planned break basis.
5.	<b>Context</b>
6.	Southampton City Council had seen a significant increase in the numbers of children coming into care over the five years 2010 - 2015. Whilst the number has been steadily reducing through a persistent focus on achieving permanency, the rate (105 per 10,000) is still higher than would be anticipated for a city of Southampton's size and demographic (the average rate for our statistical neighbours being 69 per 10,000). At the time of writing the number of looked after children remains just below 500. A small number of looked after children require residential placements due to their needs. Rigorous oversight continues to ensure the right children are brought into care at the right time. A recent audit of children's entry into care has shown that our decision making was correct.
7.	The city does not have enough residential care provision and what exists is delivered by the independent sector. This means that children who require residential provision are often placed out of area. As at March 2019, the Council had approximately 31 children placed in independent residential accommodation at a total cost of £4.6M, (equating to an approximate average of £148,000 per child). This had increased to 34 children being placed in residential care at 31/1/20 with an acceptance that between 34-40 children will be placed in residential care over the next year  Care packages have been increasing on an annual basis and due to the demand for placements, private providers can refuse placements if additional support fees are not agreed, knowing that the local authority is

	<p>unlikely to be able to source another placement. Once a child is in placement it is very difficult, and sometimes impossible, for the local authority to argue against increased support fees which has directly impacted the External Placement Budget in the current financial year. A significant proportion of the children in residential provision are placed more than 50 miles away from Southampton, which is both detrimental to children and young people who subsequently find it harder to maintain networks and stability, as well as presenting a financial and time pressure for the Council.</p>
8.	<p>Southampton City Council has a statutory duty under the Children Act 1989 to ensure there are enough local placements to support children in care remaining as close to their home and community as possible. Children and young people in the care of Southampton City Council require a range of placements to meet their needs. These placements include residential child care used for children and young people who struggle to manage relationships, as well as those who are needing an emergency placement but due to the lack of foster care placements, end up being placed in a residential facility.</p>
9.	<p>The priority for Southampton City Council is to focus on the potential and safety of children, young people and their families by providing effective, value for money services that deliver positive sustained outcomes for them. The Council is committed to listening to children and young people, their families and the wider community to ensure that their experiences as service users is the best it can be, which not only meets their needs but is aspirational in targeted outcomes for all. This can be achieved through a whole service graduated response as follows:</p>
10.	<ul style="list-style-type: none"> <li>• Early Help services providing targeted, timely and effective help and support to the most vulnerable families at the earliest stage, so that concerns do not escalate to an extent where they require higher-level services with more specialist support;</li> <li>• Bringing together services that strengthen families, supporting children on the edge of care to remain at home with support provided through parenting programmes, family support and community involvement and planned breaks as appropriate;</li> <li>• Engaging young people in positive activities, developing positive emotional health and wellbeing and preventing youth crime and anti-social behaviour;</li> <li>• Developing closer links with foster carers to develop pathways for children and young people, who are currently in a residential placement, to step down to foster care where appropriate;</li> <li>• Reducing the number of out-of-area placements made through the provision of local residential children's homes: <ul style="list-style-type: none"> <li>○ to accommodate children &amp; young people who require medium to long term care thereby increasing their chances of maintaining their links with the local area, local community, family and friends, with the option of stepping down into Advanced Foster Care as appropriate;</li> <li>○ to provide a short break provision with accommodation for one emergency placement primarily to be used to support edge of care involvement. This supports short periods of residential</li> </ul> </li> </ul>

	<p>i.e. a number of days while work is undertaken with the family with the express purpose of the children returning home with support.</p> <ul style="list-style-type: none"> <li>○ to support step-down placements by the residential care staff maintaining links with the child/young person which will enhance placement stability and reduce the risk of placement disruptions. Step-down placements must always include a return home as one of the options available.</li> </ul>
11.	<b>Proposals</b>
12.	In line with the report recommendation it is suggested that SCC pursue the option to develop in-house council owned and run residential homes for young people aged 10-18.
13.	Good practice suggests that modern children's homes are based on a model of care which is as close to family life as possible; with a regular staff team skilled in working with children & young people who present with attachment difficulties and other challenges arising from adverse childhood experiences. Due to this it is suggested that SCC follow a similar approach to other Local Authorities who also have their own residential homes which receive either good or outstanding Ofsted Inspections and use a model with sees the development of small 2 bedded units which feel like family homes for the young people.
14.	In total it is suggested that SCC develop five two bedded children's homes and one four bedded crisis intervention centre in Southampton. This would require the purchase and renovation of existing buildings. In total this would provide 14 placements for children and young people. This will not fully meet SCC's current demand but focus on ensuring best interests of children and young people are met in the future. This means we will not change placements of all young people currently placed out of area and it should be noted in some cases, out of areas placements are required for young people. In the future SCC expects to commission both internal and external placements.
15.	<p>It is proposed that the introduction of the homes is undertaken in three phases to ensure attention to detail is given to each home, allowing for induction and embedding of the model of practice which will minimise any delay in registration of the homes by the regulator.</p> <p><b><u>Phase 1 - FY2020-2021</u></b>  Home 1 – medium-long term stay 2 bedded house  Home 2 – Emergency/Crisis unit – 4 beds</p> <p><b><u>Phase 2 - FY2021-2022</u></b>  Home 3 - medium-long term stay 2 bedded house  Home 4 - medium-long term stay 2 bedded house</p> <p><b><u>Phase 3 - FY2021-2022</u></b>  Home 5 - medium-long term stay 2 bedded house  Home 6 - medium-long term stay 2 bedded house</p>

	Further detail provided in paragraph 26 regarding financial and staffing implications.
16.	<b>Governance</b>
17.	Full details regarding the governance proposals are shown in Appendix 1 but in summary the following will be put in place.
18.	<p><u>Independent Inquiry into Child Sexual Exploitation 1997-2013</u></p> <p>The Council will need to assure itself that re-introducing residential care provides good care for young people, particularly in light of recent cases which have highlighted the potential for child sexual exploitation, with the Rotherham Inquiry being uppermost in decision makers minds. The Independent Inquiry into Child Sexual Exploitation 1997-2013 will be used to ensure lessons learnt from the enquiry are acted upon at SCC.</p>
19.	<p><u>Ofsted</u></p> <p>As the proposed homes will be Ofsted regulated services Ofsted's Regulatory Team Manager for the South East has been consulted on the proposals. This engagement with Ofsted will continue informally during planning stages but also more formally when registration documents are submitted.</p> <p>Once operational the home will also be subject to regular inspections, these will be reported on appropriately within SCC to a variety of committees including Corporate Parenting Board.</p>
20.	<p><u>Visits by an Independent Person</u></p> <p>In line with Ofsted regulations an Independent Person will be appointed to carry out monthly visits to each home to undertake a rigorous and impartial assessment of the home's arrangements for safeguarding and promoting the welfare of the children in the home's care. Their reports will be shared appropriately within the council.</p>
21.	<p><u>Internal Governance</u></p> <p>As corporate parents, councillors and appropriate officers have more understanding of criminal exploitation of children and young people and have access to training to raise awareness of the needs of Looked After Children and CSE. All placements made with independent fostering agencies or residential homes have to be agreed and signed off by the Service Lead, Children's Services. There is active involvement with the Children in Care Council where their care experiences and the quality of support they receive is regularly presented to the Corporate Parenting Board.</p> <p>The Service Manager (Residential Care) will report to Children's Services Leadership Team (CSLT) chaired by Service Lead for Children's Services. The Service Manager will receive monthly supervision and regular appraisals. The Service Lead will also undertake announced and unannounced visits to the children's homes.</p>
22.	<b>Benefits</b>
23.	Full details regarding the benefits of the proposals are shown in Appendix 1 but in summary the following will be experienced.

24.	<p><u>Benefits for Children</u></p> <p>The majority of benefits for children relate to the fact that increased local placements within Southampton mean young people can remain within or close to their community, are more likely to be able to attend the same school, can continue with hobbies, talents and interests, have more meaningful and engaging time with their birth families, relatives and friends which could result in a return home or a placement with a friend or family carer.</p> <p>Young people can also expect better relationships with staff they work with (e.g. social workers) when distance of placement is removed as a potential barrier.</p> <p>Evidence also suggested the further away from home a child is placed the higher the likelihood of them trying to return home and experience a period where they are missing from their placement. When they are missing, they are exposed to greater risks; local placements should mean fewer missing episodes and reduced risks for the individual.</p>
25.	<p><u>Benefits for Southampton City Council</u></p> <p>All looked after children should receive visits during their placements, these visit often take place on 6 monthly intervals but more frequently in newer placements. This means staff involved within placements visits, looked after child reviews and health checks will be required to spend less time travelling, creating two benefits for SCC, reduced travel costs and less travel time.</p> <p>The implementation of an in-house residential service will reduce the External Placements Budget as well as having a direct impact on the staffing budget by reducing overnight and other associated costs.</p>
<b>RESOURCE IMPLICATIONS</b>	
<u>Capital/Revenue</u>	
26.	<p>There are both capital and revenue implications for this proposal. A more detail breakdown in shown in Appendix 1. Costs stated below have been compared to current costs of external placements and have identified reduced costs.</p> <p>A summary of costs by phase is as follows:</p> <p><u>Phase 1 (1 two bed unit and 1 four bed unit) 2020-2021</u></p> <p>Capital Costs – 981,500 Revenue Costs – 686,200(part year costs)</p> <p>Thereafter, annual running costs these 2 unit is £1013,000</p> <p><u>Phase 2 (2 two bed units) – 2021-2022</u></p> <p>Capital Costs – 665,000 Revenue Costs – 1,051,700</p> <p>Thereafter, annual running costs for these 2 units is £827,600</p> <p><u>Phase 3 (2 two bed units) – 2021-2022</u></p>

	<p>Capital costs – 665,000</p> <p>Revenue Costs – 411,700 (part year costs)</p> <p>Thereafter, annual running costs for these 2 units is £827,600</p> <p>Additional cross unit staffing revenue costs: £212,600</p> <p>Total Capital Investment requires - £2,311,500</p> <p>Revenue costs FY 20/21 - £686,200</p> <p>Revenue costs FY21/22 - £2,476,400</p> <p>Revenue costs FY 22/23 - £2,880,800</p>
<b><u>Property/Other</u></b>	
27.	This proposal will see SCC purchase 6 new properties with Southampton boundaries. These will comprise of 5 properties which will contain 2 placements and 1 property which will contain 4 placements.
28.	Some initial checks have been completed to see if SCC already has suitable properties which are available however none have been identified at this stage which explains why this proposal seeks to gain new properties. Details regarding financial implications for building related costs can be found in Appendix 1.
<b>LEGAL IMPLICATIONS</b>	
<b><u>Statutory power to undertake proposals in the report:</u></b>	
29.	SCC has a statutory duty under the Children Act 1989 to ensure there are enough local placements to support children in care remaining as close to their home and community as possible.
30.	The proposals are designed to meet local authorities statutory duties as outlined in the relevant children’s legislation and the proposals go further to align SCC with other highly performing local authorities, according to Ofsted standards.
31	The Council has the power to acquire property by agreement from which to deliver services required for the discharge of its functions under s.120 Local Government Act 1972 subject to the duty to exercise best value in the acquisition terms.
<b><u>Other Legal Implications:</u></b>	
32.	The proposals have been fully assessed in accordance with the Council’s statutory duties under the Equality Act 2010, including the Public Sector Equality Duty. A detailed Equality and Safety Impact Assessment with mitigation and remediation measures is included with this report and will be reviewed and updated throughout the engagement activities as proposals are implemented in accordance with the Business Plan. .
33.	In accordance with Ofsted regulations the proposed homes will be regulated according to the Care Standards Act 2000. This Act ensures staffing, policy, placements and allocations decisions are made in alignment with statutory duties.

<b>RISK MANAGEMENT IMPLICATIONS</b>	
34.	<p>More details on risk management are shown in Appendix 1. If this project is approved, it will follow the council standard risk management approach within projects.</p> <p>The most significant risks at this stage of the project are:</p> <ul style="list-style-type: none"> <li>- Funding approval – this is being mitigated by a full business case having been developed to justify decision.</li> <li>- Placement matching leading to home not being fully occupied – this is mitigated by only having 2 bed units and focusing on outcomes for young people.</li> <li>- Community resistance – this is mitigated by having dedicated resources already identified to work with key stakeholder to ensure concerns are alleviated.</li> <li>- Ofsted registration – this is mitigated by continued engagement with Ofsted which has already begun.</li> <li>- Reputational risks – this is mitigated by a robust management and governance structure being agreed before proposals implemented alongside a rigorous approach to recruitment</li> </ul>
<b>POLICY FRAMEWORK IMPLICATIONS</b>	
35.	The recommendations in this paper support the delivery of the council's goals of 'Greener, Fairer and Healthier'. They also contribute to the Children & Young People Strategy (2017-2020). The proposals specifically support the council's goal that 'children get a good start in life'.
<b>KEY DECISION?</b>	Yes
<b>WARDS/COMMUNITIES AFFECTED:</b>	ALL
<u>SUPPORTING DOCUMENTATION</u>	
<b>Appendices</b>	
1.	Appendix 1 – Business Case
2.	Appendix 2 - ESIA
<b>Documents In Members' Rooms</b>	
1.	None
<b>Equality Impact Assessment</b>	
<b>Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.</b>	<b>Yes</b>
<b>Data Protection Impact Assessment</b>	
<b>Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.</b>	<b>Yes – DPIA will be completed at appropriate project stage.</b>
<b>Other Background Documents</b>	



<b>Other Background documents available for inspection at:</b>		
	<b>Title of Background Paper(s)</b>	<b>Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)</b>
1.	None	

This page is intentionally left blank

**DEVELOPING CHILDREN'S RESIDENTIAL  
CARE IN SOUTHAMPTON**

**BUSINESS CASE**

<b>Project name</b>	Local Placement Plan - Children's Residential Care in Southampton	<b>Project ID</b>		
<b>Programme Name</b>	Local Placement Plan			
<b>Author</b>				
<b>SRO</b>				
<b>Document Status</b>	Confidential	<input type="checkbox"/>	Draft	√
	For Circulation	<input type="checkbox"/>	Signed Off	<input type="checkbox"/>

**Document History**

**Revision History**

Revision date	Summary of Changes (indicate section numbers)	Changes marked

**Revision History**

Revision date	Summary of Changes (indicate section numbers)	Changes marked

**Reviewers**

This document requires the following approvals to the Final version:-

Name	Title	Date Reviewed	Version Reviewed
Add reviewers names			

**Approvals**

This document requires the following approvals to the Final version:-

Name	Signature	Title	Date approved
Hilary Brooks		Director Children's Services, SCC	

**Distribution**

This document has been distributed to:-

Name	Title	Date Distributed	Version Number Distributed

## Contents

<b>1</b>	<b>Executive Summary.....</b>	<b>6</b>
<b>2</b>	<b>Background and Challenges.....</b>	<b>7</b>
	<b>LAC Placement &amp; Sufficiency Strategy .....</b>	<b>8</b>
<b>3</b>	<b>Impact on Local Authorities.....</b>	<b>9</b>
<b>4</b>	<b>Understanding Local Needs Analysis.....</b>	<b>10</b>
	<b>Current residential placements .....</b>	<b>12</b>
<b>5</b>	<b>Financial Analysis.....</b>	<b>13</b>
<b>6</b>	<b>Specification of in-house provision.....</b>	<b>14</b>
	<b>Mechanisms for oversight and monitoring .....</b>	<b>14</b>
	<b>Management of homes and conduct .....</b>	<b>15</b>
	<b>Scrutiny measures .....</b>	<b>15</b>
	<b>Model of practice .....</b>	<b>16</b>
	<b>Location of children’s homes .....</b>	<b>17</b>
	<b>Financial modelling .....</b>	<b>17</b>
<b>7</b>	<b>Risk Management.....</b>	<b>19</b>
<b>8</b>	<b>Governance.....</b>	<b>20</b>
	<b>External Governance .....</b>	<b>21</b>
	<b>Ofsted .....</b>	<b>22</b>
	<b>Changes in Regulations &amp; Standards since 2015 .....</b>	<b>21</b>

---

	<b>Process for registration of children’s homes .....</b>	<b>22</b>
	<b>Visits by Independent Person .....</b>	<b>22</b>
	<b>Internal Governance .....</b>	<b>22</b>
<b>9</b>	<b>Benefit Realisation.....</b>	<b>23</b>
	<b>Benefits for children .....</b>	<b>23</b>
	<b>Benefits for employees .....</b>	<b>25</b>
<b>10</b>	<b>Options Appraisal.....</b>	<b>25</b>
<b>11</b>	<b>Recommendations.....</b>	<b>29</b>

## 1 Executive Summary

The purpose of this document is to set out the business case for providing Southampton City Council owned and managed children's residential care provision on a medium to long term basis as well as providing emergency/assessment care which may also take place on a planned break basis. This paper will set out the current need with both direct and indirect costs to the Council demonstrating that this service is best provided in-house rather than in the private market. This business case is in line with Southampton City Council's First Policy adopted April 2019; SCC First is a commitment by Southampton City Council (SCC) to use in-house services to meet SCC requirements where such capability exists and where "SCC Best Value" can be demonstrated.

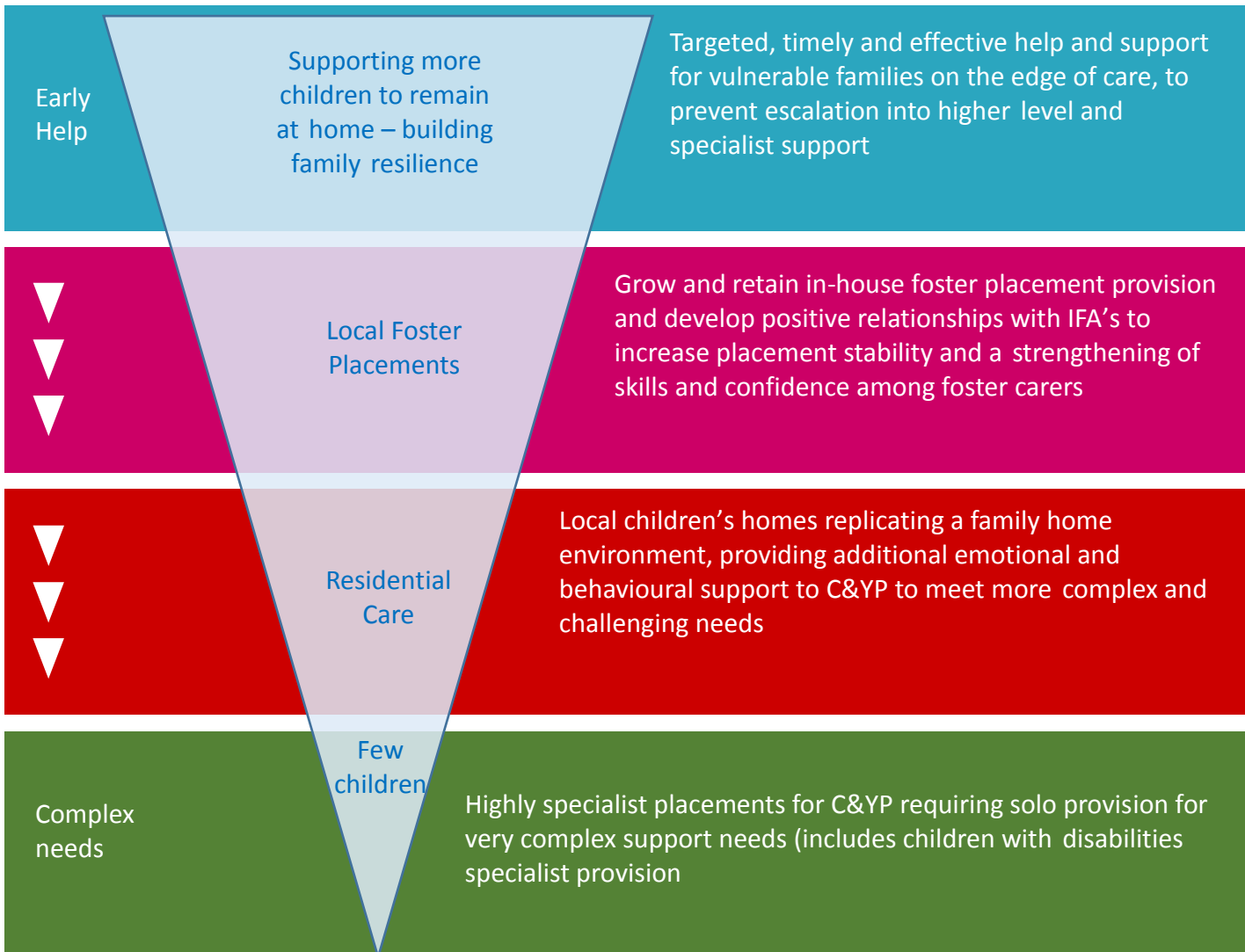
The priority for Southampton City Council is to focus on the potential and safety of children, young people and their families by providing effective, value for money services that deliver positive sustained outcomes for them. The Council is committed to listening to children and young people, their families and the wider community to ensure that their experiences as service users is the best it can be, which not only meets their needs but is aspirational in targeted outcomes for all. This can be achieved through a whole service graduated response as follows:

- Early Help services providing targeted, timely and effective help and support to the most vulnerable families at the earliest stage, so that concerns do not escalate to an extent where they require higher-level services with more specialist support;
- Bringing together services which strengthen families, supporting children on the edge of care to remain at home with support provided through parenting programmes, family support and community involvement and planned breaks as appropriate;
- Engaging young people in positive activities, developing positive emotional health and wellbeing and preventing youth crime and anti-social behaviour;
- Developing closer links with foster carers to develop pathways for children and young people, who are currently in a residential placement, to step down to foster care where appropriate;
- Reducing the number of out-of-area placements made through the provision of local residential children's homes:
  - to accommodate children & young people who require medium to long term care thereby increasing their chances of maintaining their links with the local area, local community, family and friends, with the option of stepping down into Advanced Foster Care as appropriate;
  - to provide a short break provision with accommodation for one emergency placement primarily to be used to support edge of care involvement. This support short periods of residential i.e. a number of days while work is undertaken with the family with the express purpose of the children returning home with support.
  - to support step-down placements by the residential care staff maintaining links with the child/young person which will enhance placement stability and reduce the risk of placement disruptions. Step-down placements must always include a return home as one of the options available.

This proposal has been developed taking advice and guidance from Ofsted, Warrington Borough Council and Hampshire County Council, both of whom have 'Outstanding' residential provision. A proposal for ongoing mentoring has been made to the Director of Children's Services at Warrington as well as to Hampshire, and their decisions are awaited.



**Graduated Response Model**



**2 Background and Challenges**

Southampton City Council had seen a significant increase in the numbers of children coming into care over the five years 2010 - 2015, rising to a high of 637 in the summer of 2015. Whilst this number has been steadily reducing since then through a persistent focus on achieving permanency for children and dropped to 509 by mid-September 2018, the rate (105 per 10,000) is still higher than would be anticipated for a city of Southampton's size and demographic (the average rate for our statistical neighbours being 69 per 10,000). At the time of writing the number of looked after children remains just below 500. Rigorous oversight continues to ensure the right children are brought into care at the right time. A recent audit of children's entry into care has shown that our decision making was correct.



---

The City does not have enough residential care provision and what exists is delivered by the independent sector. These homes will have children placed by other authorities as presently there are not any block contracts in place to ensure Southampton's children can be guaranteed a placement, which means that children who require residential provision are often placed out of area. As at March 2019, the Council had approximately 31 children placed in independent residential accommodation at a total cost of £4.6M, this had increased to 34 children being placed in residential care at 31/1/20 with an acceptance that between 34-40 children will be placed in residential care over the next year (refer to Financial Analysis (section 6)).

Care packages have been increasing on an annual basis due to the demand for placements. Once a child is in placement it is very difficult, and sometimes impossible, for the local authority to argue against increased support fees and this has directly impacted the External Placement Budget in the current financial year. A significant proportion of the children in residential provision are placed more than 50 miles away from Southampton, which is both detrimental to children and young people who subsequently find it harder to maintain networks and stability, as well as presenting a financial and time pressure for the Council.

There are six privately run residential homes on the Framework Agreement currently administered by the consortium of local authorities in the South East. Some of these are specialist provisions which include education on site. However, there are no Southampton children placed in any of these provisions at the time of writing.

### **Looked After Children Placement Sufficiency Strategy 2020 – 2025**

Southampton City Council has a statutory duty under the Children Act 1989 to ensure there are enough local placements to support children in care remaining as close to their home and community as possible. Children and young people in the care of Southampton City Council require a range of placements to meet their needs. These placements include residential child care used for children and young people who struggle to manage relationships, as well as those who are needing an emergency placement but due to the lack of foster care placements, end up being placed in a residential facility.

The Sufficiency Strategy considers the anticipated levels of need and demand that will be required to enable the Council to ensure that there is sufficient provision in place to meet need locally wherever possible, with minimum disruption to the lives, education, care and health care of local children. The Strategy ensures there is flexibility in terms of quality and responsiveness to provide stable placements that meet their needs and aspirations, and provide maximum scope for children to either experience, or move towards experiencing a safe family home environment during childhood and adolescence.

As part of a systematic review of the current structure for provision of services and in response to a wider range of challenges, an overarching Children's Services Transformation Programme (CSTP) is in place within Southampton Children's Services in order to focus on the development of early intervention and prevention, and for those children who need to be looked after away from home, to drive forward timely permanence.

The Sufficiency Strategy focuses upon all accommodation needs from adoption to care leavers and consideration should be given to undertake a Housing Review to identify and map all available accommodation for teenagers aged 17+. A number of young people need additional support especially when being stepped down from residential care. This is a good opportunity to identify gaps in available accommodation and put plans in place to address these. Ofsted noted, in their recent report, the inappropriate use of bed & breakfast accommodation for young people, insisting this is discontinued immediately. This is particularly pertinent as Central Government announced on

12<sup>th</sup> February 2020 a proposed ban on the use of unregulated placements for children under the age of 16 years, with national minimum standards being introduced for semi supported and independent living accommodation for young people aged 16+. [https://www.gov.uk/government/news/strict-new-measures-to-protect-vulnerable-children-in-care?utm\\_source=fb1b0e0a-2af5-4deb-9a18-53551ec2d40f&utm\\_medium=email&utm\\_campaign=govuk-notifications&utm\\_content=immediate](https://www.gov.uk/government/news/strict-new-measures-to-protect-vulnerable-children-in-care?utm_source=fb1b0e0a-2af5-4deb-9a18-53551ec2d40f&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

The mapping of all available accommodation for this particular age-group also feeds into the Sufficiency Strategy.

There is a significant challenge for local authorities to ensure there is enough good quality provision which allows children & young people to be placed within their home area whenever possible and safe to do so. Children & young people placed close to home are able to maintain their family links, their friendship groups, their hobbies and interests, access to their social worker, maintain their education placement and access local therapeutic services, leading to improved outcomes and building on their sense of community.

There are also challenges in ensuring that the cost of residential placements offers Value for Money for placing authorities. The weekly fee for residential placements varies greatly and does not necessarily correlate to the quality of provision. The price of residential care in children's homes is on an upward trajectory, partly due to the introduction of measures such as the National Living Wage and increased regulatory costs.

The Integrated Commissioning Unit is still exploring the opportunity of block contracts with local residential providers, building on the feedback received from the market following an engagement exercise. A possible issue and barrier to successful outcomes is the size of Southampton's geography, i.e. there is not the economy of scale alone to attract the market. The Integrated Commissioning Unit continues to explore possible collaborative arrangements for block contracts with other Local Authorities in the Children's Residential Care Framework.

It is worth noting that should this come to fruition, all Framework Agreements will guarantee a fixed price for a standard placement together with a menu of enhancements at fixed costs which can be purchased by the local authority. However, the issue faced on an almost daily basis is not when the local authority decides to purchase a bespoke support package, but when the provider insists that without purchasing enhancements, they would be unable to care for the child. Other examples discussed on a weekly basis within Children's Services is when providers refuse to reduce their costs even when it is known the service is not being used by the young person. It is these additional packages which drive up the placement costs and if the local authority is faced with the decision to end a child's placement or pay for enhancements, then it is likely the latter will be realised.

### 3 Impact on Local Authorities

Having taken the decision to close in-house residential provision over the years in favour of foster care, many local authorities are now considering growing their own provision locally by setting up and running smaller residential homes to ensure they can meet the increasing demand in, what is, a providers market with demand outstripping supply nationally.

There is now clear recognition that while fostering can meet the needs of many children, there will always be a significant proportion of children who require longer term residential care. Stoke, Shropshire and Nottingham local authorities have opened a number of children's homes with plans to open more. This increased demand is due to:

- Impact of Ofsted regulatory framework on the availability of placements and the matching of children with others already in placement;
- Narey report published July 2016 identifying that for some children residential care is their care plan and they should be stopped from trying to be matched into fostering households;
- Foster carers are unable to manage the complexities of young people
- Increasing complexity of young people’s support needs across the country, resulting in increased competition for residential placements.

## 4 Understanding Local Needs Analysis

CORE OFFER	ENHANCED TO SUPPORT	COMPLEX TO SUPPORT
<ul style="list-style-type: none"> <li>• Trauma resolution to recover and repair any damage from adverse childhood experiences such as abuse and neglect, through building resilience and addressing mental health difficulties</li> <li>• Promote and support emotional well-being</li> <li>• Life skills and community inclusion</li> </ul>	<ul style="list-style-type: none"> <li>• Autistic Spectrum Disorder</li> <li>• Learning needs and global development delay</li> <li>• Criminal activity</li> <li>• Risky behaviours</li> <li>• Challenging behaviours</li> <li>• Risk of exploitation</li> <li>• Education attainment</li> <li>• Employability</li> <li>• Financial independence</li> </ul>	<ul style="list-style-type: none"> <li>• Complex disability and/or additional learning needs</li> <li>• Sexualised behaviour</li> <li>• Extremely challenging behaviour including violence against staff and other young people</li> <li>• Risk of absconding</li> <li>• Risk of arson</li> <li>• Psychological and/or psychiatric issues</li> <li>• Solo placement 24/7 and 2:1 or more support ratio</li> </ul>

Local analysis indicates there is a range of needs amongst our children & young people, but the predominant need is emotional and behavioural difficulties (EBD) relating to Adverse Childhood Experiences (ACE’s) including sexual and physical abuse and neglect.

In 2018/19 the total of all children looked after at 31/3/19 was 475 of these: 396 (82%) were looked after as a result of abuse, neglect and socially unacceptable behaviour. There were, however, 894 children who experienced an episode of care in the same period.

A number of children were looked after due to having complex disability needs (12 = 2.5%).

Of the total number of children looked after in the period 2018/19:

25% had an Education Health Care Plan\*

31% had Special Educational Needs Support\*

44% had no identified Special Educational Needs\*

*\*indicative*

Most of the current cohort do not require a specialist residential care provision; a good quality home registered for supporting children with educational & behavioural difficulties would be sufficient to meet needs. Similarly, only a small cohort of children with more specialist needs or for personal safety reasons require an out of area placement.



From analysis of the needs and sufficiency data we can make the following assumptions:

- The number of children looked after had been reducing over the past three years but have been rising in the current financial year (2017:540, 2018:522, 2019:475) with the prediction from 2020 that the number will remain between 480-500.
- Demand for local beds outstrips supply and this is likely to continue. There is no residential provision for the children Southampton needs to place within their home area. The nearest residential homes are located in Hampshire and Wiltshire.
- The number of episodes of care when children & young people were placed out of area during 2018-2019 were 157;
- Increased placement disruptions result in higher cost placements unplanned endings occurred on 43 occasions related to 35 children, reduced negotiation capacity as the need to find a regulated placement is the over-riding priority;
- Increasing complexity with older young people including self-destructive behaviours and child criminal exploitation

Our Children Looked After Strategy is clear that it is not the intention to actively seek to reduce the number of children looked after, but to ensure only those who need to be in the care of the local authority receive accommodation, with the provision being the most appropriate, able to meet their needs and promoting a step-down approach.

The national shortage of placements for young adolescents with complex and challenging needs often require an emergency placement at short notice/same day. These placements tend to be the most expensive as the local authority are unable to challenge the fee put forward by the private provider, given the need to appropriately accommodate the young person without resorting to using unregulated accommodation.

The pressure on the External Placement Budget continues to grow at a pace. The table below indicates the rising costs:

Financial Year	Independent Fostering Placements	Residential Placements (all categories)	Total
2018-2019	6,169,694	4,601,859	10,771,283
Forecast 2019-2020 (at Dec 2019)	7,532,076	6,295,101	13,827,177

The trend of increasing costs, as outlined in this report, is set to continue. In the current financial year, pressure on the External Placement Budget is expected to increase by more than £2M. A breakdown of emergency placements and the committed spend for the three months September-November is set out below.

#### Analysis of emergency placements September - November 2019 (3 months) committed spend

	No: of c&yp placed	Length of placement	Weekly cost	Total per month

September	6	3 time limited 3 unspecified 'ongoing'	36,117	145,899
October	6 (2 had two placements in the month resulting in 8 placements)	3 time limited 3 unspecified 'ongoing'	52,496	168,356,
November	5 (1 had 2 placements in the month) resulting in 6 placements	all unspecified 'ongoing'	37,146	93,048
<b>Grand Total</b>				<b>407,303</b>

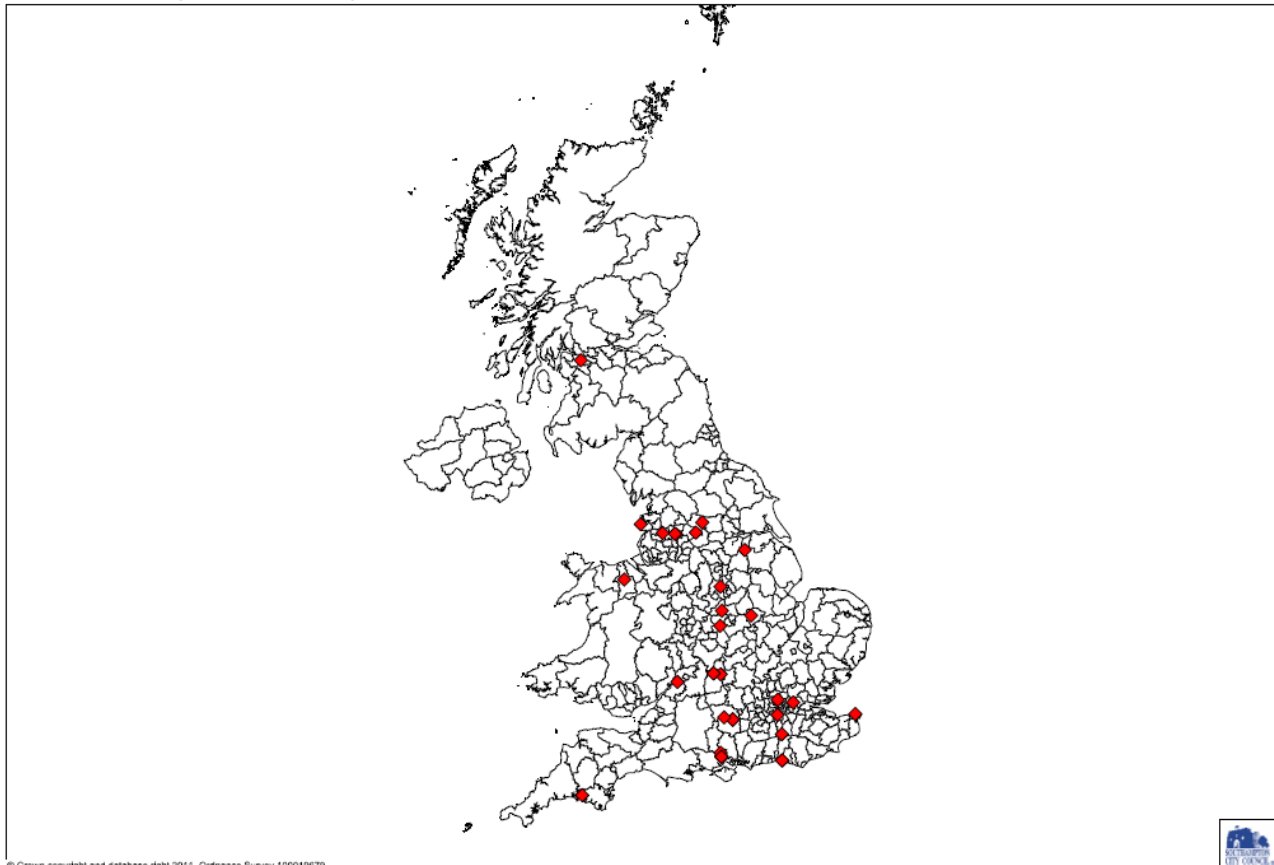
Notes: calculations based on day child placed to end of month or end of placement

November calculations taken to end of month

### Current residential placements for Southampton's children and young people

In order to demonstrate where Southampton children are placed, the map below evidences the geographical distance from Southampton some children experience.

## Residential LAC (as of 12/02/2020)



## 5 Financial Analysis

The Integrated Commissioning Unit has advised that the estimated running cost for 12 children as outlined in the financial modelling, works out to £3362 per week which significantly undercuts the Framework average price of £4,434 per week. There is a view that this is a counterintuitive result as local authority directly managed services tend to be higher than average. In order to address this the following need to be considered:

- The weekly cost of children's home provision is rising, particularly when additional therapeutic packages are required. Providers report that this is due to a range of factors including; rises in the National Living Wage, higher regulatory costs and greater expectations for training of staff as well as better understanding of the effects of compassion fatigue and emotional well-being support for staff.
- Private providers tend to have high insurance costs and need to build in HR, Legal, Governance and Training costs which local authority direct services do not have as they are able to benefit from corporate and service wide provisions
- The return on investment for this Business Case will be the reduction of the External Placement Budget. Private providers will have building costs and even if they purchase them themselves, a number of companies hold the assets in another company and charge rent. Private providers also have to include a profit margin and some must factor in dividends to shareholders.
- All these factors when added together increases the cost of residential placements as can be evidenced by the pressure on the External Placement Budget. This is the reason that

---

many local authorities are developing their own in-house provision as they can achieve Good and Outstanding Services for the same fee, or less in some cases.

The number of older children being looked after is significant as they are likely to have more complex needs and may remain looked after until 18 years of age, with a commitment to support them until 25 years. There is a rise in the number of children & young people in high cost residential placements with the most expensive placement to date being £12,000 pw for a child placed in a caravan with 1:2 staffing of 12 hours (4 members of staff per 24 hours) due to no placement being offered by any provider, this was an unregulated placement. Plans are in place to increase our foster carers numbers however, this may not address the needs of children with more challenging and complex needs who require therapeutic support until the Advanced Foster Care Scheme is commenced, scheduled for March 2020.

The Advanced Foster Care Scheme will be piloted with six fostering households, recruited both externally and in-house. Some fostering households may be approved for more than one child with the initial capacity of the service anticipated to be 10 children. Carers will be requested to accommodate any child referred to them, unless there was a concern about matching a child with a child already in placement.

The scheme's dedicated supervising social worker would undertake the initial setup of the scheme and support the scheme carers. Carers would also be supported by a 0.5FTE psychologist post, a mental health social worker, three family engagement workers and an administrator.

The first foster carers are anticipated to be approved by December 2020 and available for placements from January 2021.

## 6 Specification of in-house residential provision for children aged 10-18 years

Modern children's homes are based on a model of care which is as close to family life as possible; with a regular staff team skilled in working with children & young people who present with attachment difficulties and other challenges arising from adverse childhood experiences. It is recognised that for some children the intimacy of living in a foster family is too much for them, they may have difficulties managing attachments to adults or they may not wish to have a replacement family. For these children it is now recognised that residential care can, and does, provide excellent care.

In her social care commentary: creating the environment for excellence in residential practice (published 13<sup>th</sup> February 2020), Yvette Stanley, National Director, Social Care, Ofsted, shares what a sample of consistently good and outstanding children's do to maintain their success. <https://www.gov.uk/government/speeches/social-care-commentary-creating-the-environment-for-excellence-in-residential-practice>. These findings have been incorporated into this business case.

### Mechanisms for oversight and monitoring of the homes

It is recognised that Council members and officers are likely to have some reservations with this proposal due to the reasons for closing its children's homes some 10 years ago. The reasons for the homes closure are given as:

- Poor management and conduct of staff
- Poor location
- Spiralling costs

These issues will now be addressed.



---

## Management of homes and conduct

The involvement of Ofsted is discussed in section 8, however their involvement will also be covered in this section as it applies to the management oversight and conduct of the home. The Children's Homes (England) Regulations 2015 apply to this project together with the Children Act 1989 and associated amendments. Members can access the Children's Homes Regulations by following this link: <http://www.legislation.gov.uk/ukxi/2015/541/contents/made>

Every children's home is required to have a Registered Provider who has the time to robustly manage all Registered Managers appointed. Historically, Registered Providers have been the Director of Children's Services or an Assistant Director however, this is no longer felt to be appropriate as individuals in these roles do not have the time to devote to the homes and are distanced from every day practice. The Registered Provider will be the Service Manager (Residential) which is a new post included in the financial modelling. In order to achieve registration, Ofsted must be convinced that the Registered Provider has the qualifications, time, knowledge and experience to provide robust management oversight, supervision of all Registered Managers, leadership qualities and high aspirations for children looked after. A Registered Provider can have management oversight of multiple homes, but must under law appoint a Registered Manager to each home.

Registered Managers will be interviewed by Ofsted under a 'fit persons interview', their qualifications, skills, experience and knowledge explored together with their capacity to manage a home, as part of the registration of children's homes processes. Safer recruitment practices will be in place, as always, for all staff employed by the Council. A person suitable to act as Registered Manager must have within the last 5 years, worked for at least 2 years in a position relevant to the residential care of children and worked for at least one year in a role requiring the supervision and management of staff working in a care role and have achieved NVQ Level 5 (outlined below) or be working towards it (The Children's Homes (England) Regulations 2015).

The Registered Manager will be supported by two Team Leaders who will manage a team of six care workers for the two bedded homes, up to nine for the short break home. In addition, the home will be supported by a psychologist employed to support all the staff employed to work in residential homes.

The Registered Manager is required to hold a qualification equivalent to Level 5 Diploma in Leadership and Management for Residential Child care. If the Registered Manager does not hold this qualification, they have three years under Regulation to gain this for the date of appointment.

All care staff are required to hold a qualification equivalent to Level 3 Diploma for Residential Childcare and have two years under Regulation to gain this, from the date of appointment.

### Scrutiny measures

It is proposed that the Lead Cabinet Member for Children's Services undertakes the same scrutiny by Ofsted by registering them at the same time as the Registered Provider. It is further proposed that the Lead Cabinet Member visits the homes on a regular basis, including attendance at staff meetings in order to satisfy themselves that the conduct of the homes is professional at all times, that aspirations for children are high and that staff are going the 'extra mile' to ensure the children feel safe and secure.

Each home is required to appoint an independent visitor who are required, by law, to visit each home at least on a monthly basis to inspect the homes (Regulation 44). They are required to produce a monthly report which is sent to Ofsted HMCI and included in the policies and procedures will be a requirement to send the report directly to the Lead Cabinet Member for Children's Services and the Executive Director/Director for Children's Services. It is worth noting that the independent visitor will undertake unannounced as well as announced visits.

Every six months, the Registered Manager is required, by law, to undertake a review of the quality of care for children which includes feedback from the children and young people placed, as well as any actions needed to improve or maintain the quality of care provided (Regulation 45). This report must be sent to Ofsted HMCI and as stated above, will be a requirement that this report is sent directly to the Lead Cabinet Member for Children’s Services and the Executive Director/Director for Children’s Services.

Notifications of significant events (Regulation 40) which are:

- Death of a child
- A child involved in, or subject to, or suspected of being involved in CSE
- An incident requiring police involvement which the Registered Manager considers to be serious
- An allegation of abuse against the home or a person working there
- Child protection enquiry involving a child at the home
- Any other incident relating to a child which the Registered Manager considers to be serious

These notifications must be sent without delay to Ofsted HMCI and the local authority, which would be the Service Manager (Residential) who would alert higher management as appropriate. However, as a reassurance the independent visitor will look at all notifications made during the previous month on their regular visit and reporting on any themes or concerns.

Ofsted do read the reports submitted to them i.e. Regulation 40; Regulation 44 and Regulation 45’s, they monitor them closely and use them to inform their inspections. Ofsted can undertake additional inspection visits to the home if they felt they had reason to do so.

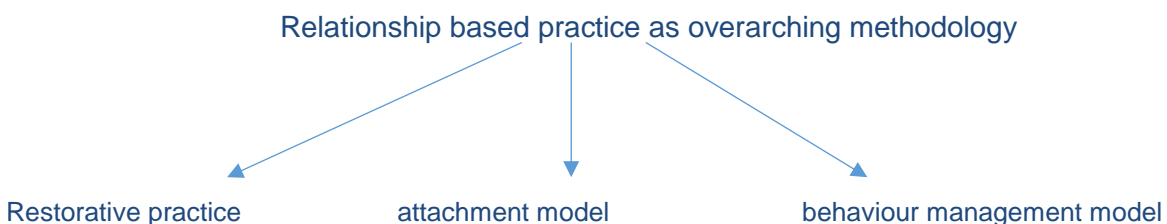
**Model of Practice**

In order to achieve and maintain an Ofsted ‘Outstanding’ rating, the model of practice must be embedded. This means that, when inspected, the staff can speak to the model of practice and have a clear understanding of how the different elements support each other. In 2018, Eleanor Schooling, National Director Social Care, Ofsted in her blog discussed the importance of having a model of practice i.e. a preferred way of working with children and their families, stating the benefits can be:

- improved and more dynamic assessment
- clearer identification of strengths and risks
- improved focus on the child’s day-to-day lived experience
- better understanding of concerns and what needs to be achieved by parents
- improved social worker morale, supporting staff retention
- greater focus on practice and learning
- more confident social workers.

<https://socialcareinspection.blog.gov.uk/2018/03/01/a-preferred-model-of-practice/>

A model of practice for residential homes is demonstrated below.



(PACE/Solihull approach)

(Team Teach/NAPPI (BILD framework))

This model will be developed with input from 'Outstanding' providers of residential homes such as Hampshire and Warrington with whom contact has already been established.

### Location of children's homes

It is understood that the children's homes previously managed by Children's Services were poorly located. A location assessment must be submitted with other registration documents to Ofsted for their consideration. The location assessment must outline all risks and how these are mitigated against. Ofsted are clear that they will not grant registration if they felt:

- The home is poorly located
- The children are likely to experience hostility by neighbours
- The children are unlikely to be included in community activities.

In the past, public meetings were held in village halls hosted by the provider of a proposed children's home in order to inform the community of their plans. This is no longer considered the best way to manage proposed children's homes, rather face to face contact by the Service Manager (Residential) or Registered Manager visiting the neighbours and explaining the plans, results in a good foundation for community inclusion.

Preference is for either detached three bedroomed houses or end of terrace for the longer stay homes and a detached property for the short breaks & emergency home.

The location assessment is a living document and must be reviewed each year, detailing the appropriateness and suitability of the location of the premises taking into account the requirement of regulation 12(2)(c) (the protection of children standard).

### Financial modelling

Setting up five two bedded children's homes and one four bedded short break and emergency provision in Southampton to meet some of the existing need (14 bed-spaces) would require a capital investment of £2.3M, revenue costs have been checked and are now complete and will require an investment of £6.1M over a three year period. It is proposed that the introduction of the homes is undertaken in three phases to ensure attention to detail is given to each home, allowing for induction and embedding of the model of practice which will minimise any delay in registration of the homes by the regulator.

#### Phase 1 2020 – 2021 (Homes 1 & 2)

Set up costs for medium-long term stay home (2 beds) to be operational December 2020:

Capital costs (house, legal & other fees, refurbishment)	<b>£332,500</b>
Revenue costs (Ofsted registration/annual fees, staffing and children's costs)	£238,143

*Annual running costs for two children placed* £413,794

Set up costs for emergency/crisis unit (4 beds) to be operational December 2020:

Capital costs (house, legal & other fees, refurbishment)	<b>£649,000</b>
--	-----------------



Revenue costs (Ofsted fees, staffing and children's costs)	£330,993
<i>Annual running costs for four children placed</i>	<i>£599,246</i>
Additional revenue costs Phase 1:	
Service Manager (Residential Care) operational July 2020	£59,931
Psychologist operational September 2020	£41,944
Youth Engagement Worker operational October 2020	£15,198
<b>Phase 2 2021-2022 (Homes 3 &amp; 4)</b>	
Set up costs for two medium-long term stay home (2 beds) to be operational April 2021:	
Capital costs (house, legal & other fees, refurbishment) £332,500 x 2	<b>£665,000</b>
Revenue costs (Ofsted fees, staffing and children's costs) £419,554 x 2	£839,108
<i>Thereafter annual running costs per home (average)</i>	<i>£413,794</i>
Additional revenue costs Phase 2:	
Service Manager (Residential Care)	£79,908
Psychologist	£71,904
Youth Engagement Workers x 2	£60,792
<b>Phase 3 2021-2022 (Home 5 &amp; 6)</b>	
Set up costs for two medium-long term stay home (2 beds) to be operational January 2022:	
Capital costs (house, legal & other fees, refurbishment) £332,500 x 2	<b>£665,000</b>
Revenue costs (Ofsted fees, staffing and children's costs) £205,832 x 2	£411,664
<i>Thereafter annual running costs per home (average)</i>	<i>£413,794</i>
<b>Total Capital Investment requested</b>	<b>£2,311,500</b>
<b>Revenue Costs FY20/21</b> (Houses 1 & 2)	<b>£686,209</b>
<b>Revenue Costs FY21/22</b>	<b>£2,476,416</b>
<b>NB:</b> includes full year costs for Houses 1,2,3 & 4 and part costs for Houses 5 & 6 plus additional staffing	
<b>Revenue Costs FY 22/23</b> (full year costs for all homes with 14 bed spaces)	<b>£2,880,820</b>
<b>NB:</b> includes additional staffing	

---

**Total Revenue costs requested 2020-2023**
**£6,125,076**

All staff in the homes will have access to a Clinical Psychologist to assist with the development of behaviour management strategies as well as helping them to understand the children's behaviour, the reasons behind any challenges which arise and their response to the child. All staff will be trained to the appropriate NVQ standard as defined by Regulation. Additionally, staff will receive training in the model of practice for each home which is currently being developed.

The programme to develop an Advanced Foster Care service is a timely one. It is envisaged that these foster carers will make strong links with the medium-long stay homes, with a number of the children placed being matched to the carers on a step-down approach while remaining supported by the residential staff, initially, to minimise placement disruptions.

The homes will be located in safe residential locations, close to good transport links, schools & colleges, parks & recreational facilities. A positive location assessment is critical to the success of the application and registration issued by Ofsted. The homes will include staff overnight accommodation as well as access to rooms which allow the children & young people placed to have private visits from significant others.

The longer-term homes will also be registered to take children and young people on a short notice/same day basis. Restricting the homes to just two children will enable excellent matching, which will minimise placement disruption and improve outcomes for the children placed. There is expertise at the most senior level within Children's Services of developing and overseeing multiple children's homes, which will give confidence to the Council that this proposal is built on significant skills, experience and knowledge in this field.

## 7 Risk Management

Risk	Likelihood H/M/L	Impact	Mitigating action
<b>Funding</b> - Capital and revenue funding will not be granted.	M	If funding is not approved SCC will continue to make residential placements according to the current process and costs.	A phased approach to the project has been developed which also means funding will not all be required in a single financial year.
<b>Placement matching</b> - It may not always be possible to have full occupancy of all homes depending on the needs of individuals.	L	Fixed costs will continue to be occurred in terms of the operation of the homes.	Decision taken to have 2-bedded units to lower this risk. 2 bed-unit means fewer children would be placed together as it has low capacity. Long term SCC could also consider making placements available to other LA's if vacancies exist and are in

			the best interests of young people.
<b>Demand for services</b> – it is likely that SCC will require more placements than these proposals aim to create.	M	SCC will continue to commission both internal and external placements and accept costs for those external placements.	Care plans will review the need of young people and those who can achieve the best outcomes from local provision are more likely to be recommended for placements. In some cases it will be in a young person's best interest to not have a local placement and this proposal supports this approach.
<b>Community resistance</b> - It is possible local residents/stakeholders may resist the opening of these homes	M	Potential negative reputation and poor relationships with stakeholders. Stakeholders could also cause delays to the homes development and cause costs increases to SCC.	Location of homes will be carefully planned and resources identified to work with stakeholders at an early stage.
<b>Ofsted registration</b> – Ofsted only approve registration application once the home is ready to take placements. Should they decline registration the home will not be able to take placements.	L	The purchased home would be unable to take placements.	Early engagement with Ofsted already begun and will continue throughout the project to gain their view on proposals and understand any concerns they have so we can amend proposals.
<b>Reputation</b> – an SCC managed home increases the reputational risk for SCC should any poor practice take place.	L	Potential negative reputation, poor relationships with stakeholders and increase scrutiny on the unit.	Experienced staff will be recruited to meet essential qualification requirements with job descriptions and new policies and procedures will be implemented to ensure good practice.

## 8 Governance

The Council will need to assure itself that re-introducing residential care provides good care for young people, particularly in light of recent cases which have highlighted the potential for child sexual exploitation, with the Rotherham Inquiry being uppermost in decision makers minds. The Independent Inquiry into Child Sexual Exploitation 1997-2013 undertaken by Alexis Jays OBE states in her Executive Summary *'Over the first twelve years covered by this Inquiry, the collective failures of political and officer leadership were blatant. From the beginning, there was growing evidence that child sexual exploitation was a serious problem in Rotherham. This came from those working in residential care and from youth workers who knew the young people well.'*

<https://www.rotherham.gov.uk/downloads/file/279/independent-inquiry-into-child-sexual-exploitation-in-rotherham>)

In the Cabinet Paper dated 3<sup>rd</sup> September 2014 'Response to the Independent Report prepared by Alexis Jay' prepared by Martin Kimber, Chief Executive, he states '*The report is critical of past actions in a number of areas, but at the core is poor political and managerial leadership*'. (<https://www.rotherham.gov.uk/downloads/file/278/council-response-to-alexis-jay-report>)

Martin Kimber goes on to say '*The Independent Inquiry highlights the particular vulnerabilities of looked after children. In the past the Council did not have the right level of training for commissioners of services to ensure we placed as appropriately as we might young people who were vulnerable to sexual exploitation. The report author acknowledges that one solution is not suitable for all young people. Whilst some benefitted from being placed out-of-authority, for some it made them more vulnerable as they ran back to Rotherham, or indeed tried to groom others into child sexual exploitation. The key is having good quality child focussed assessments that take account of individual vulnerabilities before seeking an appropriate placement. This is a national issue and I will refer this matter to the Department for Education for consideration. Multi-agency working with the police is stronger and a multi-agency safeguarding hub is operating. National awareness has moved on as a result of Operation Yew Tree, a spate of celebrity prosecutions for child abuse and successful prosecutions of perpetrators of child sexual exploitation*'.

It must be noted that serious failings are not just limited to local authorities, a documentary aired on television 13<sup>th</sup> December 2017 (Channel 4) 'Who Cares? Children's Homes Undercover' evidenced abuse and serious failings of two major private residential providers. Undercover reporters secured jobs as care staff at residential homes in Shropshire run by the two largest commercial providers of care for looked-after children: Cambian Group, which runs more than 160 homes, and Keys Group, which runs close to 90. (<https://www.theguardian.com/society/2017/dec/13/itv-film-reveals-serious-failings-at-uk-childrens-homes>).

A number of actions detailed below evidence how SCC will ensure lessons learnt from serious failings in both statutory and private sectors will be put into practice, it is also important to note that significant attention will be paid to the location of the homes should this proposal be accepted. Detailed work will be undertaken when selecting areas of the city which support young people to thrive and do not increase any risk factors, this includes consideration of crime rates in local wards of Southampton and other known risk factors specifically related to CSE. It cannot be over emphasised that Ofsted will not register a children's home if they deem it to be inappropriately located or if children are deemed to be likely to face hostility from or are isolated by the community where the home is located.

## External Governance

### Ofsted

HMCI (Ofsted) registers, inspects and monitors all residential provision in England and as part of this feasibility study, Ofsted's Regulatory Team Manager for the South East has been consulted on the proposals put before the Council and has offered further consultations as needed. Ofsted provides a Guide which accompanies the Children's Homes (England) Regulations 2015 which includes the quality standards which set out the aspirational and positive outcomes homes are expected to achieve.

### Changes in Regulation and standards since 2015



When reflecting upon previous practices and concerns relating to previous in-house residential provision, it is important to note that there have been significant changes in Regulation since 2015. The national minimum standards have been replaced with quality standards. Ofsted have produced a Guide to the Children's Homes Regulations including the quality standards (April 2015) which sets out the aspirational and positive outcomes that Ofsted expect the homes to achieve. They also set out the underpinning requirements that homes must meet in order to achieve those overarching outcomes. The key principles of residential child care are:

- Children in residential care should be loved, happy, healthy, safe from harm and able to develop, thrive and fulfil their potential
- Residential child care should value and nurture each child as an individual with talents, strengths and capabilities that can develop over time
- Residential child care should foster positive relationships, encouraging strong bonds between children and staff in the home on the basis of jointly undertaken activities, shared daily life, domestic and non-domestic routines and established boundaries of acceptable behaviour
- Residential care should be ambitious, nurturing children's school learning and out-of-school learning and their ambitions for their future
- Residential child care should be attentive to children's need, supporting emotional, mental and physical health needs, including repairing earlier damage to self-esteem and encouraging friendships
- Residential child care should be outward facing, working with the wider system of professionals for each child, and with children's families and communities of origin to sustain links and understand past problems
- Residential child care should have high expectations of staff as committed members of a team, as decision makers and as activity leaders. In support of this, children's homes should ensure all staff and managers are engaged in on-going learning about their role and the children and families they work with
- Residential child care should provide a safe and stimulating environment in high-quality buildings, with spaces that support nurture and allow privacy as well as common spaces and spaces to be active.

### **The process for registering Children's Homes with Ofsted**

There are three stages to registering a children's home with Ofsted which include submitting a location risk assessment, all policies & procedures as set out in Regulation, the names of the Registered Manager for the home and the Responsible Person which will be a senior member of Children's Services; both of whom will be interviewed by Ofsted who will assess their suitability, skills, knowledge and experience to run a children's home. Once registered, Ofsted are required to inspect each children's homes at least twice a year, with one of these being a full inspection. Following a full inspection, inspectors will make a number of judgements, including a judgement on the overall progress and experiences of children living in the home. If inspectors identify a failure to meet a regulation, Ofsted will set requirements that the Registered Manager must meet. Any failure to meet regulations may lead to consideration of enforced action.

A six-monthly review that focuses on the quality of the care provided in the home, experiences of children living there and the impact the care is having on outcomes and improvements for the children must be sent to Ofsted as well as being made available to Corporate Parenting Board.

In order that the Council can be reassured that strong management oversight of the proposed residential provision will occur, it has been agreed that the Responsible Individual will send the Lead Member and the Executive Director the monthly reports prepared by the Independent Person (see below) as well as all Ofsted reports.



Teri Peck, Regulatory Inspection Manager (Ofsted) has offered to meet with the named Councillor together with the author of this report to discuss any concerns members have. Ofsted are in full support of local authorities developing their own provision.

### Visits by an Independent Person

An Independent Person must be appointed to carry out monthly visits to each home, on both an announced and unannounced basis, to undertake a rigorous and impartial assessment of the home's arrangements for safeguarding and promoting the welfare of the children in the home's care. These reports are inspected by Ofsted during their inspections and will be made available to the senior manager within Children's Services with responsibility for residential care. The reports may contain recommendations for improvement. Should an Independent Person feel the management of the home is of concern they can make contact with Ofsted who may undertake an unannounced visit to the home.

### Internal Governance

As corporate parents, councillors and appropriate officers have more understanding of criminal exploitation of children and young people and have access to training to raise awareness of the needs of Looked After Children and CSE. All placements made with independent fostering agencies or residential homes have to be agreed and signed off by the Service Lead, Children's Services. There is active involvement with the Children in Care Council where their care experiences and the quality of support they receive is regularly presented to the Corporate Parenting Board.

Strengthening the scrutiny of practice and care of children's homes is achieved by the appointment of a Service Manager for Residential Care, who will supervise the Registered Managers of the planned homes. This Service Manager will attend the Corporate Parenting Board, reporting regularly on the outcomes of the Independent Visitors visits, Ofsted involvement and visits and any other matters which the Board should be made aware of. It must be noted from the Rotherham Inquiry that until 2009 a negative culture existed which downplayed the scale of child sexual exploitation, and while Southampton Children's Services work in a culture of openness and transparency, senior managers are clear that there can be no room for complacency.

The Service Manager (Residential Care) will report to Children's Services Leadership Team (CSLT) chaired by Service Lead for Children's Services. The Service Manager will receive monthly supervision and regular appraisals. The Service Lead will also undertake announced and unannounced visits to the children's homes.

Regular meetings have been set up attended by all stakeholders to oversee the development and set-up of the residential homes. It is recommended that a named Councillor attends these meetings.

## 9 Benefit Realisation

The financial calculations are based on places being filled throughout the year, however there will be voids at times due to the matching criteria used which will result in some savings relating to children's costs although staffing costs will remain constant. The consequence of having voids is that this could result in external placements being sourced in the private sector if a child's needs cannot be matched against the existing children in the home. The rationale behind having two bedded homes is that voids will be minimised, with the expectation being that the long stay homes will be fully occupied.

There are a number of benefits from running and managing local authority children's homes, some are included in the Option Appraisal in Section 9, the ones which require closer examination are outlined below:

### Benefits for children

The benefits for children are that they can remain within or close to their community, are more likely to be able to attend the same school, can continue with hobbies, talents and interests, have more meaningful and engaging time with their birth families, relatives and friends which could result in a return home or a placement with a friend or family carer.

Children & young people who are placed some distance away from their families and networks do become isolated and begin to dissociate themselves from Southampton. Returning to Southampton when their care episode ends at 18 years of age can result in the young person not feeling settled or safe, which can lead to depression and a feeling of hopelessness. Children and young people, where it has been identified that they should return to Southampton as soon as a suitable residential placement is sourced, must be prioritised for the medium to long term homes.

When considering the safety and welfare of children and young people, it is important to note that the private providers consider the matching of a referred Southampton child and makes the decision to offer a placement in their home or not. The local authority is often unaware of the 'stories' of the other children or young people in the home which can lead to Southampton's children being exposed to criminal exploitation and bullying, more 'missing' episodes as well as difficulties in being able to assess the level of care provided on a daily basis. The Guardian newspaper in February 2019 published an article following representations of a parent of a Bromley child being placed out of area stating:

*"The all-party parliamentary group for runaway and missing children and adults has initiated an inquiry into the use of out-of-borough placements. Figures that have already been collated show that the practice has increased by 77% since 2012, which equates to almost 4,000 children. This accounts for more than 60% of all children in residential homes.*

*The group's chair, Labour MP Ann Coffey, also recently surveyed all UK police forces about the use of vulnerable children by drugs gangs with county lines operations. Many cited evidence of the targeting of children in care, especially those living away from their home areas.*

*Coffey said: "When children are placed at a distance from their family and friends they become isolated, it increases their chances of going missing, and they are more prone to exploitation by sexual predators and criminal gangs. It's also harder to rehabilitate them within the family and the community."*

<https://www.theguardian.com/society/2019/feb/16/social-care-children-out-of-borough-homes-parents>

The placement of children in out-of-area residential care also featured on ITV's Good Morning programme on 23<sup>rd</sup> December 2019, with Government promising additional funding for local authorities to better manage this issue.

---

Ofsted commented in their inspection report of Southampton's Children's Services published 9<sup>th</sup> January 2020 'Most children who come into care are placed in suitable settings. A lack of sufficient local placements means that some matching, particularly for vulnerable adolescents, is resource-led rather than child-led, resulting in some children living in settings a long distance from Southampton.' Ofsted also commented that while 'visits to see children, including a substantial number placed at a long distance from the local authority, largely adhere to their care plan requirements and most children are seen alone. Some children are not seen soon enough following their entry to care.'

Providing local placements for Southampton's children will remove some of the obstacles experienced by staff which has impacted upon their ability to complete some statutory tasks within timescales. Social workers are better able to build relationships with children if they are placed locally, and there is more opportunity for a success plan of rehabilitation home, if the work with the family and child can commence swiftly.

Effects of education instability which is often instigated due to placement moves, is a feature for some of the most vulnerable young people. There can be significant gaps between one education provision ending and another commencing which could be minimised by increasing local placements.

The **Rees Centre** produces research evidence to improve policy and practice in the areas of children's social care and education and a study undertaken in 2015 revealed the following:

- Young people who changed school in Year 10 or 11 scored over 5 grades lower than those who did not
- For every 5% of school absence young people in care scored over 2 grades less at GCSE
- For every additional day of exclusion young people in care scored 1/6<sup>th</sup> of a grade less at GCSE

<http://www.education.ox.ac.uk/rees-centre/>

Corporate parenting means the collective responsibility of the council, elected members, employees and partner agencies, for providing the best care for children, keeping them safe and maximising their capabilities. The Council have an aspirational vision for all children and young people and the development of an in-house residential service complements the Council's wish to maximise children's life chances and choices.

### **Benefits for employees**

All looked children should receive a visit during the first week of placement, the first month and thereafter normally at six weekly intervals, although more frequent visits can take place. The child is also subject to a Looked After Child Review which takes place during the first month of placement, the third month of placement thereafter on a six-monthly basis. Additionally, the child should have a looked after child medical within the first week of placement, thereafter regular and at least annual health checks. This means that a number of staff need to take days out of their week to visit out-of-area children which can mean up to two days away from the office, subject to the distance. Clearly, it is in everyone's interest to have children placed within Southampton, if at all possible, as this will directly impact positively upon the availability of social workers not only for the child in residential care, but also for other clients.

As well as the cost of social workers and other staff being away from the office, there are also transport, overnight and other associated costs to be taken into account.

The implementation of an in-house residential service will reduce the External Placements Budget as well as having a direct impact on the staffing budget by reducing overnight and other associated costs.

## 10 Options Appraisal

### Option 1: Deliver In house

The pros and cons of this option are considered to be:

Pros	Cons
<ul style="list-style-type: none"> <li>• The Council would have complete control of service quality, design of homes and the management of the home making it far easier to integrate the service within its wider children's services offer.</li> <li>• Staff would be recruited to work flexibly across the residential services and other community-based services. Staff could be trained alongside other children's services staff employed by the council.</li> <li>• Staff would retain links and offer support to children &amp; young people moving on from the home, helping them to settle in and supporting their carers.</li> <li>• The management of the residential provision will be integrated with the management of other children's services, ensuring principles and approaches are common with the rest of the Council's provision.</li> <li>• The Council exposure to high costs for additional 'therapeutic services' would be reduced.</li> <li>• The Council would have greater control over who accesses the provision - exclusivity for Southampton City children</li> <li>• Social workers would have more time to devote to their cases and spend less time travelling</li> <li>• Children and young people would be better able to maintain their family and networks and are more likely to</li> </ul>	<ul style="list-style-type: none"> <li>• Care planning around admission and discharge of children into local placements would need to be carefully developed to avoid voids as much as possible.</li> <li>• Would need to commit to working closely with Ofsted to achieve Good or Outstanding rating.</li> <li>• Reputational risk: Children's Services would have control of placements and whilst will be solely responsible; through effective management and quality assurance, risks of poor delivery and Ofsted inspections can be mitigated against.</li> <li>• Would need to ensure that all support packages are carefully managed and reduced over time, if safe and appropriate to do so, based on the needs of each young person.</li> </ul>

Pros	Cons
<p>develop a positive relationship with Southampton</p> <ul style="list-style-type: none"> <li>• Children’s educational needs will be better met</li> <li>• The model of practice will be a relationship based restorative approach incorporating TEAM Teach which is established within Children’s Social Care</li> <li>• Can consider mitigating voids through offer of vacant beds to partner authorities such as Wiltshire &amp; Hampshire on a reciprocal arrangement</li> </ul>	

**Option 2: Tender for providers to directly manage homes provided by Southampton City Council**

Pros	Cons
<ul style="list-style-type: none"> <li>• Commitment to providers to mitigate set up costs and work in partnership. The timing of a change in approach is good; the wider residential sector is keen to explore other ways of working with local authorities</li> <li>• Can mobilise and allows for more flexibility in approach</li> <li>• A reduction in fee in exchange for the Council support in driving improvements could be considered</li> <li>• Could consider mitigating voids through offer of vacant beds to partner agencies which may be welcomed</li> </ul>	<ul style="list-style-type: none"> <li>• Care planning around the admission and discharge of children into local placements would need to be improved to avoid voids as much as possible.</li> <li>• Providers can still give notice to discharge children resulting in new costly placements</li> <li>• The Council has no control over the provision, although this can be mitigated to some extent through stipulating the terms of the contract and tight contract monitoring.</li> <li>• Would need to commit to changes in practice by working more closely with contracted providers to drive up quality, including practitioner input if Ofsted performance declined.</li> </ul>



	<ul style="list-style-type: none"> <li>• Reputational risk the Council will not have control of placements made, but would be jointly culpable if service standards decline as the homes would belong to the Council</li> <li>• Residential staff are managed under a separate management structure, with its own separate governance arrangements, staff development and training, in turn leading to different values/cultures.</li> <li>• Even though the Council provide the buildings, the provider can still decline SCC referrals if they consider them to be inappropriate or do not meet their matching criteria for other children &amp; young people already placed in their homes</li> <li>• Providers motivated to fill voids and will want to offer places to other local authorities. SCC would have to legally negotiate to control the sale of beds.</li> <li>• The provider would not find this an attractive offer</li> </ul>
--	--

**Option 3: Do nothing – continue with current contractual arrangement or tender for providers to provide services**

Pros	Cons
<ul style="list-style-type: none"> <li>• The Council does not have the bureaucratic burden of registering the provision under OFSTED and maintaining registration</li> <li>• The Council does not have the additional administrative and managerial burden of recruiting, training and supervising residential staff and running and maintaining the buildings</li> <li>• The Council holds no risk in terms of redeploying staff or paying redundancy should it decide it no longer requires the service at a later date.</li> </ul>	<ul style="list-style-type: none"> <li>• The Council has no control over the provision, although this can be mitigated to some extent through stipulating the terms of the contract and tight contract monitoring.</li> <li>• Immediate notice of closure of homes due to OFSTED involvement has occurred on a number of occasions in 2019 resulting in children being moved without notice to alternative care provision.</li> <li>• Would need to commit to changes in practice by working more closely with contracted providers to drive up quality,</li> </ul>



	<p>including practitioner input, if Ofsted performance declined.</p> <ul style="list-style-type: none"><li>• Residential staff are managed under a separate management structure, with its own separate governance arrangements, staff development and training, in turn leading to different values/cultures.</li><li>• The opportunity to integrate the residential provision within the wider children's offer, with staff working flexibly across settings, would be greatly reduced.</li><li>• Even though the Council could block book beds, should the provider engagement exercise be successful in the future, the provider can still decline SCC referrals if they consider them to be inappropriate or do not meet their matching criteria for other children &amp; young people placed.</li><li>• Price pressures will not be addressed. This is likely to mean SCC are not getting the best prices possible and a greater reliance on out of area provision.</li><li>• SCC's influence in shaping the local market and driving up the quality of individual homes is limited due to relatively low demand.</li><li>• Children's education attainment is compromised.</li></ul>
--	---

## 11 Recommendations

- 11.1 It is recommended to proceed with Option 1, a new way of providing high quality placements locally for Southampton's children and young people. This option offers security for investment in homes and staff, and would also give Southampton the most effective levers to drive up the quality of provision. This Option provides for 14 residential bed spaces becoming available within a two-year period. A phased approach allows Children's Services to build on successful implementation and further develop residential provision according to need.
- 11.2 It is proposed to proceed as soon as Cabinet & Council approval is secured as children cannot be placed in the homes until Ofsted have approved the registration which will take some time. Prior to the submission to Ofsted for registration, the homes must be compliant with regulations, the majority of staff recruited and ready to commence employment as soon as registration is achieved.
- 11.3 It is proposed that the project consists of three phases:
- Phase 1 – one medium-long term home and one time-limited emergency/crisis and planned breaks unit. The aim is to have the homes operational by December 2020.
  - Phase 2 – two medium-long term homes to be operational by April 2021
  - Phase 3 – two medium-long term homes to be operational by January 2022.
- 11.4 It is recommended that a Housing Review takes place to identify and map all available accommodation for teenagers aged 17+. A number of young people need additional support especially when being stepped down from residential care. This is a good opportunity to identify gaps in available accommodation and put plans in place to address these. Ofsted noted, in their recent report, the inappropriate use of bed & breakfast accommodation for young people, insisting this is discontinued immediately. The mapping of all available accommodation for this particular age-group also feeds into the Sufficiency Strategy. The Service Manager (Permanence) will lead on this piece of work.
- 11.5 A meeting is set up with a named Councillor, report author and project team lead with Ofsted's Regulatory Inspection Manager for the South East to discuss the proposals and concerns from members.
- 11.6 A named Councillor is invited to attend the Project Meetings which will oversee the development and set up of the children's homes.





This page is intentionally left blank



### Equality and Safety Impact Assessment

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

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

<b>Name or Brief Description of Proposal</b>	Local Placement Plan – Children’s Residential Home
<b>Brief Service Profile (including number of customers)</b>	
<p>Southampton City Council (SCC) are proposing to open council owned and maintained residential homes for Looked after Children in the City. These would be Ofsted regulated services which would ensure that fewer placements are made out of area and more Southampton children could have placements that meet their needs in the City.</p> <p>SCC have seen a significant increase in the numbers of children coming into care over the five years of 2010 to 2015, rising to a high of 637 in the summer of 2015. Whilst this number has been steadily reducing since then through a persistent focus on achieving permanency for children, the rate (105 per 10,000) is still higher than would be anticipated for a city of Southampton’s size and demographic. At the time of writing the number of looked after children remains just below 500.</p> <p>The City does not have enough residential care provision and what exists is delivered by the independent sector. Presently there are not any block contracts in place to ensure Southampton’s children can be guaranteed a placement, which means that children who require residential provision are often placed out of area. As of March 2019, the Council had approximately 31 children placed in independent residential accommodation at a total cost of £4.6M. Care packages have been increasing on an annual basis and due to the demand for placements, private providers can refuse placements if additional support fees are not agreed, knowing that the local authority is</p>	

unlikely to be able to source another placement. A significant proportion of the children in residential provision are placed more than 50 miles away from Southampton, which is both detrimental to children and young people who subsequently find it harder to maintain networks and stability, as well as presenting a financial and time pressure for the council.

SCC has a statutory duty under the Children Act 1989 to ensure there are enough local placements to support children in care remaining as close to their home and community as possible. Children and young people in the care of SCC require a range of placements to meet their needs. These placements include residential child care used for children and young people who struggle to manage relationships, as well as those who are needing an emergency placement but due to the lack of foster care placements, end up being placed in a residential facility.

The proposal is therefore to acquire and develop 6 homes located within Southampton. These will be residential homes for Looked after Children between the ages of 10 and 18. Five homes will be a home for 2 young people each and will focus on longer term placements. One home will have 4 beds available and be used for shorter term and emergency placements. This means SCC will have 14 additional placements locally within the city which will support a group of young people who cannot currently have their needs met with Southampton residential homes.

### **Summary of Impact and Issues**

The biggest issues currently faced by children in residential provision is that a large proportion of them are placed out of area. This means they are often separated from their valuable networks while in their placement and means re-integration to the local area when their placement ends is more difficult.

Additionally where a large proportion of children in residential placements are greater than 50 miles away this causes additional pressure for professionals working with the young person as all visits are logistically more difficult to organise and cost SCC both greater in travel time and travel costs.

These proposals, while having many associated benefits also has a number of issues which will not be fully overcome by the proposals. Two key issues will remain:

- Not all children in current placement outside of Southampton will be guaranteed a local placement. This may not be in their best interests and a change in placement may in itself cause disruption to the young person.
- Not all children who require residential placements in the future are guaranteed to benefit directly from these proposals. The number of placements to be created are limited and depending on the individual

young persons needs, there remain a possibility they would not be able to be supported by these proposed residential homes (examples include those with significant disabilities and those requiring specialist care).

**Potential Positive Impacts**

The following points have been identified as potential positive impacts of these proposals:

- Greater ability to make placements close to home and school for young persons.
- Achieve better outcomes for young persons who can have placements closer to family/friends networks and continuity.
- Creation of approximately 50 new jobs across the residential units.
- Reduce time spent for professionals (social workers, virtual school, independent reviewing officer etc.) travelling to non-local placements. Additionally, this will reduce travel costs for these professionals travelling to non-local placements.
- SCC will have increased oversight, decision making, and management of placements due to the fact the council will own the residential home.
- The proposed regulating body for the residential homes (Ofsted) have supported the proposals at this stage.
- Other local authorities have been identified also developing similar plans suggesting SCC is moving in the same direction as many other local authorities.
- Increased ability to implement effective step-down procedures with better links to advanced foster care.

<b>Responsible Service Manager</b>	Rebekah Pearson, Permanence Manger & Consultant
<b>Date</b>	19 Feb 2020
<b>Approved by Senior Manager</b>	Hilary Brooks, Service Director - Children and Families Services
<b>Date</b>	19 Feb 2020

**Potential Impact**

<b>Impact Assessment</b>	<b>Details of Impact</b>	<b>Possible Solutions &amp; Mitigating Actions</b>
<b>Age</b>	The greatest impact of the proposal is likely to be for young	In order to minimise the negative impacts and

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	<p>people between the ages of 10 to 18 whose needs require them to have a residential unit placement. For some young people currently in residential placements this may mean a change of placement, however this is also likely to impact individuals who require placements in the future who may or may not have lived within a residential home in the past. With a limited number of spaces available, it also means logistically placements in SCC homes may not be available for all young people.</p> <p>Current analysis of data shows children currently in residential placement are of the following ages:</p> <p>9 years old – 1 young person  10 years old – 3 young people  11 years old - 4 young people  12 years old - 1 young person  13 years old - 5 young people  14 years old – 3 young people  15 years old – 7 young people  16 years old – 4 young people  17 years old – 2 young people</p> <p>The biggest impact for these young people will be the fact that these units are within their home city and mean they can be placed in a familiar location and will not be separated from local networks, environment, family and friends. This provides a much more stable environment for young people and has been shown to improve outcomes for individuals.</p>	<p>support individuals, ALL placement decisions are made on a case by case basis. Therefore a proposed placement in an SCC home is not guaranteed and is not always appropriate, thus the needs of the individual will be considered and assessed to ensure the most appropriate placement is always chosen.</p> <p>These proposals also offer some young people an opportunity to step down into advanced foster care, this may not be a realistic opportunity for all young people placed geographically far away as it does not allow for a phased and planned transition.</p>

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
<b>Disability</b>	<p>Current data shows 20 out of 30 children placed in residential homes which equates to 66% of placements have a disability recognised as they also have an Education and Health Care Plan.</p> <p>These proposals may positively impact individuals who have mild to moderate learning disabilities and require residential care as they could be supported locally via these proposals.</p> <p>These proposals would not impact individuals who require specialist care (services under jigsaw teams).</p>	<p>All placements would be made in the best interest of a young person and in line with their care assessment and care plan.</p> <p>In these circumstances staff would be trained to a level that allows them to support individuals with such needs.</p> <p>In the future proposals could be considered for short breaks which would support individuals with disabilities however it would be important to have established the current homes proposal before this was considered to ensure the focus remains on residential care provision.</p>
<b>Gender Reassignment</b>	<p>Currently no data is available as data is not reported in this way. We would report an individual's recognised gender not a change in gender.</p>	<p>While it is not currently known if this is an impacted criteria, if such circumstances arise trained staff would manage such cases appropriately in order to support the young person.</p> <p>A care assessment and care plan for a child would always take into account these factors if relevant when making a placement decision. Only residential homes which can support young people with such needs would</p>

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
		accept placements.
<b>Marriage and Civil Partnership</b>	No identified impact.	
<b>Pregnancy and Maternity</b>	<p>Pregnancy – while currently information suggests no current children in residential units are pregnant there is a small chance that a young person may become pregnant during a placement in a residential unit.</p> <p>Maternity – No identified impact at this point in time as a young person would not be placed in a residential unit in these circumstances, their needs would be met by alternative provision such as foster care or child and baby units.</p>	<p>While it is not currently known if this is an impacted criteria, if such circumstances arise trained staff would manage such cases appropriately in order to support the young person.</p> <p>A care assessment and care plan for a young person would always take into account these factors if relevant when making a placement decision.</p>
<b>Race</b>	<p>These proposals do not directly relate to an individual's race however these factors would be taken into account when considering which placements are most suitable for a young person.</p> <p>Currently young people in residential placements have the following ethnicity recorded:</p> <p>Mixed: White &amp; Black African – 2 young people  White British – 25 young people  White other - 3 young people</p>	<p>When making a placement decision an individual's race would be considered by trained staff to ensure the placement does not cause negative impacts.</p> <p>All young people have an assessment prior to any placement which would include any cultural considerations linked to race, when looking at appropriate placements</p>
<b>Religion or Belief</b>	These proposals do not directly relate to an individual's religion or belief however these factors would be taken into account when considering which	When making a placement decision an individual's religion or beliefs would be considered by trained



Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	<p>placements are most suitable for a young person.</p> <p>Currently young people in residential placements have the following religion or belief recorded:</p> <p>Catholic – 3 young people            Christian - 7 young people            Muslim - 1 young person            No religion recorded- 18 young people            Unable/refused to provide information - 1 young person</p>	<p>staff to ensure the placement does not cause negative impacts.</p> <p>All young people have an assessment prior to any placement which would include any religious considerations when looking at appropriate placements.</p>
<p><b>Sex</b></p>	<p>Of current placements as at the end of December 2019 the mix of sex/gender for those in residential placements is as follows:</p> <p>Female: 9 young people or 30%            Male: 21 young people or 60%</p>	<p>Currently no decision has been taken as to whether or not the different residential units will take single sex placements or mixed genders. These decisions will be taken at the point of registration. This allows for decisions to be taken based on the needs of young people and the demand for different genders to be considered.</p> <p>Registration can reflect what's required both in terms of greatest demand but also which placements are harder to find. SCC would also be able to amend registrations, if approved by Ofsted, should it be required over time.</p> <p>All young people have an assessment prior to any placement which would</p>

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
		include any gender considerations when looking at appropriate placements.
<b>Sexual Orientation</b>	Significant numbers of individual's in current placement have expressed challenges in identifying their sexual orientation or have changed their orientation, often on multiple occasions.	<p>All staff would be trained to manage and be sensitive to a young person's sexual orientation therefore enabling staff to manage cases appropriately in order to provide appropriate support to the young person.</p> <p>All young people have an assessment prior to any placement which would include any sexual orientations considerations when looking at appropriate placements.</p>
<b>Community Safety</b>	It has been identified that some young people in residential care may also be considered for foster care as a step-down procedure. Due to the level of training required it can be considered less risky for community safety when young people are in a residential environment.	Careful consideration will be given to the location of all residential units to ensure placements are made in safer areas of the city which support young people. This would be evidenced and considered through location risk assessments required as part of any future Ofsted registration.
<b>Poverty</b>	No identified impact.	
<b>Health &amp; Wellbeing</b>	It is anticipated that local placements for Southampton young people will have positive impacts on family, friends and networks. They will be able to	All placements would be made in the best interest of a young person and in line with their care assessment and care

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	<p>maintain closer relationships and feel more integrated to the location where they are likely to gain their independence in the future. Additionally, there are also expected to be positive impacts for the family of the young person if they are still in contact.</p>	<p>plan.</p>
<p><b>Other Significant Impacts</b></p>	<p>No identified impact.</p>	

DRAFT

This page is intentionally left blank